

Breaking the Silence of Sexual Violence: Identifying the Factors that Affect Help Seeking for  
Victim/Survivors of Sexual Violence

Volume 1 of 1

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## **Abstract**

**Aim/Objective:** Many victim/survivors of sexual violence do not seek help (Campbell, 2008). The aim of this study is to identify factors that affect help seeking for sexual violence for both women and men.

**Method:** This is a qualitative research study investigating the experience of victim/survivors seeking help in the aftermath of sexual violence. A semi-structured interview schedule informed by Ecological Systems Theory (EST; Bronfenbrenner, 1979) was developed and conducted with two distinct cohorts; victim/survivors of sexual violence who sought and attained help from a sexual violence support service, specifically the Dublin Rape Crisis Centre and; victim/survivors who were unable to seek or attain adequate support. Interviews were analyzed using thematic analysis (Braun & Clarke, 2006) facilitated by computer software program NVivo 12.

**Results:** Findings were categorized into 7 distinct themes each of which relate to the research question of identifying the factors that affect help seeking for sexual violence. Themes generated were (1) Impact of Sexual Violence (2) Naming It (3) Informal Support (4) Formal Support (5) Road to Recovery (6) Navigating Help Seeking within an Irish Context and (7) Recommendations for Change.

**Discussion:** There are several factors that contribute to a victim/survivor's ability to seek and attain professional support in the aftermath of sexual violence. Applying an EST framework adequately categorizes these factors and furthers our understanding of the help seeking process.

**Conclusion:** Findings of this research has practical implications for practice and research. Findings enable interventions to more accurately target factors that affect help seeking so that barriers can be mitigated and facilitators fostered.

## **Chapter 1. Introduction**

### Section 1.0: Chapter Overview

This chapter introduces the topic under investigation, providing up to date definitions and prevalence rates of sexual violence both nationally and internationally. Research into the impact of the phenomenon and the experience of seeking help for it is outlined. An overview of the study is provided including motivations for conducting this research and a description of the PhD program that enabled this research to be undertaken. Following this, an outline of each chapter is given. This introductory chapter concludes with the aims and objectives for the research.

### Section 1.1: Background to the Topic

#### *Definition of Sexual Violence*

The World Health Organization defines sexual violence as “any sexual act, attempts to obtain a sexual act, or acts to traffic for sexual purposes, directed against a person using coercion, harassment or advances made by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (Jewkes, Sen & Garcia-Moreno, 2002). The Centre for Disease Control describes four types of sexual violence; rape, being made to penetrate someone else, sexual coercion and unwanted sexual contact (Smith et al., 2018). Definitions of rape tend to vary according to the circumstances and nature of the act perpetrated. The European Institute for Gender Equality (EIGE) developed a glossary of comparable definitions of rape for statistical purposes. The EIGE propose defining rape as

“sexual penetration, whether vaginal, anal or oral, through the use of object or body parts, without consent, using force, coercion or by taking advantage of the vulnerability of the victim” (2017, p. 16). Using standardized definitions such as this ensures the comparability of data to produce more robust findings. Both men and women are vulnerable to sexual violence making it a form of gender-based violence (GBV). GBV describes violence perpetrated against an individual because of their gender. The traditional interpretation of sexual violence being a female issue is becoming obsolete as the male experience of sexual violence becomes more prevalent. Including men in research on a phenomenon that is typically perceived as female specific was important as sexual violence transcends gender. As noted in a recent report, much of the data, discourse and service provision relates to white Irish women (Flanagan, 2016). The inclusion of male victims in the current thesis hopes to address the absence of men in research on sexual violence generally.

### *Prevalence of Sexual Violence*

Sexual violence is endemic in society. In Ireland, a population-based study on sexual violence found that 1 in 5 women and 1 in 10 men experienced sexual violence as adults. Across the lifespan, 28% of men and 42% of women experienced sexual violence (McGee, Garavan, de Barra, Byrne, Conroy, 2002). This statistic is echoed in the USA where the Centre for Disease Controls (CDC) National Intimate Partner and Sexual Violence Survey (NIPSV) found that 43.6% of women and 24.8% of men experienced some form of contact sexual violence in their lifetime (Smith et al., 2018).

Sexual violence is increasing worldwide. In the USA rates have risen from 1.4 to 2.7 per 1000 people over 12 years of age between 2017 and 2018 (Morgan & Oudekerk, 2018).



Similarly, in the UK the number of sexual offences recorded by the police has increased by 3% between 2018 and 2019 (Crime Survey for England and Wales, 2019). In Ireland, the number of sexual offences recorded increased by 10.8% between 2017 and 2018 (CSO, 2018).

### *Impact of Sexual Violence*

The experience of sexual violence can have a profound impact on the mental health of victim/survivors (Campbell, Dworkin & Cabral, 2009). It has been described as the most severe of all traumas due to the outcomes incurred by the victim/survivor due to the multiple psychological sequelae incurred (Campbell, 2008). There is an increased risk of developing mental health issues such as anxiety, depression, PTSD as well as alcohol and drug related issues (Ullman, Relyea, Peter-Hagene, & Vasquez, 2013). The experience of sexual assault is also associated with increased risk of suicidal behaviour and been implicated as a risk factor for the development of psychiatric disorders (Ullman & Najdowski, 2009; Winfield, George, Swartz & Blazer, 1990; Molnar, Buka, & Kessler, 2001). Neville and Heppner (1999) describe a range of other somatic responses including sleep difficulty, nightmares, and disrupted eating patterns.

In Ireland, a quarter of women and one in six men reported having experienced symptoms consistent with a diagnosis of post-traumatic stress disorder (PTSD) at some time in their lives following, and as a consequence of, their experience of sexual violence. Approximately one in three women and one in four men reported that their experiences of sexual violence (either in childhood, adulthood or both) had had a moderate or extreme effect on their lives overall (McGee et al., 2002).

### *Help Seeking for Sexual Violence*

Despite the impact and incidence of sexual violence, victim/survivors report at typically low rates (Campbell, 2008). During data collection for the SAVI report, a population-based study of sexual violence in Ireland, 47% of participants who disclosed instances of sexual violence were disclosing for the first time (McGee et al., 2002). The trauma of sexual violence continues into the aftermath as victim/survivors navigate help seeking within several, potentially hostile environments (Campbell et al., 2009). There is significant shame and stigma inflicted on victim/survivors of sexual violence borne out of the existence of rape myths. Rape myths are stereotyped false beliefs about sexual violence (Burt, 1980). Adherence to these myths inform people's attitudes about sexual violence. For example, women are believed to be 'asking for it' by wearing provocative clothing (Burt, 1980, p. 217). Men are vulnerable to gender norms that suggest men cannot be raped because they should be physically strong enough to resist threat (Struckman-Johnson & Struckman-Johnson, 1992). Victim/survivors can be met with these victim blaming responses upon disclosure that compound their self-blame and silence them. Help seekers are vulnerable to experiencing a 'second rape' by service providers who treat victim/survivors insensitively or don't believe their disclosures (Madigan & Gamble, 1991). This impacts victim/survivor's wellbeing and ability to continue seeking help (Campbell et al., 2009). Indeed, victim/survivors are shaped by their experience of sexual violence which extends beyond the rape and into the aftermath (Kennedy & Prock, 2018).

#### Section 1.2: Summary of the Study

This is a piece of qualitative research investigating the factors that affected help seeking for male and female victim/survivors of sexual violence. The barriers and facilitators to

accessing support services were identified through interviews with service users of the Dublin Rape Crisis Service (DRCC). A second group of victim/survivors who were unsuccessful in seeking or attaining appropriate support were recruited and interviewed on their experiences seeking help. This was done to elucidate the barriers and facilitators they experienced that may not be captured by service users who were successful at attaining support through the DRCC. This provided more robust findings on the barriers and facilitators faced by victim/survivors as a group.

The research design was informed by a social constructivist perspective and analyzed using thematic analysis (Braun & Clarke, 2006). Findings were interpreted through the theoretical framework of Ecological Systems Theory (EST; Bronfenbrenner, 1979) which was used to interpret and organize factors described by participants that facilitated or impeded help seeking in the aftermath of a sexual assault. EST is a theory of human development which posits that human beings exist and develop within specific contexts or environments.

Ecological systems theory affords us a contextual understanding of seeking help for sexual violence. The theory is interested in the reciprocal relationship between the individual and their environment and how this impacts their existence. Ecological psychology has been used in research on sexual violence perpetration, prevention, psychological impact, and reporting and disclosing sexual assault (Heise, 1999; Banyard, 2011; Campbell, et al., 2009; Kubiak, Brenner, Bybee, Campbell, & Fedock, 2018; Tillman, Bryant-Davis, Smith, & Marks, 2010) and has adopted by the World Health Organization (WHO) to inform prevention interventions for gender-based violence (Jewkes et al., 2002). This thesis extends that body of research into help seeking for sexual violence.

The current study oriented the thesis around four aspects of the ecological system; the individual at the centre of the ecological system and the impact they incur from sexual violence; the microsystem which includes the individual's close friends and family to whom

they may disclose their experience; the exosystem in which victim/survivor seeks support from various professional services; and the macrosystem which is the culture in which the individual exists and develops.

### Section 1.3: Research Aims and Objectives

This section outlines the overall research aim of the study, the research objectives to achieve that aim and the research questions employed.

#### 1.5.1 *Research Aim:*

1. The aim of this research is to identify the factors that affect accessing sexual assault services.

#### 1.5.1 *Research Objectives:*

1. To understand the barriers and facilitators to accessing services as experienced by service users of the DRCC.
2. To understand the barriers and facilitators to accessing services experienced by victim/survivors who have been unable to seek or attain support from formal support services.
3. To elucidate recommendations for improving access to formal support services for victim/survivors of sexual violence.

#### 1.5.3 *Research Questions:*

EST informed the contents of the interview schedule by designing questions that tapped into the following research questions:

1. Impact of sexual violence on the individual
2. The experience of disclosing to informal sources of support (microsystem)
3. The experience of seeking professional help (exosystem)
4. The influence of Irish culture on seeking help for sexual violence (macrosystem)
5. Suggested recommendations for improving access to formal support services

#### Section 1.4: Motivation for the Study

The World Health Organization (WHO) has declared sexual violence a public health issue (Wand & Rowley, 2007). In Ireland, the Central Statistics Office (CSO) cited 82% of victim/survivors of sexual violence were female (CSO, 2018) which suggests the burden of sexual violence is on women. However, to ignore men in sexual violence research upholds the myth that men cannot be raped (Pino & Meier, 1999). Men are also vulnerable to rape and the psychological sequelae incurred. Male victim/survivors are suggested to have increased barriers and receive even less support than their female counterparts when disclosing instances of sexual violence, making them particularly vulnerable in the aftermath of sexual violence (Turchik & Edwards, 2012).

Research into the prevalence of sexual violence is important particularly for the allocation of resources. However, a characteristic of rape is that its survivors disclose at low rates (Campbell, 2008). It is difficult to measure variables of this crime as victim/survivors often do not disclose.

People who have experienced sexual violence are too often shamed into silence. Providing a voice to victim/survivors of sexual violence was a key motivation for undertaking this research. Continuing research into this area is of significant import to help break the silence of sexual violence and enable victim/survivors to seek the help they need.

### Section 1.5: The Collaborative Network for Training and Excellence in Psychotraumatology

The current study was conducted as part of a PhD program funded by the EU Horizon 2020 research and innovation program. The Collaborative Network for Training and Excellence in Psychotraumatology (CONTEXT) program conducted implementation research into three distinct populations of interest; EU based asylum seekers and refugees; emergency service personnel and first responders and; survivors and perpetrators of gender-based violence. A key component of implementation research is designing and conducting research to provide solutions that can be delivered in a practicable way, the ultimate aim of which is improving health care and its delivery (World Health Organization & UNICEF, 2014). To achieve this goal, the current thesis was conducted in an organization that delivers support to victim/survivors of sexual violence, the Dublin Rape Crisis Centre. Help seeking among victim/survivors of sexual violence occurs at lower rates than help seeking for other issues (Campbell, 2008). The research design was heavily informed by staff of the organization to meet their need of increasing access to the service for this vulnerable population. The organization was interested in the barriers and facilitators to accessing the service and how these barriers can be attenuated, and facilitators fostered with the ultimate goal of increasing access to the service for victim/survivors. To ensure the research was implementable, the researcher was situated within the organization, interacting with staff who informed the research design and collecting data from service users who informed the findings. Situating the research within the context under investigation facilitated research that could be implemented directly into the organization and beyond.

## Section 1.6: Overview of Chapters

An overview of each chapter is outlined to orient the reader to contents of the thesis.

### *1.6.1: Chapter 2. Literature Review*

The literature reviews the extant literature as it pertains to sexual violence. This chapter is divided into three sections; section one details the culture of sexual violence including definitions, prevalence rates, and attitudes and beliefs both nationally and internationally; section 2 describes the impact of sexual violence on the individuals mental health and wellbeing and; section 3 outlines literature relating to help seeking for sexual violence and responding to sexual violence.

### *1.6.2: Chapter 3. Methodology*

Methodology chapter provides a detailed outline of the methods employed to undertake this research. Other aspects described include the research design, analytic framework, participant recruitment strategy and information on the sample recruited, inclusion and exclusion criteria, data collection methods and ethical considerations.

### *Chapter 4. Findings*

This chapter details the data obtained from interviews with participants. Results are organized into themes and subthemes as they relate to the research questions. Quotes are used to justify the themes generated from the data.

### *Chapter 5. Discussion*

The discussion chapter synthesizes the findings of the previous chapter. This chapter is divided into three sections; section 1 interprets the themes generated through EST (Bronfenbrenner, 1979); section 2 discusses the recommendations provided by participants to

improve access to services and; section 3 highlights the limitations and future directions of the study.

### 1.7 Chapter Summary

This chapter has provided a background to the current thesis as well as a summary of the study, research aims, objectives and questions employed. The motivations for the study and the PhD program that enabled this research to be conducted are described. Finally, an outline of each chapter directs the reader to the content of the thesis.



## **Chapter 2: Literature Review**

### Section 2.0: Chapter Overview

This chapter provides a review of the literature relating to sexual violence including the impact of and help seeking for sexual violence. Specifically, section 2.1 addresses the scope of the issue of sexual violence in society. Definitions of sexual violence are provided as well as prevalence rates, theories of perpetration including risk factors and finally attitudes to sexual violence and the rape myths and gender roles that sustain them. The focus narrows onto an Irish context in section 2.2 which situates the thesis in the specific context of Ireland; its laws and policies in relation to sexual violence as well as the history that informs the Irish context. Section 2.3 describes the impact of sexual violence at an individual level for men and women, their relationships and physical and economic outcomes. Theoretical models of the psychological impact of sexual violence are outlined including their iterations and applications. Particular focus is put on ecological frameworks and their iterations and applications to sexual violence. Section 2.4 moves into help seeking for sexual violence and the theories that apply as well as theories of deciding to seek help and naming the experience. The final section in this chapter identifies the sources of support for victims, their response including the phenomenon of the second rape, cultural and societal responses including rape crisis centres and accessing these supports.

### Section 2.1: Sexual Violence in Society

#### *Defining Sexual Violence*

The World Health Organization and the Centre for Disease Control advocate for the use of the term sexual violence (SV) to describe the multiple forms of non-consensual sexual activity perpetrated in society. The World Health Organization defines sexual violence as ‘any sexual act, attempts to obtain a sexual act, or acts to traffic for sexual purposes, directed against a person using coercion, harassment or advances made by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work’ (Jewkes et al., 2002). The Centre for Disease Control defines sexual violence as “nonconsensual completed or attempted penetration, unwanted nonpenetrative sexual contact, or noncontact acts (e.g, verbal sexual harassment, being flashed, being forced to look at sexual materials) by any perpetrator” (Basile & Saltzman, 2002, p. 407).

There are several categories within which sexual violence is researched and understood including intimate partner violence (IPV), domestic violence (DV) and gender-based violence (GBV). A considerable portion of research into sexual violence is conducted on female populations due to the prevalence of sexual violence inherent within it prompting additional categories of research such as violence against women (VAW) or sexual violence against women (SVAW). However, male victim/survivors of sexual violence are equally vulnerable to the devastating impact of sexual violence and the subsequent difficulties in seeking help for it. To account for this, it is useful to categorize sexual violence under the umbrella term gender-based violence. Gender based violence describes violence directed at an individual based on their gender. Sexual violence is a gendered crime that is perpetrated someone based on their gender (Kennedy & Prock, 2018).

Smith et al. (2018) describe the main categories of sexual violence which are; contact sexual violence; rape defined as unwanted (completed or attempted) vaginal, oral or anal penetration through the use of physical force or threats and including times when the victim/survivor could not consent e.g. drunk, drugged or unconscious; being made to penetrate someone else

or being forced to receive sex; sexual coercion where victim/survivors are pressured into sexual activity without physical violence such as the perpetrators use of their authority or position to elicit sex, threatening to end a relationship if sex is not agreed to or continually asking until the victim/survivor acquiesces (Basile & Smith, 2011) and lastly; unwanted sexual contact including touching, kissing and groped without consent. Other forms of sexual violence include those perpetrated against children. Child sexual abuse is defined as ‘any unwanted, non-consensual, or exploitative sexual activity involving a child under 18 years of age, including contact abuse (e.g., kissing; touching of breasts, genitals, or anus; vaginal, anal, or oral penetration) and noncontact abuse (e.g., exhibitionism; use in, or exposure to pornography; observing masturbation or other sex acts)’ (Azzopardi, Eirich, Rash, MacDonald & Madigan, 2019, p. 4). Stoltenborgh, Van Ijzendoorn, Euser and Bakermans-Kranenburg (2011) cite a prevalence rate of 12% worldwide (18% girls, 7.6% boys) although recent research suggests prevalence rates of child abuse to be falling in parts of the world (Finkelhor, Saito & Jones, 2015).

Sexual violence can take place in numerous contexts including within intimate relationships. Sexual violence within intimate relationships is termed intimate partner violence (IPV) and is defined as ‘any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship’ (Heise, 1998, p. 89). Indeed, there are few contexts in which sexual violence cannot take place. Sexual violence is a crime that transcends many social structures including culture, class, race, age, socioeconomic status and context (Tjaden & Thoennes, 2006; Dartnall & Jewkes, 2013; Kumar, Nizamie & Srivastava, 2013). To illuminate the scope of sexual violence, Dartnall and Jewkes (2013) describe the many and varied contexts where rape can take place including rape perpetrated by strangers or by multiple perpetrators; rape of individuals that have been deliberately drugged or are too incapacitated to consent; rape during armed conflict; rape of men in

prisons; sexual abuse of mentally or physically disabled people and; female genital mutilation (p. 4).

### *Prevalence*

Sexual violence is increasing in society. The rate of sexual violence in the USA has risen from 1.4 to 2.7 per 1000 people over 12 years of age between 2017 and 2018 (Morgan & Oudekerk, 2018). Similarly, in the UK the number of sexual offences recorded by the police has increased by 3% between 2018 and 2019 (Crime Survey for England and Wales, 2019). Estimates from the National Intimate Partner and Sexual Violence Survey found that 1 in 3 women and 1 in 4 men have experience some form of contact sexual violence in their lifetime (Smith et al., 2018). 1 in 5 women and 1 in 59 men have experience attempted or completed rape across the lifespan (Basile, Smith, Breiding, Black, & Mahendra, 2014). In Australia, prevalence statistics estimate that 17% of all women aged 18 years and over and 4% of all men aged 18 years and over, experienced sexual assault since the age of 15 (Australian Bureau of Statistics; as cited in Zilkens, Smith, Kelly, Mukhtar, Semmens & Phillips, 2017). A recent survey across 27 countries in the European Union (EU) found the lifetime prevalence rate for sexual victimization among young people to range between 9-83% for women and 2-66% for men (Krahe et al., 2014). Rape is more often perpetrated by someone known to the victim/survivor (Tjaden & Thoennes, 2013). Prevalence rates of non-partner sexual violence rests at 7.2% worldwide (Abrahams et al., 2014). Using data from the National Intimate Partner and Sexual Violence Survey - an ongoing survey in the US looking at sexual violence, stalking and intimate partner violence - Smith et al. (2017) found that 49% of female victim/survivors of sexual violence were acquainted with their perpetrator, while

19.1% were stranger perpetrators. For men, 48.9% were acquainted with their perpetrator and 18.6% had a stranger perpetrator.

The increased prevalence rates could be reflecting societal changes in attitudes towards sexual violence. With the advent of social media and associated hashtags such as #metoo and #timesup, awareness of sexual violence has increased. Once considered a private issue, discourse of sexual violence has changed and disclosures have increased potentially increasing prevalence rates. Perhaps as a result of the anonymity of such media, online technology has provided an opportunity to conduct and participate in discussions of sexual violence that weren't previously available. Social media and in particular the #metoo has become a critical tool in normalizing sexual violence. By transforming social norms that once blamed victims for their experience of sexual violence to supporting them, victims may be more comfortable disclosing and reporting sexual violence. Research testing the impact of #metoo on attitudes to sexual violence found that people are less likely to dismiss sexual violence for both men and women (Szekeres, Shuman, & Saguy, 2020).

### *Measuring Sexual Violence*

It is difficult to accurately estimate the prevalence of sexual violence in society. Sexual violence is a notoriously underreported crime due to issues of stigmatization and attrition (Tjaden & Thoennes, 2006; Lovett & Kelly, 2009; Abrahams et al., 2014). Pino and Meier (1999) state that men are less likely than women to report incidences of sexual violence. Estimates of sexual victimization vary across the literature (Tjaden & Thoennes, 2006). Fedina, Holmes and Backes (2018) synthesized literature on college campus sexual assault between 2000 and 2015 and found extensive variability across the 34 studies included. This is attributed to differences in methodological techniques used such as research design, sampling

strategies, measures employed, definitions used. For example, some studies measure sexual violence as a single construct while measure the multiple form of sexual violence separately. Peterson, Voller, Polusny and Murdoch (2011) found prevalence rates for male sexual assault ranged from 0.2% to 73% depending on the definition used. Fedina et al. (2018) suggest measuring types of sexual violence separately as this may obscure findings.

### *Theorizing Sexual Violence Perpetration*

Many theories have been proposed to explain the perpetration of sexual violence in society. A significant contributor to sexual violence theory is feminist theory. The active study of sexual violence is a result of the scholarship of Susan Brownmiller (1975; Turchik, Hebenstreit & Judson, 2016). Her book *'Against our will; Men, women and rape'* heralded the beginning of contemporary research into rape and sexual violence. Brownmiller described rape as “nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear” (1975, p. 15). From this, the traditional feminist perspective of sexual violence as a product of a patriarchal society of male dominance and female oppression emerged (Maxwell & Scott, 2014). Feminist theories of sexual violence posit that rape and violence against women exist to subordinate women and allow men to retain control of political, economic and social aspects of society (Turchik et al., 2016). Evidence for such theories is provided by enduring gender gaps that exist within and across society. Evolutionary theories of sexual violence suggest rape is a necessary mechanism for the continuation of the species. Thornhill and Palmer (2004) suggest rape increases access to women and therefore increases the chances of reproductive success (as cited in Turchik et al., 2016). Integrated theories of

sexual offending borrow from several paradigms including biological and ecological factors to explain the perpetration of sexual violence (e.g. Ward & Beech, 2006).

Most theories of sexual violence are focused on male perpetrators (Turchik et al., 2016). This could be considered quite a narrow view of sexual violence as it ignores male to male sexual violence, female to male sexual violence and sexual violence against children or the elderly (Turchik et al., 2016). While research on male to female perpetrated sexual violence may account for the majority of sexual violence perpetrated, focusing research on it prevents an understanding of sexual violence in other populations. In doing so, academia can inadvertently contribute to the perpetuation of rape myths that suggest men cannot be raped (Struckman-Johnson & Struckman-Johnson, 1992). Turchik et al. (2016) propose viewing sexual violence not in gender specific terms but in a gender inclusive conceptualization. This is an antidote to the continual focus of research on male to female perpetrated sexual violence to the exclusion of other forms. In doing so, Turchik et al. (2016) are keen to state that they do not deny the extent and prevalence of male to female sexual violence but rather seek to acknowledge the other forms of sexual violence that exist. In reviewing theories of sexual violence such as the ones above, Turchik et al. (2016) recommend developing a theory that encompasses not only male to female sexual violence but also same sex sexual violence and female to male sexual violence. For example, feminist theory could be adapted by examining constructs such as power, equality and control through a gendered lens, making it a more gender-neutral theory.

### *Risk Factors for Sexual Violence*

Research has delineated several risk factors that make people vulnerable to experiencing sexual violence. Age and gender are consistently found to increase the likelihood of experiencing sexual violence. Women aged 18-34 are at a higher risk of sexual assault than

women in other age brackets (Amstadter et al., 2010). Fedina et al., (2018) found that sexual violence is most prevalent among college students as a disproportionate amount of sexual violence is perpetrated in this context. In a survey of over 8000 women and 8000 men, 17.6% of women and 3% of men experienced sexual violence across the lifespan. Of these, 50% of women and 70% of men disclosed being raped before the age of 18 (Tjaden & Thoennes, 2006) making age a significant risk factors for experiencing sexual violence.

### *Attitudes to Sexual Violence in Society*

Sexual violence is endemic in society. Sustaining the culture of sexual violence is rape myths. Rape myths are defined as “prejudicial, stereotyped or false beliefs about rape, rape victim/survivors and rapists” (Burt, 1980, p. 217). Burt (1980) described the function of rape myths as minimizing the impact of sexual violence and ascribing blame to the victim/survivor. In this way, rape and sexual assault is justified and tolerated as the victim/survivor is blamed for their own victimization (Gavey & Schmidt, 2011). Lonsway and Fitzgerald (1994) further developed a definition of rape myths as “attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (p. 134). Initial examples of rape myths include women ‘cry rape’ when they regret a sexual encounter (Burt, 1980, p. 217). Nowadays, rape myths can be organized into four categories; myths that exonerate the perpetrator, blame the victim, imply rape claims are false and only certain types of women are raped (Payne, Lonsway & Fitzgerald, 1999). A commonly held rape myth is ‘real rape.’ According to Du Mont, Miller and Myhr (2003) ‘real rape’ is conceptualized as being perpetrated by a stranger, in an isolated but public location during which the victim/survivor sustained injury. The reality of how rape is perpetrated by a stranger, in private with little to no injury



sustained is incongruous with this rape myth. People struggle to assimilate the two, suspicious of that which conflicts with their own beliefs (Leahy, 2014). Similar to the ‘real rape’ myth there is a ‘real victim’ myth. A real victim/survivor is described as a morally upright white woman who was not engaged in unfavourable behaviour such as drinking alcohol or dressing provocatively (Leahy, 2014). Deviations from these rape myths elicit victim blaming responses to victim/survivors that suggest they ‘asked for it’ (Burt, 1980).

A report of gender-based violence across 28 EU member states and 42,000 participants, examined the attitudes held towards sexual violence (Special Eurobarometer 449, 2016). Findings show that 17% of participants agree that victim/survivors provoke their attacks while 22% agree that women exaggerate or make false accusations (Special Eurobarometer, 2016). Two-thirds of participants justified sex without consent in a number of circumstances such as if the victim/survivor agrees to go home with the rapist, if they victim/survivor is wearing provocative clothing or if they have consumed alcohol or drugs. The same survey found that 1 in 3 Europeans believe rape is more likely to be perpetrated by strangers with 1 in 4 Irish believing the same (Special Eurobarometer, 2016). Interestingly, the longer a participant spent in education, the less likely they were to agree with these attitudes.

### *Male Rape Myths*

Turchik and Edwards (2012) outline commonly held male rape myths including; (a) men cannot be raped (b) “real” men can defend themselves against rape; (c) only gay men are victim/survivors and/or perpetrators of rape; (d) men are not affected by rape (or not as much as women); (e) a woman cannot sexually assault a man; (f) male rape only happens in prisons; (g) sexual assault by someone of the same sex causes homosexuality; (h) homosexual and bisexual individuals deserve to be sexually assaulted because they are

immoral and deviant; and (i) if a victim/survivor physically responds to an assault he must have wanted it (p. 211-212). Rape myths can impact victim/survivors help seeking as they serve to silence men from disclosure. Heterosexual men may fear being labelled as gay if they disclose while homosexual men may anticipate being blamed or 'asking for it' because of the perception that homosexual men are in some way deviant (Turchik & Edwards, 2012).

There is a dearth of research into male rape myths despite the growing prevalence of male sexual violence (Davies & Rogers, 2006). There is a perception in society that men cannot be raped, especially by women (Maxwell & Scott, 2014). This is borne out of the sex role stereotype that women are passive participants in sexual encounters while men are initiators, therefore women cannot force men to engage in sexual activity (Struckman-Johnson & Struckman-Johnson, 1992). Men who are raped by women are viewed more negatively by those who hold such stereotypical views, particularly if the victim/survivor is heterosexual (Davies, Pollard & Archer, 2006). Because of the physiological response necessary for sexual activity to occur, there is a belief that this physiological response equates to consent. However, Muehlenhard and Peterson (2005) describe the difference between 'want' and 'consent' and describe how the two are not necessarily indicative of each other. The physiological response to sexual arousal can therefore be misinterpreted as consent resulting in the disbelief of male victim/survivors of female perpetrated sexual violence.

### *Rape Myths and Gender Roles*

Feminist theories suggest rape myths are maintained in a patriarchal society that is hostile towards women (Maxwell & Powell, 2014). They ascribe negative stereotypical attitudes towards women in society to rape myth adherence. An increased awareness of male victimization has heralded a reconceptualization of rape myths as feminist theories become

inadequate in the presence of male victim/survivors. Chapleau, Oswald and Russell (2008) state that rape myth adherence is related to notions of gender and sex role stereotypes rather than hostile towards women (Chapleau et al., 2008). Instead, rape myths are observed as men and women deviate from their prescribed gender roles such as women behaving promiscuously or men who are homosexual.

Maxwell and Scott (2014) conclude that gender normative beliefs that men are invincible and therefore can protect themselves from rape are responsible for rape myth acceptance. Male rape myths stem from gender role stereotypes regarding masculinity and male sexuality which includes traits such as independence, toughness and aggressiveness (Turchik & Edwards, 2012). Because of these gender norms men are not permitted to be victimized due to the expectation that they can resist threat (Struckman-Johnson & Struckman-Johnson, 1992). Men who are victimized may feel inadequate as they fail to live up to the masculine ideal (Artime, McCallum & Peterson, 2014).

Doherty and Anderson (2004) describe a perceived hierarchy of suffering among victim/survivors in which heterosexual males are believed to experience the most trauma and devastation compared to homosexual men and female victims of sexual violence.

Heterosexual male rape becomes an oxymoron as it deviates from gender norms of masculinity including strength and aggression. For women, gender norms of femininity suggest that victimization is an expected aspect of womanhood, simultaneously dismissing its impact and placing the blame on female on victim/survivors while homosexual men's experience is also dismissed as they are believed to experience more pleasure and less trauma than heterosexual men (Doherty & Anderson, 2004). Gender and sexuality norms are particularly salient for male victim/survivors who are silenced by these cultural attitudes. Help seeking is prohibited as men fear being ridiculed as weak or perceived as homosexual (Doherty & Anderson, 2004).

## Section 2.2: Sexual Violence in Society: The Irish Context

### *Legal Definitions of Sexual Violence*

To situate the thesis in an Irish context, Irish legal definitions of sexual violence are provided. According to the Criminal Law Rape Act (1981) ‘a man commits rape if (a) he has unlawful sexual intercourse with a woman, who at the time of the intercourse does not consent to it and (b) at that time he knows that she does not consent to the intercourse or he is reckless as to whether she does or does not consent to it.’ This was updated to include male victim/survivors of sexual violence in the Criminal Law Rape Amendment Act (1990) which defines rape as ‘penetration (however slight) of the anus by the penis or (b) penetration (however slight) of the vagina by any object held or manipulated by another person.’ In the same act, sexual assault is defined as ‘the offence of indecent assault upon any male person and the offence of indecent assault upon any female person shall be known as sexual assault.’ Lastly, aggravated sexual assault means ‘a sexual assault that involves serious violence or the threat of violence or is such as to cause injury, humiliation or degradation of a grave nature to the person assaulted.’

### *Prevalence of Sexual Violence in Irish Society*

Prevalence rates of sexual violence in Ireland comes from the Sexual Abuse and Violence in Ireland (SAVI) Report; a national study of Irish experiences, beliefs and attitudes concerning sexual violence (McGee et al., 2002). In a representative sample of 3000 participants, it found that 1 in 5 women and 1 in 10 men experienced contact sexual assault as adults. Across the lifespan, 28% of men experienced some form of sexual abuse or assault with 42% of women experiencing the same.

Conducted over twenty years ago, the SAVI report was the first and only comprehensive report on sexual violence conducted in Ireland. In the absence of more recent research, crime figures obtained by the Central Statistics Office can offer insight into the prevalence of sexual violence in Irish society. According to their most recent statistics, 2771 people reported a sexual offence, 2266 of which were female victim/survivors (CSO, 2018). However, crimes of a sexual nature are underreported meaning crime statistics such as these may not be representative of the extent of the problem. In such instances, it is useful to defer to data collected by the Dublin Rape Crisis Centre (DRCC) an organization that offers support to victim/survivors of sexual violence. The DRCC produces annual reports on service users including number of calls made to the service, service user demographics and the number of victim/survivor's engaged in therapy. In 2018, 13,367 calls were made to the service; 77.3% female and 21.6% male. Only 23.1% of acts of sexual violence were perpetrated by someone unknown to the victim/survivor. The service saw 582 clients for individual therapy, 356 of whom were new to the service.

### *Irish Attitudes to Sexual Violence*

Awareness of sexual violence in Ireland emerged in the 1970's in conjunction with feminist movements happening across the world (McKay, 2005; Brownmiller, 1975). Whilst it is nowadays becoming more secular, there once existed a strong catholic ethos that governed many aspects of daily Irish life and informed attitudes on gender and sex. The influence of the Catholic Church was evident in areas such as legislation and education. It behaved as an overarching moral compass with many deferring to it for guidance. Perhaps the most influence exerted by the Catholic Church was on society's sexual morality. Catholic teachings and mores that were instilled in the Irish psyche ensured women and men adhered

to rigid gender roles. These were echoed in the laws created. The influence of the church was felt within marriages where divorce was illegal until 1995. It was felt in the workplace where a ‘marriage bar’ existed until 1973. Though now considered a sexist and discriminatory practice, the ‘marriage bar’ prevented women working in the civil service upon getting married so they could instead focus on their new role as wife and mother. The church was also insinuated into the bedroom where contraceptives were banned by law, reflecting the conservative catholic view of sex as existing solely for procreation. As a protest against such laws, members of an organization named the Irish Women’s Liberation Movement travelled to Northern Ireland where contraceptives were legal and having procured them there, imported them to the republic. This event was significant as laws on contraception were subsequently loosened as a consequence of this protest.

In a country where up until 1981, rape was once a property crime whereby a man could sue another man for raping his wife, Ireland is becoming more progressive. The Domestic Violence Act (2018) was recently enacted, which makes coercive control a criminal offence for the first time. Ireland also recently updated the sexual offence laws to include the legal definition of consent and lists the circumstances in which consent cannot be given for example being asleep or unconscious (The Criminal Law Sexual Offences Act, 2017).

Having initially decriminalized homosexual practices in 1993, in 2015 Ireland became the first country to legalize gay marriage by popular vote. A recent referendum in 2019 to reduce the four year separation period for couples getting divorce – a stipulation that ensured the original referendum would pass in 1994 – to two years was passed by an overwhelming majority demonstrating the cultural shifts in attitudes and beliefs in Ireland. Perhaps one of the last vestiges of the church was removed with the repealing of a law that rendered abortion illegal in Ireland. Considered a human rights violation by many, the right to life of the unborn was equal to that of the mother. A contentious issue in Ireland for decades, constitutional

reform in 2018 granted people access to abortion. It was considered a huge victory for women's rights, led by feminists that secured bodily autonomy for women.

An assessment of public perceptions of sexual violence was undertaken by the Sexual Abuse and Violence Survey (SAVI; McGee et al., 2002). Participants were required to respond to statements that reflect common beliefs and attitudes towards sexual. Responses were often supportive of victim/survivors and reflected the reality of the situation. For example, 82% agreed that 'a raped woman is usually an innocent victim.' However, an adherence to rape myths was demonstrated among 40% of respondents who agreed with the statement 'accusations of rape are often false' and 29% who agreed with the statement 'women who wear short skirts or tight tops are inviting rape' (p. 157).

Gender differences in attitudes were made apparent in the report. A misperception of the prevalence of sexual violence in Irish society was demonstrated by participants, with women significantly overestimating and men underestimating the issue. Men were significantly more accepting of rape myths than women, particularly rape myths about men such as 'men are less affected by the experience of sexual assault than women' (p.159). Men were also more likely to agree with rape myths about the motivations for sexual assault such as 'the reason most rapists commit rape is overwhelming sexual desire' and were more likely to agree that 'when a woman says no, she really means yes' (p. 159).

With the current slew of referenda and law reforms, some subtle, some seismic Ireland's attitudes are evolving. The advent of the internet and significant change in Irish society heralds a second population-based study on sexual violence. A second report is currently being conducted to assess the current situation in Ireland. Understanding the extent of sexual violence in Ireland will provide opportunities for society to update its response to sexual violence.

## Section 2.3: The Impact of Sexual Violence

### *Psychological Impact of Sexual Violence*

Sexual violence has a profound impact on victim/survivors; a psychological injury that can be endured for years after the initial trauma. Although the burden of sexual violence is on women (Basile, Smith, Chen & Zwald, 2020) that does not negate the enduring impact it has on male victim/survivors. However, as a group, men are understudied (Peterson et al., 2011). This is significant as male victim/survivors have been found to experience higher rates of psychological distress compared to female victim/survivors (Peterson et al., 2011). For men, non-consensual sexual experiences are associated with a greater prevalence of both psychological and alcohol related problems and self-harm than their non victimized counterparts (Coxell, King, Mezey & Gordon, 1999). Research suggests that male victim/survivors experience higher levels of distress due to the additional burden of compromised gender norms of power and dominance as well as rape myths that trivialize male rape (Peterson et al., 2011). An internal struggle to define their sexual orientation in the aftermath of rape is common among men. Walker, Archer and Davies (2005b) report up to 70% of male victim/survivors worry about their orientation and 68% experienced anxiety about their masculinity.

For women, most forms of major non-organic distress are a result of violence perpetrated against them including physical, psychological and sexual violence (Jordan, Campbell & Follingstad, 2010). PTSD is the most common psychological sequelae of sexual violence with 17-65% of victim/survivors developing the disorder (Campbell et al., 2009; Jordan et al., 2010). In a review of the literature on the psychological impact of sexual violence, Campbell et al. (2009) found that significant portion of victim/survivors of sexual violence experience



depression (13-51%), anxiety (73-82%), develop an alcohol dependency (13-49%) and contemplate suicide (23-44%). The experience of sexual violence was highly correlated with PTSD and suicidality in victim/survivors. PTSD is more likely to be a result of the overall impact on the lives of victim/survivors rather than the assault alone (Jordan et al., 2010). Looking at male and female victim/survivors together, Dworkin, Menon, Bystrynski and Allen (2017) found victim/survivors experience significantly worse psychopathology than their non-victim/survivor counterparts. This suggests the deleterious psychological sequelae of sexual violence is experienced across gender (Dworkin et al., 2017). The consequences of sexual violence and are not limited to the physical or psychological harm incurred. Sexual violence carries implications for victim/survivor's mental health, physical health, work and relationships. Because of the overwhelming impact, sexual violence is one of the most severe traumas one can incur (Campbell, 2013).

#### *Impact on Relationships*

Sexual violence can impact the relationships surrounding victim/survivors. A qualitative enquiry into the impact of disclosures on relationships between the victim/survivor and friends, family and intimate partners was conducted on 73 participants across 153 disclosures (Ahrens & Aldana, 2012). Findings suggest relationships improved (47.1%) or remained the same (26.8%) post disclosure. Almost one quarter of relationships in the study deteriorated post disclosure (24.2%). In a study of male victim/survivors, 85% described an emotional distancing from others and 73% withdrew from family and friends in the aftermath of sexual violence (Walker et al., 2005b).

Tomlinson, Mears, Turanovic & Stewart (2018) looked at the impact of victimization on adolescents' social networks. Findings show that forcible rape of female adolescents is associated with decreases popularity and centrality within friendship groups. Centrality refers

to a person's position within their social network. Centrality is achieved when the individual is associated with most members of the social network and has frequent interactions and communication with other members (Tomlinson et al., 2018). Disruptions to popularity and centrality are significant due to adolescent's reliance on peers during adolescence as they seek independence from their parents and place primary importance on friendships (Tomlinson et al., 2018). Victim/survivors are vulnerable to receiving stigmatizing responses to disclosure which may disrupt these relationships (Ahrens et al., 2012; Ahrens, Campbell, Ternier-Thames, Wasco and Sefl, 2007). According to Tomlinson et al. (2018) victim/survivors of sexual violence had fewer friends and were relegated to the periphery of social circles.

### *Physical Impact of Sexual Violence*

Wasco (2003) suggested that the impact of sexual violence may manifest physically for some victim/survivors. Indeed, sexual violence can impact the physical health of victim/survivors. Basile et al. (2020) examined the physical health implications of rape in a nationally represented sample of female victim/survivors of rape. The physical or mental health or health related behaviour (missing school or work) of 71.3% participants were impacted in some way as a result of rape. There was an increased risk of developing asthma, irritable bowel syndrome, headaches, chronic pain, difficulty sleeping, curtailed activities, poor physical and mental health and use of specialized equipment such as wheelchairs for victim/survivors compared to non-victim/survivors.

Sexual violence intersects with reproductive health through STD's and unplanned pregnancies (Basile et al., 2018). Brookmeyer, Beltran and Abad (2017) found that women who experienced forced sex were more likely to be diagnosed with an STD than those who hadn't. Women are particularly vulnerable to the impact of STD's which can have serious complications on their health. Chlamydia can have devastating consequences to women's

reproductive abilities while having negligible effects on men's health. According to the CDC, chlamydia causes infertility in 20,000 women in the US each year (CDC, 2016). The human papillomavirus (HPV) can be carried by men with little health consequences and yet causes cervical cancer in women (CDC, 2011).

The prevalence of rape-related pregnancies is at 2.4% throughout the lifetime. 77.3% of perpetrators were current or former intimate partners. These women were significantly likely to experience reproductive coercion. Reproductive coercion is a type of IPV in which perpetrator's interfere with or exert control over their partners contraceptive practices or pressure their partner to become pregnant (Basile et al., 2018).

In a review of findings of male sexual assault, Peterson et al. (2011) found men are also vulnerable to sustaining injuries during their assault and sustaining STD's. While some victim/survivors incur significant injuries during assault, most do not (Tewksbury, 2007). This is because of the role sexual coercion plays in the perpetration of assaults (Davies, 2002). Much of the physical impact occurs in the aftermath including sexual dysfunction such as impotence. Men who had been sexually assaulted have been found to experience greater sexual dysfunction than non-assaulted men and sexually assaulted women (Elliot, Mok & Briere, 2004). This can instill anxieties as men attempt to navigate sexual relationships in the aftermath of sexual violence.

### *Economic Impact of Sexual Violence*

Sexual violence is an economic issue as it also incurs a significant economic cost to society. Coined the 'rape tax' (Post, Mezey, Maxwell & Wibert, 2002), sexual violence has both tangible and intangible costs. Tangible costs refer to the medical or legal services elicited and loss of work and productivity. Intangible costs encompass the psychological impact of sexual

violence including low self-esteem, fear and depression which all culminate to reduce a victim/survivor's quality of life (Post et al., 2002). Intangible costs inflate tangible costs as the compromised mental health of victim/survivors contributes to work absenteeism and a loss of productivity, increasing tangible costs of sexual violence to society.

While it is difficult to estimate this cost due to underreporting of the crime, estimates are regularly made (Post et al., 2002). In the US, the economic cost of sexual violence among adults is estimated to be 3.1 trillion US dollars (Peterson, DeGue, Florence, & Lokey, 2017). Contributing to this figure is medical costs, loss of work and productivity for both perpetrator and victim/survivor and criminal justice activities. An estimate of the cost of intimate partner violence against women across Europe is 109 billion euro (Walby & Olive, 2014). Costs were stratified over three areas; loss of economic output; provision of services (legal, health, specialized) and; impact on victim/survivor including physical and psychological (Walby & Olive, 2014).

In Ireland, although there are no figures for the cost of sexual violence specifically, the National Office for the Prevention of Domestic, Sexual and Gender Based violence estimates the cost of domestic violence to be approximately 2.2. billion euro. Factors contributing to these estimates include reduced economic productivity and the use of resources including housing, health and legal services.

There is an economic burden on the individual in the aftermath of rape. Loya (2015) assessed the impact of rape on victim/survivor's employment and economic wellbeing and found that trauma stemming from the experience of sexual violence disrupts employment through missed days, diminished performance, job loss and an inability to work. This can occur as a consequence of the victim/survivor's inability to concentrate, increased substance abuse or seeking counselling. This had a direct impact on the victim/survivors earning potential. This

demonstrates the continued impact of sexual violence on the life of the victim/survivor as they struggle to function in their professional lives. In a sample of 8000 men and 8000 women, victimization caused 19.4% of women and 9.7% to seek time off work for reasons including court attendance, mental or physical health appointments or to avoid contact with the assailant (Tjaden & Thoennes, 2006).

### *Theorizing the Impact of Sexual Violence*

#### *Trauma Response Model*

The profound psychological impact of SV was first explained through a PTSD framework by Burgess and Holmstrom (1974) in their development of Rape Trauma Syndrome. The model was developed based on observations of rape victim/survivors which echoed the response of war veterans such as acute distress, nightmares and flashbacks (Kelleher, 2009). Prior to this the psychological response to rape was attributed to factors such as hysteria and individual characteristics of the victim/survivor. Burgess and Holmstrom (1974) legitimized women's response to sexual violence by removing the blame from the individual and placing it on the origin of the stressor (Kelleher, 2009). This contemporary understanding of sexual violence has established rape as a risk factor for PTSD (Zinzow et al., 2012).

#### *Criticism of Trauma Response Models*

However, trauma response models of rape such as Rape Trauma Syndrome (Burgess & Holmstrom, 1974) have come under criticism for being too restrictive. Viewing sexual violence through a PTSD lens may exclude victim/survivors whose response to sexual violence does not manifest as PTSD, limiting our understanding of the trauma of rape

(Wasco, 2003). Understanding the impact of rape through a PTSD framework focuses solely on the experience of rape and ignores the contextual factors that may impact a victim/survivor's wellbeing in the aftermath of sexual violence by assuming that the rape is the only source of trauma for the victim/survivor. As Campbell et al. (2009) established, the trauma of rape extends beyond the act itself as victim/survivors struggle to cope and seek help in the aftermath.

Tenets of a PTSD framework may not extend cross culturally, limiting it further. One such tenet is the shattering of assumptions that the world is a safe place by experiencing sexual violence. However, for many people this assumption has already been shattered or possibly never existed due to experiences of poverty, racism or previous victimization which prevented these assumptions developing. This tenet stems from a privileged, never victimized worldview devoid of previous victimization or adversity (Wasco, 2003). As manifestations of trauma differ across cultures, a PTSD framework may not reflect these differences (Wasco, 2003).

PTSD is not the only manifestation of psychological distress. Devastating sequelae experienced in the aftermath that are not related to PTSD include self-blame and shame and the psychological impact of each. Self-blame has been implicated in increased post-assault distress and reduced help seeking (Ullman & Najdowski, 2011). For example, self-blame has been associated with lower self-esteem as victim/survivors blame themselves for the assault itself and not coping well in the aftermath (Neville, Heppner, Oh, Spanierman, Clark, 2004). Self-blaming thoughts about how participants provoked their own rape or sexual assault can trigger PTSD symptoms (Kline, Berke, Rhodes, Steenkamp & Litz, 2018). It has deleterious effects on a victim/survivors mental health as it invites feelings of shame (Kennedy & Prock, 2018). Brown (2006) describes shame as “an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (p. 45). By

assuming all victim/survivors experience PTSD, the subjective experience of sexual violence is lost and the subjective reality obscured.

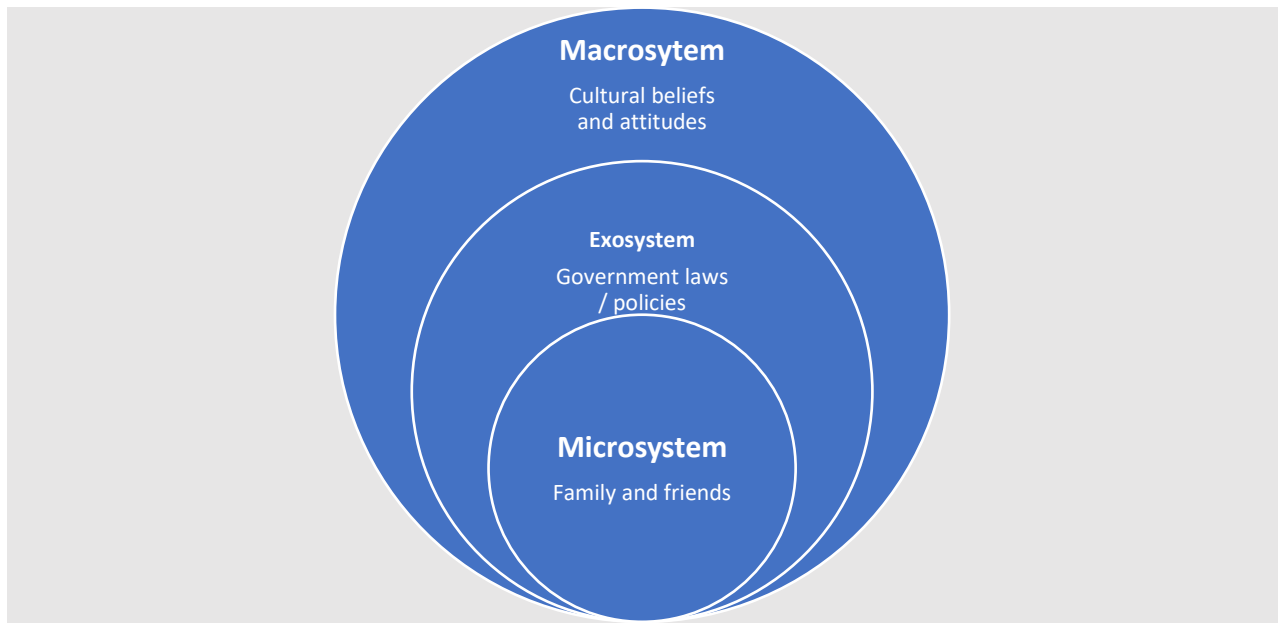
Wasco (2003) suggests incorporating the social context into the PTSD framework to create a more culturally sensitive explanation of the impact of sexual violence. Similarly, Gilfus (1999) proposed a reconceptualization of the treatment of sexual violence that moves away from the prescriptive PTSD model to a more victim/survivor centred approach (Gavey & Schmidt, 2011). Interpreting sexual violence within a context and including the aftermath of rape as part of the experience can offer a more robust understanding of the trauma incurred.

### *Ecological Frameworks*

Ecological frameworks may provide a solution to the narrow interpretation of sexual violence of trauma response models. Pioneered by Lewin (1935), ecological psychology is a school of developmental psychology which seeks to describe the interactions between an individual and their environment and the subsequent impact of this on their development and existence. A person exists within an environment which exerts influence on the individual's development. Ecological psychology seeks to understand and describe this process including the reciprocity between the individual and their environment. Bronfenbrenner built on this, developing his own model of human development called Ecological Systems Theory (1979). Bronfenbrenner described the multiple environments in which the individual interacted as 'systems.' According to the traditional model first proposed by Bronfenbrenner (1979), there are four systems; the microsystem, mesosystem, exosystem and macrosystem. The microsystem represents the individual's family and friends and other close relationships they engage with. The exosystem refers to settings in which the individual has no direct interaction but who exerts an influence over the individual's life such as government laws or

policies. The macrosystem describes the culture and its associated attitudes, beliefs and ideologies (Neal & Neal, 2013). This nested model of the EST is represented by fig. 1 below.

Fig. 1: Nested model of EST (Neal & Neal, 2013).



The model underwent iterations with Bronfenbrenner regularly altering it (Tudge, Mokrova, Hatfield & Karnik, 2009). For example, a fifth system was added to the model entitled the chronosystem which chronicles situational changes across the lifespan such as moving to a new house or changing job and its subsequent influence on development (Bronfenbrenner, 1986a).

#### *Applications of Ecological Frameworks*

Researchers employing Bronfenbrenner's theory often choose different iterations of the theory or partial versions of the theory, an acceptable practice once choices are declared explicitly (Tudge et al., 2009). An ecological perspective is increasingly being



implemented in health research (McLaren & Hawe, 2005) targeting various health related issues such as diabetes prevention and management (Whittemore, Melkus, & Grey 2004). Whittemore et al. (2004) propose a model that integrates multiple perspectives into the development of interventions that target diabetes prevention and management. The model addresses intrapersonal factors such as attitudes and beliefs; interpersonal factors such as relationships which have the potential to alleviate stress and provide support; institutional factors including schools or workplaces and the culture within them and lastly; community and policy influences including grassroots movements to tackle issues as a community and effect policy.

The ecological model has been used to describe sexual assault perpetration, prevention, psychological impact, and reporting and disclosing sexual assault (Heise, 1998; Banyard, 2011; Campbell et al., 2009; Kubiak, Brenner, Bybee, Campbell, & Fedock, 2018; Tillman, Bryant-Davis, Smith, & Marks, 2010). The World Health Organization have employed an ecological perspective to inform interventions preventing gender-based violence (Jewkes et al., 2002).

### *Ecological Model of the Impact of Sexual Violence*

Campbell et al. (2009) have developed a ecological framework to interpret the impact of sexual violence. Using Bronfenbrenner's traditional version of EST, Campbell et al. (2009) describe how factors across multiple levels of the ecosystem contribute to a victim/survivor's psychological sequelae. EST explains the psychological impact of sexual violence and how factors from specific levels of the ecosystem (individual, micro-, exo-, macro-, and choronsysteme) can affect the mental health outcomes of victim/survivors. Victim/survivors are exposed to many factors beyond the assault that may affect psychological sequelae

including individual demographics and characteristics (individual level), assault characteristics, social support received (microsystem), interactions with service providers including medical and legal services (exosystem), rape myths and victim blaming attitudes (macrosystem) and the impact of revictimization on healing (chronosystem).

Beginning with the individual, Campbell et al. (2009) found it difficult to establish the relationship between individual characteristics (pre assault mental health, age, race, education) and psychological outcomes due to inconsistent findings in the literature. More consistent findings were found at the micro- exo- and chrono- system level. At the microsystem level, negative responses from informal sources of support such as friends and family increase victim/survivor's anxiety, depression and PTSD while positive social reactions can facilitate recovery. Victim/survivors seek the support of formal services including legal, medical and counseling services at the exosystem level. Receiving supportive, empathetic responses from these services can also facilitate recovery. However, victim/survivors are often treated insensitively, a phenomenon termed the 'second rape' (Madigan & Gamble, 1991). During this second rape, victim/survivors psychological distress is exacerbated by their negative interactions with support services.

At the macrosystem, Campbell et al. (2009) describe the influence of cultural beliefs such as rape myths on victim/survivor recovery. Rape myths teach victim/survivors to blame themselves while simultaneously absolving the perpetrator. Rape myth acceptance is related to decreased help seeking (Patterson, Greeson & Campbell, 2009) and increased PTSD symptoms (Peter-Hagene, & Ullman, 2018).

Campbell et al. (2009) incorporated the chronosystem level into their model (Bronfenbrenner, 1986a). Revictimization of victim/survivors across the lifespan is categorized within the chronosystem. Sexual revictimization is defined as experiencing more than one non-

consensual sexual experience (Tirone et al., 2020). Walker, Freud, Ellis, Fraine & Wilson (2019) found the revictimization rate of victim/survivors of child abuse is 47.9%. This is significant as revictimization is associated with increased negative psychological outcomes (Ullman & Peter-Hagene, 2016).

Self-blame was a construct that emerged within each system. As a result, self-blame is conceptualized as a meta-construct that is fostered across multiple levels of the ecosystem. Self-blame is the process by which victim/survivors take responsibility for their experience of sexual violence. This results in the victim blaming themselves for their experience, questioning their own behaviour in relation to the assault and asking what they could have done to prevent their rape or assault. Janoff-Bulman (1979) identified two types of self-blame; characterological and behavioural. Characterological self-blame involves victim/survivors blaming their character for their experience of sexual violence (Ullman & Najdowski, 2011). This contrasts with behavioural self-blame which is when a victim/survivor blames their actions for their experience such as consuming alcohol.

Campbell et al. (2009) describe how victim/survivors self-blame is fostered across all levels of the ecosystem. Negative social responses from informal supports (microsystem) and formal supports (exosystem) such as victim blaming treatment can exacerbate self-blame (Ullman, Townsend, Filipas & Starzynski, 2007). At the macrosystem, culturally held beliefs such as rape myths permeate society. Existing in such a society may increase a victim/survivor's propensity to experience self-blame where commonly held rape myth beliefs blame the victim/survivor and absolve the perpetrator. Finally, at the chronosystem level, self-blame is experienced at higher rates for victim/survivors who have been revictimized.

Further evidence for the interrelatedness of the systems come from a reconceptualization of the original model which places the macrosystem into the microsystem (Vélez-Agosto, Soto-Crespo, Vizcarrondo-Oppenheimer, Vega-Molina, & García Coll, 2017). Inspired by the overwhelming influence of culture on the individual and their daily life, the cultural microsystem model suggests culture is integral to the individual's development and existence and should therefore reside within the individuals microsystems. Informed by Vygotsky's sociocultural theory (1978) which states that culture underpins human experience and is intrinsic in it, the cultural microsystem model does not separate the macrosystem from the individual but places culture within the individual and their microsystems. Indeed evidence for this in relation to sexual violence was provided by Campbell et al's model for the psychological impact of sexual violence (Campbell et al., 2009).

This nested nature of EST has been subject to critique previously (Neal & Neal, 2013). The hierarchical or 'nested' structure of the traditional model separates the levels within the model. Neal and Neal (2013) suggest they levels are more interrelated, connected by the relationships of the people within the system. In this way, levels overlap or are 'networked' illustrating the importance of relationships in the model.

## Section 2.4: Help Seeking for Sexual Violence

### *Theorizing Help Seeking for Sexual Violence*

Previous help seeking theories were particularly behavioural in their approach. For example, the Theory of Planned Behaviour (Ajzen, 1991) focuses internal processes such as intention to change and perceived behavioural control when theorizing help seeking (Ajzen, 2011).

Contemporary research theorizes help seeking through more ecological frameworks that

encompass environmental factors that may influence help seeking. Liang, Goodman, Tummala-Narra & Weintraub (2005) developed a help seeking theory specifically for victim/survivors of intimate partner violence. Liang et al. (2005) describe a model in which individual, interpersonal and sociocultural factors exert an influence on the victim/survivor's ability to identify the problem, decide they need help and choose the support they want. In their model Liang et al. (2005) account for the impact of emotions such as guilt and shame which may hinder a victim/survivor's decision to seek help for IPV. These feelings are influenced by the cultural context in which the victim/survivor is positioned.

However, Liang et al. (2005) model of help seeking fails to account for the help received or whether it meets the needs of victim/survivors (Kennedy, Adams, Bybee, Campbell, Kubiak & Sullivan, 2012). Kennedy et al. (2012) accounts for this absence in their model of help seeking for victim/survivors of sexual violence. Building on Liang et al.'s (2005) model, Kennedy et al. (2012) describe the contextual factors that may affect help seeking including poverty and race. These factors are important for understanding the disparities that exist within society. In a sample of 3,000 victim/survivors of rape of whom 60% sought formal support, being white predicted help seeking for sexual violence (Amstadter, McCauley, Ruggiero, Resnick & Kilpatrick, 2008). Similarly, Starzynski, Ullman, Townsend, Long and Long (2007) found an association between race and seeking traditional mental health services with Caucasian women more likely to seek them. This reflects structures of privilege and discrimination when help seeking for sexual violence (Campbell, 2013). Liang et al. (2005) describes the influence of socioeconomic class on victim/survivor's ability to seek help. Increased available resources invites more opportunities to identify a problem and seek help for it. Women with less resources may be slower to accurately appraise the situation as they have no means of escape. Other factors considered important in the model include adherence

to gender norms or rape myths, transitions throughout the life course such as moving, becoming a parent and the relationship to the perpetrator and severity of the experience.

Once the victim/survivor is situated in a specific context a three-step process of help seeking begins with a need's appraisal and assessment of the supports available (Kennedy et al., 2012). During this first step, victim/survivors must define their experience as sexual violence in the presence of cultural beliefs about help seeking and victimization that may obscure victim/survivors' perceptions. A cost benefit analysis is also conducted to determine the suitability of support. For example, help seekers for sexual violence often experience what is termed the 'second rape' (Madigan & Gamble, 1991) during which they are subjected to a plethora of negative responses to their disclosure including disbelief, shame and blame (Campbell, Wasco, Ahrens, Sefl & Barnes, 2001). This can negatively affect victim/survivors continued help seeking as they lose faith in services ability to provide support (Liang et al., 2005).

Kennedy et al. (2012) also reviewed interventions that aimed to mitigate the barriers to formal supports including rape crisis centre advocates that assist service users interacting with legal and medical professionals. For example, advocates behave as a buffer against the experience of secondary victimization which has positive consequences for victim/survivors mental health (Campbell, 2006). Developing interventions that are service user driven rather than practitioner driven is and returns a sense of control to the victim/survivor was deemed paramount to recovery. Kennedy et al. (2012) state the importance of evaluating interventions to understand what is useful to victim/survivors.

While Kennedy et al's (2012) model is ecologically valid, this model was theoretically developed on the female experience of sexual violence. Tenets of the model relate to

women's needs in the aftermath of sexual violence and assessing the impact of them on help seeking. As sexual violence transcends gender, theories and frameworks should reflect that.

### *Deciding to Seek Help*

DeLovah and Cattaneo (2017) were interested in the decision making process to seek help for sexual violence. They developed a theoretical model on how victim/survivors of sexual violence make decisions about help seeking. Their research established certain factors as integral to orienting the victim/survivor towards seeking help for their experience of sexual violence. According to the model entitled 'Deciding Where to Turn' there are three key moments in the help seeking process; determining if there is a problem that is related to their experience of sexual violence, considering the options of how to deal with the problem and assessing the consequences of seeking these options. Based on these three key points, victim/survivors choose one of the following four; cope alone, seeking the support of family or friends, seek formal support or engage in covert help seeking, where help is sought without disclosure. When determining if there is a problem, factors such as victim/survivor's perception of severity, acknowledgement of the experience and level of self-blame affects outcomes. This lends an understanding of how victim/survivors appraise their situation, an insight not offered by previous models (DeLovah & Cattaneo, 2017). Findings suggest that the sooner an experience of sexual violence is labelled as such, the sooner formal support is sought. Not labelling the experience prevents appropriate supports being sought. Participant's anticipated negative responses to disclosures which prevented victim/survivors from seeking help. Negative responses manifest as over- and under-reactions. Underreactions relate to negative, victim blaming and shaming responses often received by victim/survivors upon disclosure (Campbell, 2008). Overreactions involve disclosure recipients insisting the

victim/survivor report to the police. Shame emerged in the form of not wanting anyone to know about their experience. Participant's covert help seeking maintained their confidentiality as participants received support for their experience without disclosing. This was done when participants believed they needed help but considered the consequences of disclosing were significant or if they believed they could achieve support without disclosing.

### *Naming It*

Victim/survivors are often reluctant to name their experience as sexually violent. In a meta-analysis of unacknowledged rape among female victim/survivors Wilson and Miller (2016) found a prevalence rate of 60.4% of unacknowledged rapes. Participants are often more likely to label the experience as a 'miscommunication' or 'bad sex' (Wilson & Miller, 2016, p. 149). The high rate of unacknowledged rapes among victim/survivors has implications for reported prevalence rates and statistics of sexual violence which are likely to be inaccurate and not reflective of reality. Walsh, Banyard, Moynihan, Ward, & Cohn (2010) investigated college students reasons for not seeking help for sexual violence. Failing to define the experience as sexual violence as well as concerns around confidentiality and being believed and protecting the perpetrator hindered disclosure.

Artime et al. (2014) sought to understand men's acknowledgement of sexual violence. Of the 45 victim/survivors of rape who participated in the study, 76% did not describe their experience as rape despite endorsing behavioural indicators of rape on a questionnaire (SES-SFV; Koss et al., 2007). Victim/survivors were more likely to acknowledge their experience of rape if there was more violence used (42% compared to 8% if no violence was used) and if the perpetrator was male (56%) compared to female (5%). Men may be more reluctant to acknowledge rape when perpetrated by a female due to rape myths that suggest men cannot



be raped by women (Struckman-Johnson & Struckman-Johnson, 1992). Consequently, victim/survivors who experience this type of sexual violence receive less support and are blamed more as they are assumed to be less distressed than if they were raped by a man (Turchik & Edwards, 2012).

The relationship between the victim/survivor and the perpetrator can affect the ability to identify sexual violence. Victim/survivors of acquaintance rape (Koss, Dinero, Seibel & Cox, 1988) struggle to identify the experience as sexual violence more than if it was a stranger rape. Rape perpetrated by strangers and severe in nature are more likely to be disclosed as they subscribe to stereotypical notions of sexual violence (Kennedy et al., 2012).

Acknowledging the experience has been found to be important for victim/survivor wellbeing. Artime et al. (2014) found that men who did not acknowledge their rape experienced significantly more psychological distress on the Depression Anxiety Stress Scales-Short Form (DASS-21; Lovibond & Lovibond, 1995). It also has implications for help seeking as victim/survivor's deliberate over whether their experience of sexual violence qualifies them as eligible service users of support services (Liang et al., 2005).

## Section 2.5: Responding to Sexual Violence

This section examines the response to sexual violence at an individual and societal level.

### *Sources of Support*

As a result of the profound impact of sexual violence, victim/survivors have robust need's (Campbell, 2013). If they're needs are met, recovery can be facilitated. However, negative responses can exacerbate victim/survivor's wellbeing and ability to seek help. Sources of support for victim/survivors can be divided into formal and informal. Informal sources of

support comprise of friends and family members. Formal sources of support refers to professional support such as medical, legal and psychological support. The type of formal support sought by victim/survivors depends on their coping style. If they are problem focused a victim/survivor may be more likely to seek the support of legal services. If they are emotion focused, psychological support is more likely to be sought (Liang et al., 2005).

Victim/survivors are more likely to disclose to informal sources of support than formal sources (Fisher, Daigle, Cullen & Turner, 2003). In a study of 102 rape victim/survivors, Ahrens et al., (2007) found that 75% of disclosures of rape were made to informal sources of support. One third of disclosures were initiated by someone other than the victim/survivor due to situational characteristics such as the presence of a first responder at the scene due to situational characteristics such as the presence of a first responder at the scene leaving participants unable to consciously reflect on the decision to disclose. Other's disclosed when probed, unable to lie about their experience.

### *Responding to Disclosures*

The reactions to these disclosures have significant implications for the victim/survivor's wellbeing and their ability to continue seeking help. Most victim/survivors receiving positive support from informal sources upon disclosure such as empathy, supportive and offering tangible aid (Ahrens et al., 2007). Positive responses from disclosure recipients can preserve a sense of self-worth in victim/survivors (Littleton, 2010) and encourage help seeking. Paul, Zinzow, McCauley, Kilpatrick and Resnick (2014) demonstrated the positive effect social support can have on victim/survivors help seeking. The researchers divided a sample of female victim/survivors (n=435) into three groups; those that did not disclose to anyone, those that did and were encouraged to report and those that did disclose and were discouraged

from reporting to the police. Those who were encouraged to report were more likely to report than those that were discouraged or didn't consult with anyone. This indicates consulting with others and being encouraged to report is a predictor of reporting sexual violence to police.

However, supportive reactions can be perceived negatively by the victim/survivor. Overly emotional responses from informal supports detract from the victim/survivor's emotions and move the focus onto the informal support, forcing the victim/survivors to comfort the disclosure recipient. This echoes previous findings on egocentric reactions which move the focus from the needs of the victim/survivor to the disclosure recipient (Ullman, 1996).

Perceptions of responses are mediated by the relationship between the victim/survivor and disclosure recipient (Ahrens & Aldana, 2012). Participants often interpreted negative reactions as positive if their relationship with the disclosure recipient was close, suggesting the identity of the disclosure recipient affects their interpretation of responses to disclosures.

Despite positive reactions to disclosures being more common, they have been found to be less impactful on wellbeing than negative reactions such as blaming or doubting the victim/survivor (Ullman, 1999; Ahrens et al., 2007). Ahrens (2006) identified three main reasons negative responses silence victim/survivors; negative responses from service providers causing victim/survivors to question their efficacy and whether they should proceed with help seeking; negative responses from informal supports reinforced feelings of self-blame and; negative reactions from both formal and informal sources of support caused victim/survivors to question their experience and whether it qualified as sexual violence. Ahrens (2006) states that victim/survivors are punished for disclosing through negative social reactions they receive.

Ahrens et al. (2007) describes a cohort of victim/survivors who were not impacted at all by the reactions received. This is explained by victim/survivors dismissing responses, being in too much shock to register the response or unable to identify the impact of the response on them.

The type of response received can impact victim/survivor's experience of self-blame.

Negative responses are more detrimental to victim/survivor's wellbeing as more significance is attributed to them resulting in a strong emotional response (Littleton, 2010). Ullman and Najdowski (2011) found that positive reactions did not reduce a victim/survivor's self-blame while negative responses did. These blame laden responses are internalized by victim/survivors and impact their psychological wellbeing and help seeking capabilities.

Shame is communicated to the victim/survivor through messages in society including negative representations in the media, victim blaming, stereotypical beliefs that sustain dominant narratives about victim/survivors (Finkelhor & Brown, 1985; Kennedy & Prock, 1985). These multiple sources of victim blaming compound and reinforce the victim/survivors self-blame. To avoid stigmatization and blame, victim/survivors refrain from disclosing to others (Kennedy & Prock, 2018). Considered an adaptive response, non-disclosure reduces the opportunity for victim blaming. Shame and stigma emerged as significant barriers to disclosure and seeking help in a sample of rape victim/survivors (Patterson et al., 2009). Anticipating victim blaming responses acts as a barrier to disclosure for victim/survivors who do not wish to be subjected to the stigma of others (Paul, Gray, Elhai & Davis, 2009). Shame may be even more salient for male victim/survivors, the barriers for whom may be even greater than that of female (Allen, Ridgeway & Swan, 2015). Evidence for this is supported by men seeking support at lower rates than women for sexual violence (Walsh, Banyard, Moynihan, Ward, & Cohn 2010). This may compound their suffering as they feel unable to seek help for it.

### *The Second Rape*

Responses from informal sources of support were more likely to be positive while responses from formal supports were more likely to be negative. Negative responses can compound the psychological sequelae incurred. Campbell (2013) describes the secondary victimization of victim/survivors, also termed the 'second rape' (Madigan & Gamble, 1991), in which victim/survivors seeking help have negative interactions with service providers. These interactions are characterized by inadequate response to service user need's as well as victim blaming and insensitive responses. Secondary victimization is a concerning phenomenon that happens to 'most' victim/survivors (Campbell, 2013, p. 703). Victim/survivors have negative experiences in formal supports, particularly legal and medical, exacerbating help seekers already compromised wellbeing. It is suggested that this is a result of the disparity between the motivations of the help seeker and the help provider. While victim/survivor need's revolve around emotional support and being validated, legal professionals aim to argue and win points of law, prioritizing winning over wellbeing. Legal services receive little training in the mental health of victim/survivors of sexual violence leaving victim/survivors vulnerable to having their symptoms exacerbated by insensitive treatment (Parsons & Bergin, 2010). This can negatively affect victim/survivors continued help seeking as they lose faith in services ability to provide support (Liang et al., 2005). Campbell (2013) suggests attention should be given to preventing the secondary victimization of victim/survivors.

### *Societal Response*

Abuse is situated in structures of culture, class and gender (Liang et al., 2005). The pernicious nature of sexual violence within relationships is demonstrated by social structures

that enable it. Ireland did not legally recognize marital rape until 1990. Prior to this, rape was not considered possible within the marriage contract. This notion was enacted into law through Sir Matthew Hale and his proposition that the wife of a man 'hath given up herself in this kind unto her husband, which she cannot retract' (Chika, 2011, p. 42). This idea is upheld particularly within patriarchal structures in which help seeking for abuse within relationships is restrained and sexual violence within a relationship is a private matter (Liang et al., 2005).

Victim blaming is a culturally mediated response that is sustained by gendered ideas about men and women. Shame is induced in women through the belief that they are deserving of their experience; that they are responsible because they deviated from the 'good girl' ideology of women as chaste and pure (Weiss, 2010). For men, shame is supported by masculine gender norms of power, strength and virility. Sexual violence threatens constructs like masculinity making men feel emasculated and ashamed (Weiss, 2010).

The treatment of rape in society reflects the attitudes held towards it. Rape is regularly conceptualized as a public health issue (Wasco, 2003; Basile et al., 2020). This is a consequence of the magnitude of the prevalence of sexual violence in society as well as the health-related outcomes incurred (Basile & Smith, 2011). Inherent in a public health approach is treatment provision for the physical and psychological sequelae. It can be determined that sexual violence is prevalent in society. The impact of sexual violence is apparent from the individual to the societal level. Support services should reflect this by providing adequate and appropriate services that are necessary to mitigate the prevalence and impact of sexual violence (Walby et al., 2013).

### *Rape Crisis Centres*

In Ireland, lifetime prevalence of sexual violence is 42% for women and 28% for men (McGee et al., 2002). One of the main sources supports for victim/survivors in Ireland is the Rape Crisis Centre. There are currently 16 rape crisis centres across Ireland. RCC's receive partial funding from Tusla – Child and Family Agency, a state agency responsible for a range of services including domestic and sexual violence. Certain RCC's are represented by the Rape Crisis Network of Ireland (RCNI) who support them in reaching best practice.

The emergence of rape crisis centres is a significant outcome of the feminist movement of the 1970's (Campbell, 2006). Services provided include therapeutic, advocacy, helpline support and informational resources. Since opening its doors in 1979 the DRCC has seen a steady increase in the number of people accessing the service, from 70 contacts in year one, to 13,367 in 2018. A reaction to the occurrence of rape and sexual violence in Ireland, feminists in Dublin similar were eager to establish Irelands first Rape Crisis Centre. Rape crisis centre advocates assist victim/survivors in seeking help from medical professionals, reporting to Ireland's police force An Garda Suíochána (known colloquially as the Guards and referred to as such going forward) and engaging in legal proceedings (Campbell, 2006). The role of rape victim/survivor advocates is to mitigate the secondary victimization of victim/survivor's or the 'second rape' such as insensitive, victim blaming treatment from service providers (Campbell, 2006; Madigan & Gamble, 1991). They also ensure a more comprehensive service is delivered to victim/survivors of these services. For example, victim/survivors who reported to police have reports taken 41% of the time while those who report to the police with an advocate have a report taken 59% of the time (Campbell, 2006).

As well as providing services for victim/survivors, the DRCC has been instrumental in the securing of many of the changes in Irish society through their relentless campaigning and advocating the Dublin Rape Crisis Centre. They successfully lobbied for the extension of the definition of rape to include anal and oral penetration and the criminalization of marital rape

the DRCC. Most recently, the Dublin Rape Crisis Centre is contesting the treatment of victim/survivors in the legal process which they believe is 'hostile to the interests and rights of the victim' (DRCC, 2018). The DRCC suggest that it is for this reason reporting of crimes of sexual violence is low. Attrition can begin as early as when a victim/survivor decides not to report their experience to law enforcement agencies. As a solution to this lack of legal representation, rape crisis centres provide advocates for service users who are engaged with legal services. Advocates behave as a buffer against the experience of secondary victimization which has positive consequences for victim/survivor's mental health (Campbell, 2006).

Specialist services like rape crisis centres are best placed to manage cases of sexual violence (European Commission, 2016a). A survey of over 42,000 participants found that one in four would not contact police in the aftermath of sexual violence for fear of how they will be treated. Rape crisis centres ensure that victims are not responded to negatively upon disclosing their experience. Enhanced policy initiatives to increase disclosure are required to address issues of underreporting and ensure victims have their needs met (European Commission, 2016a). Engagement with RCC's is increasing on an annual basis as demonstrated by the DRCC's 2019 annual report. 14,159 contacts were made to the service in 2019, up 6% on 2018 figures and a further 11% on 2017 data (DRCC, 2019).

### *Sexual Assault Treatment Units*

SATU's are medical treatment facilities that provide medical and forensic support for victim/survivors of sexual violence (Eogan, McHugh & Holohan, 2013). This service forensically treats and gathers evidence for use in criminal proceedings. SATU's are accessed via the Guards who arrange the appointment in a timely manner to collect evidence. Here,



evidence is gathered in forensically clean environment in police presence to ensure it is admissible. Evidence can be stored for a year while the victim/survivor deliberates over their decision to prosecute. Psychological support is provided by a member of the Dublin Rape Crisis Centre who send volunteers to meet the victim/survivor in SATU. Campbell (2006) evaluated the effectiveness of rape crisis centre advocates in supporting victim/survivors when engaging with medical and legal supports. Participants described less distress when accompanied by an advocate and experienced fewer negative interactions with medical staff. This was echoed across other services.

The SATU in The Rotunda Hospital Dublin, was established in 1985, the first of its kind in Europe. There are now six SATU's operating across Ireland. However, there remains significant opportunity for improvement. SATU's are plagued by resource issues as they are continually underfunded while delivery of non-standardized care means there is inconsistencies in how patients are managed which has triggered calls for a national strategy to provide standardized care (Eogan, McHugh & Holohan, 2013).

Similar treatment programs exist elsewhere to medically treat victim/survivors in the aftermath of sexual violence. In the US, 'rape kits' is the name given to protocols for the collection of forensic evidence from the victim/survivor and administered by Sexual Assault Nurse Examiner (SANE). SANE's are specially trained to mitigate the potential for secondary traumatization or the 'second rape' of victim/survivors often experienced through the insensitive treatment of formal support professionals (Campbell, Madigan & Lichty, 2005; Madigan & Gamble, 1991). These nurses deliver medical care and collect forensic evidence in a sensitive, trauma informed manner. A rape crisis volunteer is often present to provide further psychological support. Rape kits came under scrutiny when it was discovered that several thousand rape kits were not being forensically tested by police. Reasons uncovered included racism, sexism and classism as many victim/survivors were poor, African

American women (Campbell & Fehler-Cabral, 2018). The authors suggest that because of these factors victim/survivors were disbelieved and their forensic evidence went unchecked, highlighting the influential role of cultural factors on seeking and attaining help.

### *Legal Support*

In order to prosecute a perpetrator, victim/survivors begin by engaging with law enforcement agencies. Police staff have been found to discourage reporting by reminding victim/survivors of the emotional toll and potential for humiliation of seeking justice. During the investigation, multiple disclosures must be made by the victim/survivor, a challenging task due to the traumatic nature of the content. The victim/survivors behaviour including clothing worn, alcohol consumed and previous sexual encounters is questioned. So traumatic are these questions that most victim/survivors do not continue engaging with the reporting process (Campbell, 2013). If the report does progress, legal professionals continue questioning the victim/survivor, forcing them to make more disclosures, reliving their experience each time. Brownmiller commented on the treatment of victim/survivors of rape within criminal justice system where the focus was on the behaviour of the victim/survivor of the assault rather than that of the perpetrator (Dellinger-Page, 2010).

There is a large attrition rate in cases of sexual violence. Attrition is defined as the process in which rape cases are discontinued and fail to reach a conviction (Lovett & Kelly, 2009). According to Campbell (2013), for every 100 reported cases, 33 are referred to prosecutors, 16 are charged and enter court proceedings of which 12 are convicted with 7 receiving a prison sentence. Lovett and Kelly (2009) tracked attrition rates in rape cases across Europe including Ireland. Of 100 cases, 18 were charged and 16 went before a court of law. 8 of these 16 were convicted establishing an 8% conviction rate. In a sample of 8,000 US women,

7.8% had their perpetrator's prosecuted of which 3.3% were convicted (Tjaden & Thoennes, 2006).

Indeed, attrition begins when victim/survivors decide not to report. Rape is vastly under reported in society (Pino & Meier, 1999). Figures obtained can be assumed to be an underestimation due to a reluctance among victim/survivors to disclose due to the shame and stigma attached to the crime (Abrahams et al., 2014). As such, sexual violence is a challenging phenomenon to measure (Dartnall & Jewkes, 2013).

Reporting rates differ by gender with women reporting more frequently than men (Pino & Meier, 1999). In their study of reporting behaviours of men and women, Pino and Meier (1999) found that the threat to masculinity prevents men from disclosing. Men may be reluctant to disclose experiences of sexual violence as they violate gender norm expectations (Peterson et al., 2011). Men are more likely to report if they bear physical symptoms of their experience. Therefore, those reporting may not be representative of all victim/survivors as those that bare no injuries feel less confident disclosing (Peterson et al., 2011). For women, non-adherence to stereotypical notions of rape deterred women from doing the same (Pino & Meier, 1999). Victim/survivors of stranger rapes are less concerned about being blamed which may mediate the relationship between experiencing stranger rape and increased likelihood of reporting (Wolitzky-Taylor et al., 2011). Victim/survivors of stereotypical rapes such as these may be more confident they will be believed which makes them more amenable to disclosing their experience and seeking help (Wolitzky-Taylor et al., 2011).

In the USA, fewer than one in six rapes are reported to the police (Wolitzky-Taylor et al., 2011). In Ireland, it is estimated that fewer than one in ten cases of sexual violence are reported to the police (McGee et al., 2002). Perceptions of reporting rates do not reflect the reality. In Ireland, participant's in the SAVI report estimated that female victim/survivors of

sexual violence report the crime to the Gardai 33.5% of the time and males report 15.8% of the time. Actual reporting rates for female and male victim/survivors is 7.1% and 2.6% respectively. The DRCC annual report provides additional information on service users reporting of sexual offences to the Gardai. Of these 356 new clients, 104 reported their case to the Gardai, indicating a reporting rate of 29.2%. Outcomes were known for 29 of these cases of which 23 were still under investigation, 2 were dropped by either the client or prosecutor and the remaining 4 went to trial. All four received a guilty verdict.

Leahy (2014) suggests high attrition and low conviction rates in Ireland are a result of attitudes held by the Irish population towards sexual violence. These attitudes are informed by rape myths and conflict with the reality of rape and legitimize unrealistic expectations of what rape constitutes. When cases of sexual violence are presented which defy these expectations and do not meet stereotyped perceptions of what rape is, people become skeptical of their validity (Leahy, 2014). Adherence to rape myths prejudice jurors against the victim/survivor as they determine the outcomes of the case based on their personally held beliefs, rather than the merits of the case presented. These myths act as a barrier to convicting the perpetrator, biasing those assigned to deciding the fate towards favouring the perpetrator.

### *Governmental Policy*

The Irish Government set up an organization dedicated to eradicating sexual violence in Irish society. Cosc, meaning ‘stop’ or ‘prevent’ in Irish is the name given to the National Office for the Prevention of Domestic, Sexual and Gender Based Violence in Ireland. This body is responsible for the delivery of governmental responses to sexual violence in Ireland. The organization is currently working on a National Strategy on Domestic, Sexual and Gender-Based Violence, due in 2021. According to the action plan for this strategy, Cosc is

committed to developing educational programs for primary schools (age 4-12), second level (age 12-18) and third level institutions (age 18+) on the topic of domestic, sexual and gender-based violence. Educating legal practitioners working with victim/survivors will also be addressed. The strategy also addresses issues such as housing support and service provision to victim/survivors.

Ireland has demonstrated a commitment to end gender-based violence by ratifying the Istanbul Convention which seeks to prevent violence against women. The convention outlines 72 actions some of which importantly relate to service provision including; “provide support and assistance to organizations and law enforcement agencies to effectively co-operate in order to adopt an integrated approach to eliminating violence against women and domestic violence” and; “design a comprehensive framework, policies and measures for the protection of and assistance to all victim/survivors of violence against women and domestic violence.” By ratifying this, Ireland has agreed to enact laws that protect women and prosecute perpetrators.

### *Improving Access to Services*

These services and policies are redundant if victim/survivors cannot access them. Fleming and Resick (2017) suggest focusing interventions on increasing help seekers faith in services through increasing funding for increased appropriate supports. Screening for sexual and physical violence by medical staff could also increase identification and therefore service utilization by victim/survivors. Amstadter et al. (2008) advocate for services to provide free support to facilitate access. Similarly, as victim/survivors often present with PTSD, training service providers in recognizing the disorder and responding appropriately to help seekers.

Ongoing research into this vulnerable population is necessary to improve access to services. DeLovah and Cattaneo (2017) recommend considering help seeking as an iterative process. They suggest no longer dichotomizing those who need help into help seekers and non-help seekers as this fails to capture the iterative nature of help seeking. There are multiple processes that are part of the help seeking process including naming the experience, considering the consequences as well as other factors mentioned above. Fleming & Resick (2017) highlight the need to conduct research in non-help seekers to capture the full scope of factors affecting help seeking.

#### Chapter 2.6: Summary

This chapter contextualizes sexual violence in society. It provided definitions of sexual violence from the WHO and CDC, as well as global prevalence rates and attitudes towards sexual violence in society. This chapter situates the thesis in an Irish context, providing legal definitions and prevalence rates for sexual violence. The impact of sexual violence is described including the impact on victim/survivor's mental health, physical health and relationships. The economic impact of sexual violence on society and the individual was also outlined. Help seeking for the impact of SV from informal and formal sources of support and the consequences of both on the victim/survivor was detailed. Society's response to victim/survivors such as supports provided and governmental responses, particularly in Ireland are described.

## Chapter 3. Methodology

### Section 3.0: Chapter Overview

This chapter provides an in-depth description of the methodology and methods that were employed to conduct the research. Beginning with an overview of the qualitative research methods available and the selection process for the methodology employed, this chapter describes, the research design, analytic framework, participant recruitment procedures, data collection and analysis methods and ethical considerations such as reflexivity and rigour, providing a comprehensive view of how the research was conducted.

### Section 3.1: Qualitative Research Methods

When conducting qualitative research, there is a plethora of methods to choose from. Common qualitative methods include phenomenological research, grounded theory, ethnography and case study research. However, the research design of this study does not subscribe to common qualitative research paradigms. Rather it borrows from social constructivism and interpretivism among other qualitative research techniques and tools to identify the barriers and facilitators to accessing sexual assault services. Whilst Crotty (1998) expounds an edifice for conducting qualitative research, he acknowledges the ‘uniqueness’ of each piece of qualitative research being conducted and concedes the necessity for a unique approach. Of course, there are common research designs, but common does not mean compulsory. Crotty (1998) speaks of “forging a methodology that will meet our particular purposes” (p. 14). This was the methodological position occupied in the current research as it

afforded the researcher the opportunity to be creative in the approach to conducting qualitative research. Willig (2013) agrees that there are no right or wrong methods in qualitative psychology; rather methods that are more or less appropriate (p.22). What *is* important is that data collection and analysis techniques are congruous. The chosen data collection technique must align with the research aims as should the method of analysis. While there is a certain safety in adhering to a prescribed methodology which can “act as a life raft to cling to in the sea of uncertainty that is qualitative research” (Braun & Clarke, 2016, p. 739), the current research was carefully considered and draws on multiple methodologies to achieve the research aims.

The chosen method was carefully considered. A phenomenological analysis was initially considered. Phenomenological analysis seeks to understand the lived experience of a phenomenon and how participants make meaning of it. It takes many forms, the most common of which is interpretive phenomenological analysis (IPA; Smith, Jarman, & Osborn, 1999). IPA has rigid theoretical assumptions and a pre-ordained epistemological underpinning that restrict data analysis. This contrasts with thematic analysis (TA; Braun & Clarke, 2006) which is free of epistemological and theoretical underpinnings. This exemption means TA is flexible enough to be applied to any methodology or epistemology and as a result was deemed more appropriate for the current research question. However, as a method concerned with experience, phenomenology has influenced the research approach including practicing reflexivity as well as the practice of acknowledging and articulating researcher experience and knowledge and its influence on data interpretation.

Grounded theory (GT; Strauss & Corbin, 1998) was also considered as an approach to achieving the aims of the current research. GT seeks to construct theory in relation to a phenomenon under investigation. Using an inductive approach in which findings are not



informed by theory, but rather borne out of the data itself, a theory is generated to explain a phenomenon. However, sexual violence is not a new phenomenon and help seeking is not a new behaviour. Testing the applicability of existing theories seemed more valuable rather than developing a new theory.

### Section 3.2: Theoretical Framework: Ecological Systems Theory

An a priori theoretical framework of Ecological Systems Theory (Bronfenbrenner, 1979) was used in the current research to guide inquiry. This theoretical framework was not rigidly imposed on the data but rather informed the research process. In Bronfenbrenner's (1979) theory of human development, people grow and evolve through their interactions with the world around them. Bronfenbrenner describes the various environmental contexts in which a person exists and engages in as 'systems.' These systems range from the microsystem which describes the individual's immediate relationships including friends, family and partners and the communications between them. The exosystem refers to services and organizations that a person interacts with that impacts the individual indirectly such as laws to be adhered to or workplace or school policies. Lastly, the macrosystem reflects cultural norms, beliefs and attitudes that govern society. Residing at the core of these systems is the individual and their personal characteristics. Interactions between the individual and these systems contribute to the development of the individual (Bronfenbrenner, 1979).

This model has been applied across many research paradigms. The utility of the model is seen in its' applications particularly in health related behaviours including smoking cessation (Sallis, Owen & Fisher, 2015) and the prevention and management of diabetes (Whittemore et al., 2004). The ecological model has previously been applied to sexual assault perpetration, prevention, psychological impact and reporting (Heise, 1998; Banyard, 2011; Campbell et al., 2009; Kubiak, Brenner, Bybee, Campbell & Fedock, 2018; Tillman, Bryant-Davis, Smith &

Marks, 2010). The Centre for Disease Control (CDC, 2004) and the World Health Organization (Krug, Mercy, Dahlberg, & Zwi, 2002) regularly apply this model to research on gender-based violence.

This model has not previously been applied to the specific research question of the current research; identifying the factors that affect help seeking for sexual violence. The current research posits that multiple factors across each of the three systems (micro-, exo- and macrosystem) may influence a person's ability to seek help. The individual also has the potential to exert an influence on these systems as they interact with them affecting their help seeking outcomes. For example, the self-blame carried by the victim/survivor may prevent them from disclosing and seeking help as has been demonstrated in previous research (Donne et al., 2018) At the microlevel, social reactions to disclosures of sexual violence from friends and family may influence a person's ability to continue seeking help (Orchowski, Untied & Gidycz, 2013; Ahrens, 2006). As victim/survivors typically disclose to informal sources of support such as family or friends first, their responses are particularly salient (Ahrens et al., 2007). Reactions received can have a significant impact on the victim/survivor's ability to continue disclosing, particularly if they receive a negative reaction such as not being believed or being dismissed due to discomfort experienced at the topic being discussed. Supportive reactions that believe the victim/survivors however can encourage and foster help seeking (Littleton, 2010). Reactions are often informed by rape myths that are produced and reproduced in the culture surrounding the individual i.e. the macrosystem.

Victim/survivors have extensive needs in the aftermath of sexual violence. The victim/survivor begins interacting with these services at the exosystem level including medical, legal and psychological services. Victim/survivors can struggle to have their needs

met by these services if they are treated insensitively or have their experience minimized. This can magnify victim/survivors feelings of shame and guilt. Research has dubbed this experience as ‘the second rape’ because of the retraumatization of victim/survivors by service providers which can deter further help seeking. The macrosystem has a significant influence on the distress experienced post assault. We live in a culture in which rape myths are rife within society. These myths support the narrative that victim/survivors are to blame for their assaults. Through a process of internalization victim/survivors also believe that they are responsible for their experience (Kennedy & Prock, 2016). Common rape myths include the belief that men don’t get raped or men who are raped must be gay (Turchik & Edwards, 2012). As a result, for society, male rape violates gender norms and expectations of men as strong and able to resist threat. For male victim/survivors, fears of being considered homosexual compound the already traumatic experience and further deter help seeking. Similarly, women are described as ‘asking for it’ by wearing certain clothes, suggesting they were complicit in their attack. Evidence of rape myths can be seen throughout society informal and possibly expected places such as discourse across social media to more formal and unexpected places such as the courtroom where victim/survivors clothing, alcoholic consumption and past sexual history can be questioned the implication of which is that the victim’s behavior provoked the attack. Rape myths and their perpetuation throughout society lead to the victim blaming experienced by victim/survivors at the exosystem level as society’s beliefs and attitudes have been shaped by the rape myths perpetuated within it.

As a victim/survivor navigates their help seeking journey, factors within these systems have the potential to act as barriers or facilitators to accessing services. The current research seeks to investigate further the influence of these factors on help seeking. By illuminating the factors that influence a victim/survivors ability to seek help, the factors that affect accessing

services can be identified. This theory provides the theoretical framework for the study which complements the deductive approach of thematic analysis in which analysis is driven by the researchers theoretical interests.

### Section 3.3: Philosophical Underpinnings

As a researcher it is important to articulate the epistemological and ontological stance employed as this has implications for interpretation of the data. Epistemology seeks to understand and explain how we know what we know, while ontology is the study of being. Defining these positions establishes the rationale for the methods and analysis used in the study. In psychology, there exists two main methods for conducting research; quantitative or qualitative. These methods are divergent in their philosophical underpinnings making their use in research dependent on the research aim. Quantitative research is underpinned by positivism which rejects that which cannot be empirically measured such as thoughts, feelings, and attitudes. It posits that only things obtained through the senses can result in knowledge. It favours a scientific, structured world. This stands in contrast to the ever-changing world we tend to experience. While quantitative research adheres to an objective view of reality, qualitative research posits subjective knowledge is as important. Interpretivism stands in opposition to positivism and acknowledges the subjective experiences of people in the socially constructed world they live in. An interpretivist approach was adopted in the current research. As such, assumptions and biases must be acknowledged as well their potential influence on how the data is interpreted.

### Section 3.4: Research Design

This study evolved from its initial aims and objectives into the thesis presented here. While aspects of the project were fixed in accordance with the CONTEXT program deliverables (see Appendix N) much of it was still undecided. The project went through several iterations

before arriving at the current research design. A qualitative research design was used to identify the factors affecting help seeking for sexual violence. The research was informed by Ecological Systems Theory (Bronfenbrenner, 1979) and underpinned by philosophical principles of social constructivism and interpretivism. A thematic analysis was conducted on the data and themes were generated in relation to the factors affecting accessing sexual assault services for men and women.

The current research is guided by principles of constructivism. According to social constructivism, meaning is created as a result of our interaction with the world around us with different people creating different meanings even in relation to the same phenomenon (Crotty, 1998). It captures the active role individuals have in the creation of reality. It is hallmarked by ongoing transformation, construction and reconstruction of reality. Knowledge is ‘constructed’ as a result of our interactions with the world. It does not exist independently of us, rather, we construct meaning based on these interactions. The current research is interested in the construction of the experience of help seeking in the aftermath of sexual assault and how different people experience the factors influencing this experience differently including men and women. Subscribing to social constructivist principles I am working from a perspective that ascribes importance to experience in which experience is the unit of analysis.

### Section 3.5: Analytic Framework

Thematic analysis (TA), a theoretically unbound methodological approach that affords the researcher the freedom to decide their own methodological framework while simultaneously borrowing from other methodologies was employed in the current study. TA offers a certain amount of flexibility that aligned with my desire for the research to be organic and let the

data speak for itself. The data collected was thematically analyzed. TA is a tool used to identify patterns across a data set. During analysis it is possible to identify numerous themes, with some themes being more significant than others. The idea that themes reside in the transcript awaiting discovery by the researcher as they 'emerge' conflicts with the idea that themes are molded by the researcher and produced from their interpretation of the data reflecting the researcher's standpoint (Braun & Clarke, 2016). It is the current researcher's position that themes are not 'discovered' but created in a reflexive, subjective process of theme development Braun and Clarke have dubbed organic TA (2016). Providing a conceptualization of what the generated themes represent, why they are significant and how they pertain to the research question is more important than frequency of theme occurrence.

TA is not wed to a pre-existing theoretical framework. For example, IPA is underpinned by specific theoretical principles that are idiographic, hermeneutic and phenomenological in nature (Smith, 2011). TA allows the researcher to choose the epistemological and theoretical framework that aligns with the aims of the research. Once these are made explicit TA can be applied as a method. The current research is underpinned by social constructivism.

Approaching analysis from this perspective, TA examines the way in which experiences are constructed as socially produced (Braun & Clarke, 2006). In this way TA is not focusing on the individual but rather the socio-cultural context which the individual exists. TA can be semantic or latent. At the semantic level, the researcher describes and interprets the data in relation to theory. At the latent level, the researcher moves beyond the description and interpretation of the semantic level and examines the underlying assumptions and ideologies that have produced the semantic level findings (Braun & Clarke, 2006). A latent level analysis was conducted in the current thesis to understand these features of the data. Data can be coded inductively or deductively. Inductive means themes identified are derived from the

data itself. Deductive analysis means theory was imposed on the data. Both inductive and deductive analysis was conducted on the data to understanding the help seeking process of victim/survivors of sexual violence.

### Section 3.6: Participants

A major consideration of the project was the population under investigation. The first word of the thesis title 'gender' has in recent years shed its binary definition of male and female and now denotes multiple identities. The researcher had to decide on the inclusion criteria for 'gender' for the purpose of this study. One approach was to consider the gender specific nature of the study as one gender, that of women. Women experience sexual violence at overwhelmingly high rates. Violence against women is a worldwide phenomenon with the World Health Organization estimating 1 in 3 women will experience physical and/or sexual violence by a partner or sexual violence by a non-partner (Garcia-Moreno, Pallitto & Devries, 2013). In the U.S., 43.6% of women (52.2 million) experienced some form of contact sexual violence in their lifetime, with 24.8% (or 27.6 million) experiencing the same (Smith et al., 2018). However, sexual violence is still experienced by men at a significant rate with men representing 21.6% of contacts made to the Dublin Rape Crisis Centre and 10.3% of counselling clients (DRCC 2018 Annual Report). These figures show an increase from 2017 and 2016 respectively. While the rate of sexual violence is lower among men, the psychological impact is similarly profound and was therefore deemed important to include men.

Further gender dissonance was derived from the decision to focus on men and women only despite the definition of gender being no longer restricted to such limiting parameters. The previously assumed binary definition of gender has been expanded to a spectrum of gender

with biological sex and gender no longer necessarily corresponding. Socially constructed ideas of femininity and masculinity that were attributed to each sex and the often rigid gender roles implied are changing and evolving (Hyde, Bigler, Tate & van Anders, 2019). As such, an opportunity to include transgender individuals arose. However, researching this population illuminated the experience of transgender people across the lifespan and caused me to reconsider including this population. Transgender people experience higher rates of poor physical health, depressive symptoms and disorders, and perceived stress than their non-transgender lesbian, gay and bisexual counterparts (Fredriksen-Goldsen et al., 2013). Society can be unforgiving of those who do not conform to the heteronormative culture that exists. This manifests for transgender people in their experience of hate crimes. While lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex, asexual, ally, and pansexual people experience stigma as a result of their status, transgender people are vulnerable as issues of harassment and violence are particularly high for this group (Calton, Cattaneo, & Gebhard, 2016). Transgender people are at a particularly high risk for sexual violence with 50% reporting unwanted sexual activity in one study (Stotzer, 2009). Research into issues of LGBTQ including barriers to services is lacking and therefore many issues remain understudied (Calton, Cattaneo, & Gebhard, 2016). The paucity of research indicates that there is a need to focus on the specific experience of this minority group rather than including them in research with their cisgender counterparts which may obfuscate an understanding of their nuanced experience. Research examining this population specifically would serve this group better and do this cohort justice. While the current research did not exclude members of the LGBTQ community, it did not target them for inclusion.

### *Sampling*



This study sought to identify the factors that affect accessing sexual violence support services. To achieve this aim, two distinct groups were invited to participate;

1. Victim/survivors of sexual violence who were service users of the DRCC (N = 10)
2. Victim/survivors who did not seek or attain adequate support specifically for their experience of sexual violence (N = 10)

A total of 20 participants were recruited for the current research. Sample sizes of 15-30 is common in qualitative research (Braun & Clarke, 2013). Many researchers aim to achieve larger sample sizes in order to increase the frequency of themes with the belief that this adds more credibility to their findings. However, Braun and Clarke (2016) suggest that larger samples can impede the researcher's ability to capture the subtleties and complexities within the data and may actually cause the researcher to miss significant information contained in the data. Buetow (2010) agrees that frequency of codes derived from a larger sample does not equate to saliency.

### *Recruitment*

Two groups of participants were recruited; victim/survivors of sexual violence who have successfully accessed sexual assault support services (Group 1) and victim/survivors of sexual violence who have not been successful in accessing support services (Group 2). Using purposive sampling, participants were recruited according to their ability to meet the inclusion and exclusion criteria. A convenience sample of service users of the Dublin Rape Crisis Centre (DRCC) were recruited and constituted Group 1. To recruit non-service users, strategies involving social media and online recruitment websites were employed. An online advertisement was posted on volunteering website Activelink.ie inviting men and women

who have experienced sexual violence but have not sought professional help to participate (see Appendix B).

*Group 1: Victim/survivors of sexual violence who sought help:*

Participants belonging to this group were recruited through the DRCC. Recruitment was facilitated through secondment to the DRCC for data collection purposes. Upon receipt of ethical approval from the University of Ulster Research Ethics Committee (UUREC), the researcher attended a team meeting with therapists of the DRCC to inform them of their role in recruiting participants for the study. Recruitment was facilitated through the therapists at the DRCC who recommended clients they believed to be suitable to participate in the study based on the study's inclusion / exclusion criteria along with their own professional judgement and expertise. When therapists identified a client, they informed them of the study during their therapeutic session using the participant information sheet whilst answering any questions they could from the client. If the client was agreeable, the therapist completed a Therapist Recommendation Form (Appendix D) and returned it to the researcher. This form captured a minimum amount of information about the service user including their preferred means of contact. Based on the service users preference, contact was made between the service user and researcher to discuss participation and answer any questions they may have. If the service user was amenable, a time and date was scheduled to conduct the interview. The service user was reminded that they could withdraw at any time including at the point of interview. Interviews were typically scheduled one hour before their therapeutic appointment. This provided an opportunity to debrief with their counsellor should they become distressed as a result of the interview. Through this process 10 participants were recruited (6 female, 4 male) and a total of 10 interviews were conducted.

Table 1. Participant Demographics for Group 1

<b>Pseudonym</b>	<b>Gender</b>	<b>Experience</b>
Claire	F	Assaulted by professional performing a service
Mark	M	Did not disclose
Luke	M	Date raped at a party
Lucy	F	Raped at a party
Christian	M	Assaulted at a house party
Rose	F	Date raped
Beth	F	Abused by father as a child
Martha	M	Date raped
Simon	M	Abused by brother as a child
Fiona	F	Abused by father as a child

*Group 1: Inclusion / Exclusion Criteria*

The inclusion and exclusion criteria applied to the recruitment strategy was selected to ensure data collected met the research aims. Selecting service users from the DRCC ensured participants could discuss accessing a sexual assault support service and any barriers or facilitators they experienced. Selecting service users who were not in a vulnerable psychological state as determined by their therapist minimized risk to the participant. Men and women were invited to participate as sexual violence affects both populations. Any service users under 18 were excluded to safeguard against any risks to this vulnerable population.

Table 2. Inclusion/Exclusion Criteria Group 1

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>• Over 18 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Under 18 years of age</li> </ul>
<ul style="list-style-type: none"> <li>• Engaged in therapy at the DRCC and deemed suitable for participation by therapist</li> </ul>	<ul style="list-style-type: none"> <li>• New clients that therapists have limited experience of including service user vulnerabilities to distress</li> </ul>
<ul style="list-style-type: none"> <li>• Men and women</li> </ul>	

*Group 2: Victim/survivors of sexual violence who did not seek or attain help*

Recruitment for this group was not facilitated by therapists in the DRCC as they were not service users. However, a significant input was received from members of DRCC staff who assisted in the design and dissemination recruitment material. An online information leaflet was disseminated via Activelink.ie, a website that advertises job and research opportunities particularly in the voluntary sector in Ireland. It was also shared through Twitter.com, a social media website for which coaching was received from the DRCC social media manager on how to develop an online presence. Having a presence on Twitter provided an opportunity to network with other researchers and advocates in the gender-based violence field who could share my research to a wider audience and increase the opportunity to recruit participants. The online advertisement described the aims of the study, participant eligibility criteria and researcher contact details. People viewing the advertisement could click a link that would redirect them to the Activelink website where they could find more information on the study including the participant information sheet (Appendix L).

Recruitment began when those who saw the information leaflet online and were interested in participating contact the researcher using the contact details provided. The researcher promptly replied, thanking the potential participant for their interest and attaching the participant information sheet to the email. If the participant's interest continued an email thread began establishing a suitable date for the interview. Once agreed upon, an email was sent confirming the date and time of the interview. Participants were provided directions and informed of the researchers phone number should they need additional directions.

The recruitment process for this group accrued more participants than anticipated. Due to the sensitive nature of the topic being discussed it was expected that few would respond to the invitation to participate. This expectation was influenced by the assumption that people who felt unable to seek support for their own well-being post assault would be similarly not able to discuss their experience for academic research purposes. This assumption was proved false. A total of 15 contacts were made to the researcher 14 via email and 1 via phone. Of these 15 contacts, 10 participated in the study. 5 participants were deemed to be unsuitable for participation as they did not meet the inclusion exclusion criteria.

Table 3. Participant Demographics for Group 2

<b>Pseudonym</b>	<b>Gender</b>	<b>Experience</b>
Johanna	F	Assaulted at a house party
Sandra	F	Assaulted by uncle as a child
Laura	F	Assaulted at a house party
Nuala	F	Raped by peer
Paula	F	Date raped
Lizzie	F	Assaulted by partner

Tara	F	Date raped
Jen	F	Assaulted by partner
Aidan	M	Harrassed
Deirdre	F	Abused by uncle as a child

*Group 2: Inclusion/Exclusion Criteria*

Access was an issue for this group as participation requires travel. Unlike Group 1 who had interviews scheduled around their therapeutic appointment in the DRCC in an attempt to limit inconvenience to participants, participants in Group 2 had to travel to a location potentially unfamiliar to them. This may incur additional costs and time and so may have excluded them from participation if they could not meet these criteria. While participants in this group must have experienced sexual violence, they must not have sought professional help for same. Both men and women are invited to participate but must be over 18.

Table 4: Group 2 Inclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>Over 18 years of age</li> </ul>	<ul style="list-style-type: none"> <li>Under 18 years of age</li> </ul>
<ul style="list-style-type: none"> <li>Can travel to and access Centre for Global Health, Trinity College Dublin. This building has wheelchair access</li> </ul>	<ul style="list-style-type: none"> <li>Those who cannot travel to or access Centre for Global Health, Trinity College Dublin.</li> </ul>
<ul style="list-style-type: none"> <li>Have experienced sexual violence but have not sought help specifically for it</li> </ul>	<ul style="list-style-type: none"> <li>Have not experienced sexual violence and accessed support service for same.</li> </ul>

- |                 |  |
|-----------------|--|
| • Men and women |  |
|-----------------|--|

### Section 3.7: Data Collection

Semi structured interviews were conducted with services users of the Dublin Rape Crisis Centre to elucidate the perceived factors affecting accessing such a service. Individuals who had an experience of sexual violence but had not sought professional help were recruited for their unique perspective on the barriers experienced. A semi-structured interview schedule allowed the participant to speak freely and reveal their own individual experience, views and opinions. The semi-structured nature of the interview permitted the sequence of questions, probes used and wording of questions to be modified based on participant's responses. The flexibility afforded by semi-structured interviewing enables the interviewer to explore participant's individual responses while also targeting key elements for discussion.

The interview schedule was underpinned by Bronfenbrenner's EST (1979) model. According to this model, human development occurs through interactions between an individual and their environment. The interview schedule was designed to address each of the systems within a person's environment (microsystem, exosystem, macrosystem) to understand what factors within each system may or may not affect help seeking after the experience of sexual assault. Participants were asked to comment on the impact of sexual violence on their lives reflecting their own position in the ecosystem at the individual level. Within the microsystem exists friends and family. Therefore, questions around disclosing to these informal sources of support addressed the microsystem. Questions and probes addressing the participants experience with formal sources of support addressed the exosystem. Questions relating to the participants experience of being a victim of sexual violence in Irish society in the presence of key cultural moments such as the #metoo movement as well as a recent high-profile court

case named the Belfast Rape Trial were addressed at the macrosystem level. The court case which saw four rugby players acquitted of rape despite substantial evidence was widely debated in Irish society and was anticipated to emerge in the findings of the current research (Gallagher, 2018). Finally, participants were asked to make comments on recommendations for change to improve help seeking for victims of sexual violence. Wording and sequencing of questions were debated with therapists in the DRCC to ensure minimal distress was encountered. For example, participants were reminded that they did not have to discuss the experience of sexual violence itself when discussing the impact of it on their lives.

Interview conditions were carefully curated to ensure maximum comfort and ease of the participant. Interviews took place in a quiet, comfortable room provided by the DRCC for participants of Group 1 or in Trinity College Dublin meeting room for participants of Group 2. All participants were offered tea or coffee and water with biscuits to cultivate a relaxed and casual atmosphere. The pace of the interview was slow and gentle with establishing rapport prioritized. Fostering rapport was important to build trust and encourage disclosure. The rapport established has implications for the data gathered. The participants were forthcoming with information which was considered an endorsement of the rapport developed. The researcher practiced active listening and empathizing with participants while also being sensitive to their needs by monitoring distress (Braun & Clarke, 2013).

### *Preliminary Fieldwork*

Due the extremely sensitive nature of the interview topic and a strong duty of care to participants felt by the researcher, some preparatory work was done ahead of data collection. Mock interviews were conducted to assess aspects of the interview schedule including sequencing of questions, wording of questions, interview flow and rapport between



researcher and participant. This was done with the intention to modify as appropriate any aspects of the interview process including the interview schedule based on the feedback received.

### *Participants*

Participants were selected to represent both participant sample groups of service users and non-service users. Three therapists from the DRCC were chosen to represent the service user cohort due to their expert knowledge of the service user experience. Two university students recruited through the researchers supervisor represented the non--service user sample.

Table 5. Mock Interview Participant Demographics

Pseudonym	Sample Group	Sex
John	Non-service user	M
Michael	Non-service user	M
Mary	Service user	F
Martina	Service user	F
Teresa	Service user	F

### *Mock Interviews*

Mock interviews with therapists in the DRCC involved therapists assuming the role of a service user. Drawing on their knowledge and expertise, therapists were able to provide an accurate representation of the service user in an interview situation. Recruiting non experts (university students) provided a different yet important perspective on various aspects including the language and content of the interview schedule. Conducting this preparatory

work proved invaluable information to the researchers interview schedule and style as well as overall confidence to complete data collection successfully.

Participants from both groups were requested to offer feedback in relation to the content of the interview as well as the delivery immediately after the interview ended. This was recorded by the researcher with the intention of potentially adapting the format of the interview based on the feedback received. Feedback from therapists was of a very therapeutic nature such as checking in with the participant regularly and expressing gratitude for the participants contributions to research on such an important topic with the intention to validate their decision to participate. Non-service users suggested providing more of an introduction to the study so that participants have an opportunity to become habituated to the topic under discussion. This is particularly relevant for non-service users who may not be used to having such conversations.

### Section 3.8 Data Analysis

Following data collection, data analysis began. Interviews were transcribed following each interview. The transcribed document was then uploaded into software program NVivo 12.0 for analysis. Analysis was a 6-phase process (Braun & Clarke, 2006) that culminated in themes being generated in relation to the research questions about; the impact of sexual violence on the individual; the experience of disclosing to informal sources of support (microsystem); The experience of seeking professional help (exosystem); how recovery was facilitated; the influence of Irish culture on seeking help for sexual violence (macrosystem); suggested recommendations for improving access to formal support services. The different phases are described below.

### *Transcription*

Transcription of the interviews by the researcher was considered central to the data analysis process. Transcription is a process that requires intense concentration and patience in an attempt to capture all the information being communicated by the participant. Transcribing the data personally enabled a closeness to the data that could not be achieved if transcription was outsourced. According to Braun and Clarke (2006) there is no guidelines for producing a transcript within thematic analysis. Transcription involved listening back to the audio recorded interview and typing each word verbatim into a Word document. Once fully transcribed the written text was checked against the audio file by listening to the audio file and reading the written text simultaneously to ensure accuracy of the data. Each document was assigned a pseudonym that corresponded with the participant's pseudonym. The researcher conducted an orthographic transcription in which verbal communication was captured in order to accurately capture and convey the participants meaning. Data was accurately represented through a process of naturalized transcription whereby grammar was not corrected and important nonverbal cues were recorded. It is estimated that one hour of audio recording took approximately 4-6 hours to transcribe. Despite the lengthy nature of transcription, it was considered time well spent as the act of transcription lends itself to acquiring a deeper understanding of the data and therefore a more robust analysis.

### *NVivo*

Upon transcription, each participant transcript was uploaded into their respective folder for analysis. A project file entitled 'PhD Thesis' was created within which two separate folders were assigned to each participant group; 'service user' and 'non-service user.' Many qualitative researchers chose manual coding as an alternative to NVivo. Manual coding involves coding the data by hand using coloured pens and post its. It was considered for the

current study due to apprehensions around learning to operate new software packages and the time consuming nature of such an activity as well as trusting technology not to delete or corrupt the data files rendering the data and any analysis conducted on it obsolete. However, the utility of such an analytic tool could not be denied after a comprehensive training course on NVivo. Using a software program lends itself to a more organized and structured approach to analysis. Other advantages include improved access to data through computer based search mechanisms and a user friendly interface. For these reasons, NVivo was employed as a tool to assist coding and analysis.

### *Analysis*

The data underwent a process of thematic analysis (Braun & Clark, 2006). Thematic analysis is a six-phase process. Each of the phases are described below.

#### *Phase 1: Familiarizing yourself with the data*

During phase 1 the researcher familiarized themselves with the data, noticing commonalities between transcripts that relate to the research question. This familiarization began at the interview stage, when the researcher was first exposed to the data through listening to the participant. Following this, audio recordings were transcribed and once again the researcher listened to the interview, reminding them of the content and reinforcing their familiarity with the data. Considered an important part of analysis, transcription afforded the researcher an opportunity to get close enough to the data that they could begin observing patterns.

Transcripts were actively read and re-read to understand each participants perspective on their experience and how they came to such conclusions including identifying the beliefs and assumptions they hold that influence their perspective. These observations were recorded in a

research journal in a casual, non-systematic way for the researcher's personal use. Notes taken were returned to at subsequent phases when more formal coding occurred.

### *Phase 2: Generating initial codes*

Phase two involves identifying codes from the data. Codes are the 'building blocks' of themes (Braun & Clarke, 2012, p. 61) and involves identifying pieces of data that relate to the research question (Braun & Clarke, 2013). The researcher engaged in a process of complete coding whereby any piece of data that was deemed relevant to the topic under investigation was coded. In this way, data not pertaining to the research question was not coded. Coding was done at both the semantic level where analysis takes a more descriptive approach and at the latent level which was more interpretive. Pieces of text within transcripts that piqued the researcher's interest as they relate to the phenomenon of accessing sexual assault service were coded in NVivo as 'Nodes.' Text that was considered meaningful were then coded into these Nodes and placed in a folder in NVivo entitled 'Phase 2 – Generating Initial Codes (open coding)' (Appendix M).

Beginning at the semantic level the researcher describes the data and patterns within it. The researcher then moves into a more latent analysis interpreting the meaning behind the patterns, theoretically underpinned by Ecological Systems theory (Bronfenbrenner, 1979). Some codes were generated inductively from the language and description provided by the participant as it related to accessing sexual assault services. At other times codes were interpreted deductively through the theoretical lens of Ecological Systems Theory (Bronfenbrenner, 1979). In this way, coding was both data and theory driven meaning the researcher both developed codes that reflected the content of the data itself while other codes were based on the a priori theoretical perspective employed. Therefore, the researcher coded

information that was not informed by theory but still related to the phenomenon under investigation as well as imposing Ecological Systems Theory (Bronfenbrenner, 1979) on the data to generate codes.

Based on the recommendation of Braun and Clarke (2006) anything that was viewed as related or potentially related to the research question was coded. Many pieces of text were coded to multiple codes. This felt like a somewhat scattered process as text was coded and uncoded and re-coded as part of the deliberation process. Similarly, some nodes had significant chunks of text coded to them while others had just one word. Large amounts of text were coded to some nodes in an attempt to retain the context of what has been said by the participant. Often a sentence in isolation loses its intended meaning without the context offered by the preceding or succeeding sentence.

### *Phase 3: Searching for themes*

Once coding was complete, themes were generated. Codes across the data set were collated and sorted into themes. At this stage codes combine to form themes. This is a creative process rather than a discovery process as the researcher actively generates themes based on the codes created. Each potential or 'candidate' theme contained a 'central organizing concept,' a main idea around which codes were grouped. Codes that did not fit into the themes developed were coded into a 'Miscellaneous' theme.

### *Phase 4: Reviewing themes*

In this phase a set of candidate themes was produced. A culling process refined the candidate themes by removing themes that were not relevant to the research question or collapsing

similar themes into each other. Conversely some themes were split into two separate themes in cases where codes were considered too diverse.

#### *Phase 5: Defining and naming themes*

Further refining of themes takes place in phase 5. Explaining why a theme was developed and relating it back to the research question was done for each theme and sub theme. Memo's and annotations were made in NVivo to keep abreast of the thought process while defining and refining themes (Appendix P & Q).

#### *Phase 6: Producing a report*

Once all themes were generated, the write-up began. The objective during this phase to bring all the themes together and present them in a coherent and understandable way. Examples illustrate claims made about the data and provide evidence for the themes generated.

### Section 3.9: Ethical Considerations

Ethical approval was sought and granted by the University of Ulster Research Ethics Committee (UUREC; see Appendix J). UUREC categorize applications according to various criteria. As this research involved vulnerable populations it was categorized at category b research. Group 1 was service users of a sexual assault support service in which they were currently in treatment. Group 2 were non-service users who had experienced sexual help but were unable to seek professional help. The inclusion of these vulnerable groups was rationalized because of the unique perspectives both groups could offer on accessing services in the aftermath of sexual violence. Because of the vulnerable nature of the participants, the application was critically analyzed by UUREC to ensure research appropriateness and participant safety. Indeed, the safety and confidentiality for participants was paramount both

to the UUREC and the DRCC. The DRCC also provided consent for the research to be conducted on their service users (Appendix K). The application was carefully considered by the researcher with risks identified throughout the research process from recruitment through to write up. As such, procedures were put in place for both participants and researcher to manage risks including distress caused by the sensitive nature of the topic discussed. A number of ethical issues were addressed in the application as outlined below.

To ensure a participant was fully informed of the study, a participant information statement was provided (Appendix A & C). This document contained information of what is involved in participation, the aims of the research, how privacy will be protected, who has access to the data and how the data will be stored, withdrawal protocol and any risks and benefits of participation. Participants in Group 1 were given a week to consider participation before contact with the researcher was made. Communication was initiated by the participants in Group 2 and so participation was considered for an undefined period for this group before contacting the researcher to indicate interest. This initial contact provided an opportunity for potential participants of both groups to ask questions and ascertain any information they needed to make a decision as to whether or not to participate. As the researcher was eager to ensure participants were fully informed to satisfy ethical requirements the researcher was happy to spend time doing this. Meeting the participant offered another an opportunity to address any questions before being presented with a consent form to be perused and signed by both the participant and researcher. Participants were reminded of their right to withdraw at any stage of the interview process. They were also assured that they did not have to discuss anything they did not wish to.



Maintaining confidentiality throughout the research process was important. Access to data and data storage had to adhere to strict GDPR regulations. During transcription, identifiable information was redacted including names and locations. Participants were ascribed pseudonyms to protect their identity. Audio recordings were stored on a password protected device. Consent forms were stored in a locked filing cabinet at interview site. Audio recordings were deleted once transcribed and saved on a password protected encrypted laptop to online cloud server Microsoft OneDrive on the Ulster University domain network. While participants were assured that their data would remain confidential, they were informed of the researcher's obligation to report any disclosures of child abuse (under 18) to the Health Service Executive's child and family agency, Tusla. This stipulation was more relevant for participants of Group 2 (non-service users) who may have never disclosed their experience of sexual violence. It was expected that participants in Group 1 (service users) who have been engaging with therapy in the DRCC would have had disclosures dealt with by service providers at the point of participation however they were still informed of this.

A debriefing and distress protocol were developed for the protection of participant well-being and safety (Appendix F & G). Due to the sensitive nature of the topic being discussed participants may experience distress. A distress protocol was produced to minimize this distress. For service users (Group 1), this was managed by scheduling interviews 60-90 minutes ahead of their therapeutic appointment to provide an opportunity for participants to debrief with their counsellor. A significant risk for this group is feeling obligated to participate in the study. As it was their therapist informing them of the study, there was the potential service users would feel coerced to participate in order to please their therapist. They may be motivated to participate due to a social desirability bias in which people wish to present the best possible version of themselves and will alter behavior in order to achieve this

aim (Fisher, 1993). This was managed by informing the participant that once they are introduced to the study by the therapist and provided all the literature pertaining to the study, all subsequent communication would be between the researcher and participant should they choose to make contact/be contacted. The therapist would not be made aware of their participation.

A distress protocol for non-service users (Group 2) provided access to a telephone should they wish to talk to someone immediately before, during or after the interview. An agreement was made with the DRCC that a therapist would be available to provide debriefing to participants from Group 2 over the phone, should they need it. Opportunities to take breaks and extend or shorten the length of the interview were offered. A debriefing sheet with the name and contact details of relevant support services including the Dublin Rape Crisis Centre, Women's Aid and Samaritans was provided to all participants. If the participant became incapacitated by their distress, emergency services would be contacted. The safety of the researcher was maintained through regular supervision throughout the PhD. During supervision issues could be discussed and managed appropriately. These sessions were an opportunity for debriefing and acted as a form of self-care for the researcher, particularly during the data collection phase.

### *Methodological Considerations*

The reliability of a study refers to its' replicability with a different researcher and participant group. However, the subjective nature of qualitative research including the influence of the researcher on the data collected and interpreted renders this interpretation of reliability redundant. In qualitative research, what is more important is achieving the aims and outcomes that are consistent with the methodology employed. Braun and Clarke (2006)

developed a 15-item checklist to ensure a good quality, systematic TA was conducted (see Appendix T). This checklist covers aspects of TA including transcription, coding, analysis and the final written report. The current study was checked against this comprehensive list of requirements at all stages of research. For example, interviews were transcribed to a high level of detail and checked against the audio recording for accuracy.

Unlike quantitative research, qualitative research cannot be generalizable. Qualitative research does not aim to apply findings to the wider population. Rather it seeks to gain an in-depth knowledge of a phenomenon. Crotty (1998) believes findings can be suggestive; they can be plausible or even convincing but not conclusive. They provide one way of understanding a phenomenon but does not claim to be the only way. Purposive sampling achieves this aim by recruiting participants who have direct experience of the topic under investigation. However, because humans are diverse in thinking and behavior, across and within cultures, ensuring findings are replicable or generalizable is an unrealistic expectation of the research.

### *Researcher Bias*

In qualitative research, the researcher is the main tool of analysis. Therefore, the researcher has an integral role in the research process. The inferences made and conclusion drawn are a product of the interpretations made by the researcher (Holloway, 2005). It is therefore important for the researcher to state their position and express their experiences, values and beliefs on the topic under investigation as these will influence how the data is perceived and how the researcher arrived at certain interpretations (Merriam, 2002). The acknowledgement of biases held by the researcher that may limit and enhance analysis is an important step in ensuring good quality research.

As a woman who exists in a world where gender-based violence is endemic, for which females were the overwhelming majority of victim/survivors, I was immediately aware of the potential influence this could have on the research. As a member of a group who experiences significant levels of sexual violence in society, I could not be impartial on the topic. Regular news reports of sexual assaults and regularly updated statistics on the incidence of gender-based violence often infuriated and saddened me and I wondered whether I wished to engage with the topic. However, this is what motivated me throughout the research. My interest in the experience of gender-based violence was crystallized during my Master's thesis in which I examined the influence of pornography consumption on men's attitudes towards women. This research further fueled my burgeoning interest on the subject. My exposure to research in the area of pornography including concepts such as objectification, sexual violence and gender coupled with my own awareness of the experience of being a woman in society meant I was very interested in the current research opportunity when it was advertised. Of particular interest was the inclusion of men as a population of interest, something I had not yet given much consideration to. This posed a challenge as my previous conceptualization of gender-based violence as a predominantly female issue was informed by statistics replete with figures that describe women as the overwhelming majority of victim/survivors. The dominance of this narrative in society had so obfuscated my perspective, it felt that this was an issue significant only for women only. However, as I began to delve into the area of gender-based violence my dissonance soon dissipated. Through further research, I came to understand that the male experience of sexual violence, although less frequent is still profound for the victim. Men too, experience the traumatic sequelae inherent in a crime of such an interpersonal nature. This may be compounded by the stigma of seeking help for

mental health issues which has been found to disproportionately affect men who are vulnerable to additional stigmas (Clement et al., 2015).

### Section 3.10: Methodology: Conclusion

This concludes the methodology chapter which describes in detail the methodological approach of the current study. The chapter explains the qualitative research approach adopted to achieve the aims of the research. Using thematic analysis to generate findings afforded the researcher to be unrestricted in the theoretical frameworks applied to the data (Braun & Clarke, 2006). As such findings were organized according to the theoretical framework of EST (Bronfenbrenner, 1979). Philosophical underpinnings were declared with findings interpreted through a social constructivist and interpretivist lens. Following this, participant recruitment, data collection and ethical considerations relevant to vulnerable populations and qualitative research such as research rigour and researcher bias were discussed.

## **Chapter 4: Findings**

### Section 4.0: Chapter Overview

This chapter describes the seven global themes that were generated from interviews with participants. These themes are named (1) Impact of Sexual Violence, (2) Naming It (3) Informal Help-Seeking, (4) Formal Help-Seeking, (5) Road to Recovery (6) Navigating Help Seeking within the Irish Culture and (7) Looking to the Future. Within each of these themes are important subthemes relating to the theme. Theme 1 describes the impact of sexual violence on the victim/survivor including their mental and physical health, relationships and trust, work and self-concept. Theme 2 details the process of recognizing their experience as sexual violence and the barriers and facilitators to this. Theme 3 describes participants informal disclosures to friends and family and the response received. Theme 4 delineates participants help seeking within formal structures and theme 5 describes formal supports impact on recovery. Theme 6 relates participants experience of seeking help in Ireland and the cultural influence that has on help seeking. Finally, theme 7 outlines participants recommendations for improving access to services and the help seeking process.

Table 6. Themes and Subthemes

<b>Research Question</b>	<b>Theme</b>	<b>Subthemes</b>
Impact of sexual violence on the individual (individual level)	Impact	(1) Changes in Self-Concept (2) Relationships and Trust (3) Missed Experiences (4) Work and Education (5) Health Outcomes and (6) Mental Health Outcomes
	Naming It	(1) Denial and Doubt (2) Awareness (3) Relationship to Perpetrator (4) Taking Time to Name It (5) The Influence of Others (6) The Impact of Naming It
The experience of disclosing to informal sources of support (microsystem)	Informal Help Seeking	(1) Choosing Who to Tell (2) Maintaining the Status Quo (3) Positive Responses (4) Doubt and Disbelief (5) Victim Blaming (6) Responding with Silence (7) Mixed Responses (8) Egocentric Reactions (9) Anticipating Negative Responses (10) (mis)Handling Disclosures
The experience of seeking professional help (exosystem)	Formal Help Seeking	(1) Ready to Seek Help (2) What Victim/Survivors Want (3) Perceptions of Services (4) Perceived Need for Help (5) Reluctance to Disclose (6) Gendered Nature of Help Seeking (7) The Influence of Others (8) Physically Accessing Services.
	Road to Recovery	(1) The Second Rape (2) The DRCC; An Antidote to the Second Rape and (3) Non-Linear Nature of Recovery

The influence of Irish culture on seeking help for sexual violence (macrosystem)	Navigating Help Seeking within an Irish Context	<ul style="list-style-type: none"> <li>(1) Culture of Silence</li> <li>(2) Rape Myths</li> <li>(3) Victim Blaming</li> <li>(4) Gendered Nature of Help Seeking</li> <li>(5) Victim/Survivor Status and</li> <li>(6) Cultural Moments</li> </ul>
Suggested recommendations for improving access to formal support services	Recommendations for Change	<ul style="list-style-type: none"> <li>(1) Prioritizing Victim/survivors Wellbeing</li> <li>(2) Improving Access to Services</li> <li>(3) Managing Expectations</li> <li>(4) Increasing Awareness</li> <li>(5) Increasing Representation</li> <li>(6) The Language of Sexual Violence</li> <li>(7) Facilitating Disclosures</li> <li>(8) Handling Disclosures</li> <li>(9) Eradicating Rape Myths (10) Ending the Silence.</li> </ul>

#### Section 4.1.0 Impact of Sexual Violence

Understanding the impact of sexual violence on victims positions them in the help seeking journey. It establishes a need for support for victims by outlining the many and profound impacts it has. In this theme, participants describe how their experience of sexual violence affected their life and the changes that occurred as a result. Commonly experienced impacts are discussed through the following subthemes: (1) Changes in Self-Concept (2) Relationships and Trust (3) Missed Experiences (4) Work and Education (5) Health Outcomes and (6) Mental Health Outcomes.



### Section 4.1.1 Changes in Self-Concept

The first subtheme captures the ways in which sexual violence impacts the individual's beliefs about themselves. Their sense of self can be left disjointed making it difficult to adjust to life post assault. For Lucy, being raped at a house party completely changed her as a person:

*Lucy: "I'll never be the same again. And I know, I will never ever, ever be the same again. No, it completely catapulted me into a different, different everything, different life, different way of thinking, different way of looking at the world everything."*

Simon, who was abused by his brother as a child agreed that it caused a fundamental change to him as a person:

*Simon: "There is no significant event that has affected my life more than my abuse. I simply would be a completely different person."*

For Simon, the experience had a deep impact on his sense of self:

*Simon: "It gets right to the core of everything you are."*

Simon's experience shattered his sense of self rendering him unsure of anything but his own name:

*Simon: "Basically, to sum it up, I lost all reference points for myself and who I am. All I was able to say with any kind of surety is my name is Simon. My sense of identity as is like a man was totally screwed up, my sense of sexuality, my idea of who were my friends were, so everything like."*

Simon felt consumed by his experience, becoming defined by it:

Simon: *“At the time it was so much a part of me it was in my fingernails it was in my blood it was in everything about me.”*

Johanna, who was assaulted at a house party, wished to escape her experience by escaping her body:

Johanna: *“I remember feeling like I wanted to absolutely tear my skin off.”*

Deirdre who was abused as a child by her uncle has carried her experience for so long that she doesn't know who she is without it:

Deirdre: *“I suppose because it was with me for so long in a way, I don't know how it affected me because I always had it.”*

Paula, who was date raped lists the aspects of her personality affected by sexual violence including her sense of dignity, self-respect and her strength as a person:

Paula: *“They took my dignity, they took my self-respect and they took my ability to form normal relationships. They took away the respect my family had for me, you know, all of the things that they took from me. And they made me feel weak, and I am not weak, I'm a strong person.”*

Rose who was date raped laments the carefree person she was before she was raped:

Rose: *“Sometimes I feel sad about it like I remember little Rose who didn't have a care in the world.”*

#### Section 4.1.2. Relationships and Trust

Another area that was significantly impacted for victims was relationships and trust. This subtheme addresses the experience of sexual violence can affect relationships in the victim's life. Various relationships including familial, friendships and romantic relationships were affected. For some, a breakdown in romantic relationships occurred as participants tried to cope in the aftermath of sexual violence. Claire, who was assaulted, separated from her partner for which she apportions blame to her sexual assault:

Claire: *"We both love each other madly but this is just what I need at the moment and what he needs at the moment. But I often think if it didn't happen, you know.."*

Tara who was date raped, also attributes the breakdown of a recent relationship to her rape and the impact it has had on her:

Tara: *"My breakup yesterday, I think that's probably one of the main reasons is he almost views me as this broken, he owned up to me that there's this brokenness to me because of it."*

For some participants the experience of sexual violence affected subsequent sexual interaction. Luke, who was date raped, relates a dislike for his body which affected his ability to be intimate:

Luke: *"I guess I didn't like my body after if I'm honest with you. I felt like disgusting for a long time. It was well over a year before I could even bring myself to sleep with somebody. I was disgusted with myself."*

Nuala, who was raped by a peer, explains feeling guilty for enjoying sex after being raped:

*Nuala: "I found that kind of after we'd have sex or something like a couple of times, like, I got really upset and I was crying. I started to realise that it was because I'd enjoyed it, I felt really guilty. I felt real dirty because I enjoyed it."*

Nuala explains the origins of her guilt were in believing that her enjoyment of sex meant she may have invited the violence she experienced:

*Nuala: "I suppose I was kind of like, in my own head. I was like, oh no, like you were asking for it like, kind of self-stigmatising?"*

For Mark, who did not disclose the nature of his experience, sexual violence stunted his sexual exploration as an openly gay man:

*Mark: "I felt I was just beginning to explore and understand and accept that side of me then this happened. Then I stopped. It didn't closet me but it had the same kind of effect in terms of limiting that kind of sexual development."*

Victim/survivors often carry their experience of sexual violence into new relationships. Tara feels obliged to disclose her rape to new romantic partners to explain residual behaviours that may be distressing for them:

*Tara: "Like to be dating someone new and tell them what happened because you're probably gonna wake up screaming like I feel like six and a half years in it shouldn't be that present."*

She is frustrated that she is still experiencing sequelae and therefore has to be upfront about it:

Tara: *“To tell someone on a second date that it happened like and to know you have to do that.”*

Claire’s friendships suffered as she struggled to keep in contact after her assault:

Claire: *“I recently met a friend they hadn’t seen me for ages. I kind of disappeared for a while.”*

Lucy lost contact with many people, particularly those who chose to believe the perpetrator:

Lucy: *“Contact was completely cut with so many, like a countless amount of people that chose to believe him.”*

Familial relationships can be impacted particularly when abuse is being perpetrated within the home:

Simon: *“I was still living under the same roof as my brother so I just stopped talking to him and that obviously caused a lot of problems in the family.”*

Participants describe the impact of sexual violence had on their ability to trust others. Fiona struggled to be trusting of others:

Fiona: *“But it left me completely untrustworthy, always being on my guard.”*

For Sandra, who was assaulted as a child, the experience of sexual violence impacts how she interacts with others as her ability to trust was affected:

Sandra: *“That consciousness of who I was with and were they safe was always and is always part of how I engage with people.”*

Being unable to trust as a result of her experience is something Sandra regrets:

Sandra: *“I wouldn't be as open with my trust as other people are. I would feel with good reason but it would be nice not to have that reason.”*

Some female participants lost trust in all men as a result of their experience. Deirdre's experience impacted her relationship with her father despite him having no involvement in her assault. Because he was a man, she had difficulty trusting him and believed his intentions towards her had become sexual in nature:

Deirdre: *“I think it massively, massively, massively damaged my relationship with my dad because I was very close to him before but I just started fighting with all men. I hated all men for years and years and years and I suppose he was watching me a lot because he was concerned about it and I totally misinterpreted that as him looking at me in a sexual way”*

Fiona, who was abused by her father as a child, is aware of her own potential to perceive all men as potential perpetrators and is careful not to give too much credence to these thoughts:

Fiona: *“I do have to watch myself. I do watch myself to remember that all men are not abusers. I do have to remember that. It's very important.”*

#### Section 4.1.3: Missed Experiences

There is a sense of loss connected to sexual violence as victim/survivors lives are put on hold in the aftermath of sexual violence. Activities previously enjoyed are often suspended as victim/survivors cope with the trauma.

Tara conveyed the upheaval her rape inflicted on her life:

Tara: *“It kind of derailed most stuff at the time.”*

Christian’s life came to an abrupt halt after being sexually assaulted at a house party. He became suspended in a state of misery:

Christian: *“For two years / three years I really felt like I was living on a completely different timeline to what my life was supposed to be. But at that period everything was just terrible. I feel like two years is a long time to just be miserable.”*

Luke ceased to enjoy Christmas as his assault happened at that time of year:

Luke: *“I missed Christmases over it because my incident happened around Christmas time and I hated Christmas for years, hated it, wouldn’t even celebrate it, wouldn’t put up a tree, anything.”*

Luke explains how he has difficulty in other social situations that remind him of his assault and make him feel unsafe:

Luke: *“I wouldn’t socialise in a pub or go out or anything like that. I find it very uncomfortable going to people’s houses.”*

Luke ceases to enjoy himself at social gatherings: This has been ongoing since Luke’s assault almost a decade ago:

Luke: *“This has affected me for 19 / 18 years. I’ve never been able to enjoy myself with new people, at parties..”*

So uncomfortable was he that Luke made the decision to leave his hometown and set up a life for himself in a different county:

Luke: *“I moved to another county to get away from him. I bought a house in Meath because I did not want to live in Dublin and I wanted to set the whole life up in Meath. I had this distaste for Dublin.”*

Luke relates how his experience has impacted key moments of his life:

Luke: *“It has ruined things for me. Like how I’ve gotten as far as I have like is beyond me but it has ruined me, it has ruined the most happiest moments I ever had in my life and probably brought the worst moments I ever had in my life if I’m honest with you for one stupid night one event.”*

Christian found it difficult to socialise:

Christian: *“It was rough, like I just kinda shut down. I couldn’t socialise with people properly, even just hold conversations, I couldn’t do that.”*

Simon and Nuala both relate how their first sexual experience was tainted as it was a non-consensual experience of sexual violence.

Simon: *“There was something very destabilizing about the knowledge that that that was my first sexual experience I didn’t have a choice.”*

The non-consensual nature of Nuala’s first sexual experience changed her perspective. She was unable to relate to the excitement of her peers about beginning sexual exploration as a result.



Nuala: *“Because at that age, you're kinda, you're starting to, like, see people and it was kind of always like, the gossip like, oh, who's done what and stuff. And then to be put in that situation when you don't want it? It changes how you look at it.”*

Beth, who was abused as a child by her father, avoided certain activities associated with being a teenager including experimenting with alcohol and exploring her sexuality. She feels missing this significant period in her life that prevented her from relating to other people her age:

Beth: *“I definitely notice that I didn't have a teenage hood. When I look back I didn't have like a time when people go out drinking, they go crazy yeno they have a load of partners or you know. I didn't go through that so I couldn't really relate to a lot of people growing up.”*

Beth's fears have limited her experience in life:

Beth: *“I'm scared of doing things that I shouldn't be scared of and that's inhibited my life a lot.”*

Tara echoes this sentiment as she reflects on losing her twenties to sexual violence:

Tara: *“It just ruined so many aspects of my life and I'm trying to move past it but to watch your whole kind of 20s just disappear..”*

#### Section 4.1.4: Work and Education

Participants describe the significant impact of sexual violence on their work and education.

Claire tells of how she was unable to be as dedicated to her work and clients as she previously was:

*Claire: "Job wise I didn't know if I was coming or going, I didn't have anything to give anybody and I would value the families I work with, I'd be very committed to them and I just had nothing literally nothing to give."*

At times she found herself unable to go to work and provided various excuses for her absence:

*Claire: "I couldn't face work and I had rang my manager on the Sunday evening and said I'm just not feeling well."*

For Lucy, her job as a beautician became trivial compared to her rape forcing her to leave her job:

*Lucy: "I ended up having to leave my job. I just couldn't cope with anything. Like, I remember walking there, and I just couldn't believe that people were coming in and their biggest concern was their eyebrows."*

Christian had to pause his educational endeavours as a result of his experiences. Christian decided to defer college for two years sacrificing a course and friendships he loved as he struggled to cope in the aftermath of his assault:

*Christian: "I stopped being able to go in and I just had to defer the year and dropped out of college- and that was really big part of my life I loved college and going to it."*

Tara explains the impact being raped has had on delaying the completion of her PhD thesis:

Tara: *“I was meant to finish school quite early am I’m probably gonna be limping past the finish line.”*

Her delayed progress in the aftermath is incongruous with her exceptional performance prior to the assault:

Tara: *“I remember them telling me I was the best academic they had full stop and now taking 2-300% longer than most do.”*

Laura and Nuala both expressed finding it difficult to be in the school environment after their experiences as teenagers:

Laura: *“After I became more and more anxious in school and started kind of wanting to leave the school.”*

Nuala: *“And so then before going back to school after Christmas, I was supposed to be going back and the night before I was just like, I can't go back, I can't deal with that.”*

The school environment became unbearable for Nuala and Laura as rumours began to circulate in relation to them. Nuala and Laura both had the narrative of their experience of sexual violence misconstrued by others. Nuala was horrified to learn that other people were discussing what they believed to be her consensual sexual experience:

Nuala: *“Come September when we went back to school everyone was comin over to me and was like, oh, I heard about you during the summer. I was just like, oh no, like, I thought I'd get away from it going back to school. I didn't know that other people knew.”*

This curiosity changed into harassment when they started spreading rumours about her, defaming her character:

Nuala: *“They said something about me being with two boys like on the back of the bus and I was like, I’ve never even kissed someone on a bus. And then I was like, oh my god, they’re going to tell people that and people are going to believe that. That was horrible. I kind of got comments as well kind of like, you slut and stuff. They’d kind of say it messing but..”*

Laura felt out of control as rumours of her non-consensual sexual experience that she was not consciously aware of due to the amount of alcohol consumed by her was being spread among her peers:

Laura: *“the other guy that had been there told everyone else in the house that night, so now there’s like this big..it all just felt out of control. And I like all my friends and all his friends know.”*

The narrative being distilled down through the group was one of betrayal by Laura, branding her a slut:

Laura: *“it was that I had, like, hooked up with a guy that my friend liked. Like, oh you’re such a slut, you know, you knew she liked him.”*

Despite feeling overwhelmed with anxiety and wanting to leave school, Laura decided to stay to control the narrative:

Laura: *“After I became more and more anxious in school and started kind of wanting to leave the school. But it was really hard to actually think about leaving the school because then I felt like the information will become like gossip or something; like me*

*being there and always making sure people weren't talking about it was actually easier than leaving and imagining it then becoming a truth that everyone knew."*

However, for Luke, work was a welcome distraction:

*Luke: "But I felt I was like a superhero - I could just get in my car go to work, and I'd work every day. It meant I could hide from it. It was a huge distraction, huge. I didn't have to deal with it."*

#### Section 4.1.5: Health Outcomes

Some participants witnessed their trauma manifest physically. Lucy had difficulty managing her diet:

*Lucy: "There has been weeks unable to eat, you know, properly and feeling so sick."*

Nuala sometimes experienced physical discomfort in school in which she'd feel uncomfortable within her own body:

*Nuala: "I remember like it would happen when I'd be in school, I'd get this like wave come over me over me of unbearable uncomfortableness. And I remember like, I'd feel horrible in my body. I just felt so like, uncomfortable and disgusting. I just felt like, horrible."*

Tara describes being in a state of fight or flight for six years after her experience and the toll that took on her body:

*Tara: "I put on two stone or like. And I was barely eating. I'd say if you took my cortisol readings through it, it would have just been through the roof. And I just*

*remember kind of being in overdrive. And then I remember when it slowed down, I was exhausted because I've been in fight or flight mode six years and my body was just through the roof constantly, always like, on edge."*

Christian discusses his weight gain as he used food as a coping mechanism. This was a huge departure from Christians behaviour before the assault during which time health and fitness were hugely important to him, particularly in his studies:

*Christian: "I dropped out of college for 2 years. I didn't really do anything for the first year. I ate and put on a lot of weight. I was studying sports management so coaching and training were really important to me. So I stopped being able to do the thing that I would be most passionate about."*

Participants spoke of not being able to sleep due to fear and anxiety. Jen, who has a diagnosis of type 1 diabetes experienced increased episodes of hypoglycaemia or 'hypos' which the participant associates with the stress of sharing a bed with someone who was assaulting her and the resulting sleep deprivation:

*Jen: "By the end of the relationship, I was literally awake all the time having hypos, trying to be very vigilant in the bed so that it wouldn't happen. So it changed my sleep pattern definitely over two years."*

Lucy speaks of difficulty sleeping as one of many things she had to cope with:

*Lucy: "And I mean, there's been so much as well in between, like the not being able to sleep side effects, the nightmares."*

Similarly, Beth experienced recurring nightmares about her experience of sexual violence:

Beth: *“It would obviously keep creeping up, like nightmares. I always had nightmares like twice a month about the incident.”*

Luke also had difficulty sleeping including having night tremors and being unable to sleep in the dark:

Luke: *I started to suffer with em I don't know if you're familiar with night tremors?*

Luke: *So, I wouldn't say I was afraid of the dark. Actually, I was afraid of the dark. I used to put a nightlight stuff in my room just to keep me going.”*

#### Section 4.1.6. Mental Health Outcomes

This subtheme describes the impact of sexual violence on participants mental health.

Christian relates feelings of depression:

Christian: *“I was just numb; numb to depressed.”*

Fiona thought her brain would burst carrying her trauma:

Fiona: *“Sometimes I used think that my brain was going to burst.”*

Simon felt the psychological impact of his experience when he became aware he was sexual violated as a young boy:

Simon: *“When it did come out when I was 17 that's when everything hit. I became really, really depressed; very, very anxious, socially anxious.”*

As a child experiencing sexual violence at the hands of her father, Fiona suffered with her mental health:

Fiona: *"I'd say I was depressed when I was a child."*

She relates a sense of feeling worthless as a child:

Fiona: *"My self-esteem was on the ground completely. I mean, it was non-existent."*

Nuala experienced heightened anxiety borne out of a fear that she would be sexually violated again and be unable to defend herself:

Nuala: *"Like the anxiety at that time was the biggest thing for me. If someone was walking behind me or something, I'd get really nervous that I was going to be like, attacked or something. Just that fear of like, not being able to get out, not being able to fight back."*

Paula was constantly anticipating a break down due to the relentless overwhelming emotions she was feeling:

Paula: *"I was so close to a nervous breakdown. Every day I used to wake up and think is today the day that I'm going to actually fall over the edge. I was so depressed I was so anxious about everything. I just couldn't function."*

Other participants describe engaging in suicidal ideation. Claire relates wanting to die by suicide as a result of what happened to her.

Claire: *"There was one night I just wanted to die during the summer, I really did.."*

She describes how her children were the reason she decided not to:



Claire: *“I was really close to it except I love my kids and I wouldn't leave them and it wasn't for myself I stayed it was just for them.”*

Simon recounts how he considered suicide, causing him to reflect on his mortality:

Simon: *“I did flirt with suicide I had a suicide attempt and stuff so I do think there may have been a possibility I wouldn't be alive.”*

Luke experienced a breakdown and attempted to take his own life:

Luke: *I had, December 2017, a breakdown. I was trying to take my own life.”*

Christian was apathetic towards his own existence after he was sexually assaulted:

Christian: *“I wasn't really suicidal; I was more just indifferent to whether I died.”*

For Nuala, suicide seemed like the only option:

Nuala: *“I didn't really know what to do, because like my mental health was really bad at the time. So I kind of thought of overdosing initially and I went downstairs and I was getting the tablets..Like I didn't know what to do.”*

The impacts on victim/survivors are enduring. Tara describes how her experience of sexual violence is something she carries with her.

Tara: *“So to be honest 6, almost seven years later I'm still struggling with it.”*

For Sandra, despite her assault being categorized as historical, it remains present in her life:

Sandra: *“It'll never be entirely historical - it's just part of what I live with.”*

Luke agrees that despite it being several years since his experience it is still very present in his life:

Luke: *"I'm calling it historic and I have to stop this because it's not historical."*

#### Section 4.1.7: Impact of Sexual Violence: Conclusion

Theme 1 describes the overwhelming impact sexual violence had on participants. The first subtheme elucidates the ways in which participants perceptions and beliefs about themselves were interrupted by their experience of sexual violence. Participants relationships were impacted as well as their ability to form and maintain new relationships which can be attributed to a fractured ability to trust. Sexual violence affects many relationships including romantic, friendship and professional relationships. Participants relate a sense of loss as they describe aspects of their lives that were tainted as a result of sexual violence. Participants professional and educational lives were often affected as they struggled to cope in the aftermath of the assault. Delays to education and days missed at work were attributed to the impact of sexual violence. For some victim/survivors the psychological impact of sexual violence can manifest physically. The deleterious effects of sexual violence on participants mental health was demonstrated by their struggle to cope with the impact and suicidal ideation of several participants. This theme illustrates the far reaching effect of sexual violence on the lives of victim/survivors. The enduring nature of the impact of sexual violence establishes the significant consequence of sexual violence on the victim/survivor. The undeniable impact of sexual violence is far reaching and suggests a need for support in the aftermath of sexual violence.

### Section 4.2.0: Naming It

Many victim/survivors who have been raped or sexually assaulted have difficulty conceptualizing their experiences as such. This is a necessary step if they are to decide to seek help (DeLovah & Cattaneo (2017; Kennedy et al., 2012). However, victims often struggle to speak the word that has had such a profound impact on their lives. Factors that can influence a victim's ability to recognize and acknowledge their experience as one of sexual violence elucidated from participants and described below through the following subthemes; (1) Denial and Doubt (2) Awareness (3) Relationship to Perpetrator (4) Taking Time to Name It (5) The Influence of Others (6) The Impact of Naming It.

### Section 4.2.1: Denial and Doubt

A strong desire to deny the experience was demonstrated among participants. Participants capacity for denial delayed identifying the experience as sexual violence. For Paula this denial was almost immediate:

*Paula: "So I packed up my clothes and my underwear that I was wearing, I brought them home and washed them and put them in the wardrobe and never wore them again. I couldn't even explore what might have happened."*

Although Paula experienced nightmares which acted as regular reminders of her experience, she still could not explore her experience of sexual violence:

*Paula: "And it was only a couple of weeks later, when the flashback started I kind of started to..and even then I was like, I'm not even looking at that."*

Luke was aware that once it is acknowledged it can no longer be denied:

Luke: *“To say the four-letter word; it's only four letters but once that word is said it's out there.”*

Participants chose to deny their experience in an attempt to continue their lives as normal:

Rose: *“I just went now I'm just going to forget about it move on its grand it didn't happen.”*

Similarly, Johanna minimized her experience which enabled her to deny it:

Johanna: *“I wasn't thinking about it, just getting on with it, just parked it. “I'm sure it wasn't a big deal.””*

Simon believes that his denial was an act self-preservation:

Simon: *“The mind protected me as well as it could at the time which was to bury it.”*

Lucy would have struggled to deny her experience to herself or others especially if she was expected to keep his company:

Lucy: *“I could have never pretended like it didn't happen if that's why he was hoping for I don't know. But I never would have been able to pretend like it didn't happen because I have close relationships where you know, how would I have sat there with him.”*

Laura reduced her experience of sexual violence to a ‘bizarre situation:’

Laura: *“I hadn't really thought that it happened anyway. It was kind of just a bit like a bizarre situation.”*

For Laura, it was easier for her to think her perpetrator had made a mistake and was too drunk to know what he was doing to her:

Laura: *"It was easier for me for years to think he was really drunk too and he didn't know what he was doing but actually, like in hindsight, I kind of know that that's not true. And it's just it was easier to I think it was more palatable to me."*

Lizzie didn't conceptualize her experience as rape either:

Lizzie: *"I don't think that I was like, oh, that was rape for like, a good while after. I was just like, that was super gross and that human is bad."*

Tara explains that she was not ready to interpret her experience as rape, minimizing it to sexual assault:

Tara: *"I don't think I wanted it to be rape either. I don't think I was ready. I think I only used the word rape for a year or two anyway, I think I used assault for a very long time."*

Denial and minimization were coping mechanisms employed by some participants so that life could continue uninterrupted. However, even in denial, it was still present for Fiona:

Fiona: *"I denied to myself what happened. It was the only way. But it doesn't go away."*

Rose concludes that denial was not a particularly helpful response:

Rose: *There is a temptation to ignore it so I can remain 'Rose' but this hasn't done me any good so..*

Rose intimates that while it can seem like the easier option, it is not the best decision:

Rose: *It's easier to be like oh it's all good but that's not conducive to a happy life.*

She continues:

Rose: *It's like having a thorn in your hand that you just don't want to pull out you spend your whole life working around it so you don't hit the thorn off anything."*

Beth practised denial too but agreed that it is not helpful or healthy:

Beth: *"All that time I just kind of like pretended to be happy or pretended to live a happy life but actually not dealing with all the things in my life for a very long time."*

Despite vacillating between certainty and uncertainty in relation to her own rape, Jen believes that if someone else presented with her experience, she would identify it as rape.

Jen: *"So if you had come to me and you had said that I would say you need to get away from him, that's abuse, that's rape, that's not okay."*

Laura is also reluctant to describe her experience as one of sexual violence, but would classify it as such if someone else related the same experience to her:

Laura: *"I think if someone else told me this, I would be like you definitely were like, that's not right."*

Jen has never sought professional help for her experience of rape by her partner in her sleep.

Jen minimized her experience and was consumed with doubt about the legitimacy of her

experience, demonstrated here by her uncertainty about whether she is eligible to participate in this study:

Jen: *“Even today I thought coming here I was like, should I go? Was I really sexually assaulted? Am I the same as other people? me talking about? Did it actually happen?”*

Laura too was not convinced her experience could be categorized as one of sexual violence:

Laura: *“I never really believed that I was like, sexually assaulted and think, like, and even still now I feel like it's like a stretch that that's what it was.”*

#### Section 4.2.2 Awareness

A lack of information may result in victim/survivors being unable to categorize their experience as one of sexual violence. Christian initially believed he was raped but now believes it was a sexual assault:

Christian: *“I didn't actually know the difference between rape and sexual assault so I was like oh he was trying to rape me. But it was more sexual assault.”*

Because Simon hadn't begun developing sexually when the abuse was perpetrated, he did not understand it:

Simon: *“I didn't have a reference point I didn't know what sex was; I hadn't hit puberty. I was still a few years off that so I had no reference for it.”*

As a result, Simon did not perceive his experience as negative or concerning:

Simon: *“I didn't really know that it was a problem.”*

Sandra agrees that her age influenced her ability to understand what was happening:

Sandra: *"I would have been too young to name it. At the time children didn't understand this."*

Sandra experienced sexual violence as a young child. While she could understand it was wrong, she could not articulate why or recognize it as a non-consensual sexual experience:

Sandra: *"I knew I didn't like it. But I was too young to name it."*

Similarly, as a result of her age Deirdre struggled to articulate what had happened and felt isolated as a result:

Deirdre: *"I suppose I just felt apart from everybody and dirty and like this is a big secret but I didn't know, I didn't have the words."*

Nuala was unaware that her experience constituted rape. She believed that because she acquiesced to her perpetrator out of fear, she was to blame:

Nuala: *"I kind of just told her like the outline of the story about how I'd said no and then he got very forceful so I said yes. But because I was the one who said yes I didn't realise that it still wasn't consent. I didn't think people would get that because I didn't even get that. I was like, it was me I was the one who caved in like, and, and I was kind of telling her that and she was like, that doesn't sound good. And I was like, I kind of stopped and I was like, no, it really wasn't."*

Similarly, Martha found herself deliberating over her experience, struggling to identify it as a non-consensual sexual experience because she had agreed to other activities with the perpetrator:



Martha: *“I agreed to meet up with him. I agreed to go to his house. I did not agree to have sex with him, I didn’t. So that’s what took me a long time to figure out.”*

#### Section 4.2.3 Relationship to Perpetrator

Participants often exist in a state of shock and disbelief after an experience of sexual violence. A significant factor contributing to participants’ disbelief is the often familiar relationship between the victim/survivor and the perpetrator. Because of the familiar nature of this relationship, there is an assumed level of trust which has been broken after sexual violence. This can be both shocking and confusing for victim/survivors trying to assimilate their experience of sexual violence at the hands of someone they trusted. Lucy describes her reaction to being raped by a close friend, someone she considered a brother, at his own engagement party:

Lucy: *“I was very, very close to the people and the partner of the fiancé. It was the biggest shock I’ve ever got in my life. And I was completely traumatized from that, because there was absolutely no indication. I hadn’t had a clue. Especially because it was their engagement party that I had just been at. It was the trust, I think, was a huge part because I really looked at him like a brother.”*

The disparity between Lucy’s perception of their relationship as familial and his as sexual was so confusing for her that she found it difficult to believe it actually happened including during the rape:

Lucy: *“I remember thinking, I’ll never forget, while it was happening, I just kept telling myself, this is not happening. This isn’t, this isn’t happening, you know, completely, like just in my head, like as it was happening, you know.”*

Martha describes the paralysis by analysis she engaged in during her rape:

*Martha: "You're kind of like, what's happened to me? What's happening to me. Oh my god, what do I do, what do I say -that's literally what it is. You're literally like, what's going on? Do I scream? Do I kick him off me? If I do that is he gonna beat me? Is he gonna hit me? Is he gonna kill me? Do I just lie here and take it? Those thoughts do come into your head. And usually by the time you've had all these thoughts he's done."*

Jen has difficulty accepting that she was raped by her partner multiple times as she slept.

*Jen: "I was raped. And even saying that I'm still like, was I? Did that actually happen?"*

Jen struggles to identify her experience as rape and questions her role in the rape.

*Jen: "But for me it was more is it? I don't know. Maybe it isn't, maybe I picked it up wrong, maybe I touched him in my sleep, maybe, you know, I snuggled into him."*

Some victim/survivors had difficulty naming their experience as rape as it did not support the internalized ideas or stereotypes they carried about rape including the notion that rape is typically perpetrated by strangers. Claire would not and could not consider herself a rape victim/survivor as her experience did not adhere to the rape victim/survivor stereotype that she had internalized of the stranger in the alleyway:

*Claire: "It's just that word and then the connotations and I suppose growing up in Dublin in the 80's/90's that was the only rape you were aware of as such (obviously now it's very different) was the stranger in the alleyway."*

Lizzie, who had two experiences of sexual violence, one perpetrated by a stranger and a second by a known individual was more comfortable with her rape perpetrated by a stranger as it subscribes to her stereotypical beliefs of rape typically being perpetrated by a stranger:

Lizzie: *“I think the previous guy is like, it was more stereotypical. It was like, the way rape stuff supposed to work.”*

Tara’s relationship with her perpetrator delayed her recognition of it as rape:

Tara: *“By the time you actually get to a point where you're calling it rape, at least in my case, especially when its someone you were dating or something...”*

#### Section 4.2.4 Taking Time to Name It

Being able to name the experience can take time for victim/survivors. Participants describe the timeline leading to the realisation what happened to them was not consensual:

Mark: *“It took me about 6 months to work out it wasn’t just a bad experience it was something else.”*

For Luke, the word rape holds a lot of power:

Luke: *“I probably couldn’t say it for couple of years because it’s the most powerful word.”*

Despite being sexually assaulted twelve years ago, Laura is only coming to terms with it in the last two years:

Laura: *“It took me almost as long to actually like, recognize that this is what happened and it wasn't okay. So like, I'm 28 so that's 12 years and its only in the last 2 years, and I'm like..”*

Tara was only comfortable thinking of her experience as assault rather than rape. She has only recently felt able to use the word rape:

Tara: *“It was probably four to six weeks before I could even utter the word assault. And it took years for me to use the word rape.”*

#### Section 4.2.5 The Influence of Others

Participants were often led to identifying their experience as sexual violence by others. For some participant's naming the experience as sexual violence occurred after help seeking began. Mark did not name his experience as rape until he was engaged in therapy in the DRCC, believing it was more sexual assault:

Mark: *“I wouldn't have classified what happened to me as rape until I started coming here.”*

Having previously considered her experience sexual assault, it wasn't until Nuala sought help that she began to recognize her experience as rape:

Nuala: *“She asked me like, is it a crisis, like has it happened recently and I was like no it was a few years ago, and she was like, was it a sexual assault or rape and I kind of stopped because I'd always said, oh, I've been sexually assaulted.”*

Being asked how she would describe her experience gave Nuala pause for thought causing her to reconsider her perceptions of her experience:

Nuala: *“And then when I thought about it, I was like I think it was more than sexual assault because he had me pinned down and I was thinking about this..”*

After minimizing it for so long, the DRCC prompted Nuala to realise that her experience was that of rape:

Nuala: *“I kind of came to terms, I was like, okay, this is actually big, because I spent so long being like oh it's nothing to now actually being like, no, that shouldn't have happened like and it wasn't okay. Like coming to the realisation with it.”*

Friends were often integral to participants naming their experience. Claire’s friend helped her acknowledge her experience:

Claire: *“I couldn't use the word rape like I was just like yeno and my friend was the one that said Claire that's digital rape.”*

She encouraged Claire to use language that she was comfortable with which helped her come to terms with what happened:

Claire: *“I couldn't own the rape part of it and then she would say sexual assault and that was ok I could do that.”*

Tara didn't acknowledge she was raped until her friend prompted her to question her experience:

Tara: *“He just kind of calmed me down and said, you know what that would be called where you're from? And I think that was the first time that it even clicked, you know, what happened.”*

Deirdre was raped when she was an adult. Deirdre describes how a friend articulated that it was rape when she couldn't:

Deirdre: *"It was actually probably one of my friends' husband actually, he was the first person to say it about four years ago, look that was rape Deirdre."*

Despite this, it took Deirdre another two years to accept it:

Deirdre: *"to be honest I didn't actually see it as rape myself until about two years ago."*

However, the influence of other people can act as a barrier to victim/survivors identifying their experience correctly. Sandra describes the confusion she felt at having her father reduce her experience to 'horseplay' while her instincts told her it was something much more sinister:

Sandra: *"because it was, that particular assault was partly witnessed, my father came in at the end. And he didn't see it as anything other than something innocent gone wrong. It took me years to realize that this wasn't something innocent gone wrong. It was incredibly confusing and you know, it wasn't just that I didn't trust other people. I didn't trust myself, because I felt this was wrong. But apparently, it's not. So it meant I didn't know what was right and wrong. And like, I knew it was wrong. But there they are telling me it's not. So it was very confusing."*

#### Section 4.2.6 The Impact of Naming It

The implications of acknowledging their experience are potentially devastating for victim/survivors of sexual violence as they potentially incur a plethora of negative

psychological and psychosocial sequelae. Upon realising what happened to him, Simon felt the full impact of his experience:

Simon: *“when I realized it was a problem was when I was about 17 and at that point my whole life was turned upside down in every way that's when I felt the full force of the trauma.”*

Before naming her experience as rape, Deirdre found herself acting out but was unaware of the reasons why:

Deirdre: *“It was affecting me in ways I didn't realise it was affecting me you know so yeah.”*

Unlike Simon, who experienced great distress when he realised he had been abused, upon recognizing her experience as one of rape Deirdre was provided clarity as to why she was feeling and behaving a certain way. Deirdre explains how it was shocking to acknowledge she was raped but as it offered her relief from feelings of guilt that she may be responsible for the violence visited upon her:

Deirdre: *“When I realised it was rape it probably kind of helped in a way because I was able to put a name on it and shift the blame and shame to where it belonged cause I suppose I felt culpable partly culpable so it actually did help and in some ways you're like oh my God that was rape but on the other hand it settled things down a little bit.”*

Naming and acknowledging her experience of sexual violence as a child offered Deirdre an explanation and justification for her feelings:

Deirdre: *“Same with when I was abused as a child I didn’t know what it was or why do I feel this way, but at least I knew when it was abuse it’s very hard to come to terms with but I was like that’s why I feel a certain way.”*

Beth took similar comfort in attributing her behaviour to her experience of sexual violence:

Beth: *“my weird behaviour is completely explanatory, you know?”*

Nuala relates a perception of rape as something that happens to others. She speaks of the feeling of having to describe her experience as rape, something she did not expect to be saying about herself:

Nuala: *“I felt really weird saying I was raped. Like it feels really feels kind of foreign because you think you hear about it, but it's not spoken about so you don't think..”*

#### Section 4.2.7: Naming It: Conclusion

Identifying an experience of sexual violence can be difficult. Participants describe denying or minimizing their experiences in an attempt to resume daily life. This often is not sustainable with the impact emerging regardless of participants attempts to avoid acknowledging them. Some participants couldn’t identify their experience of sexual violence in the absence of language to describe it. Having a relationship with the perpetrator compounded the experience of rape and frustrate the victim's ability to recognize their experience as sexually violent. Other’s prompted participants to name their experience while others dismissed their attempts to acknowledge it. This demonstrates the potential of social support to facilitate and prevent victim/survivors naming their experience. Participants describe the often lengthy process of defining their experience as sexual violence which varied between participants.



Being able to recognize and name the experience of sexual violence is an important part of the help seeking journey, for if participants fail to see it as such, they will not seek help for it.

#### Section 4.3.0: Informal Help Seeking

Victim/survivors of sexual violence often disclose to informal sources of support such as friends and family before seeking professional help. The responses of these sources of support can have a significant impact on victim/survivors continued help seeking. In this section participants relate their experience of disclosing including the factors that facilitated and hindered this process and the responses received. These factors are discussed through the following subthemes: (1) Choosing Who to Tell (2) Maintaining the Status Quo (3) Positive Responses (4) Doubt and Disbelief (5) Victim Blaming (6) Responding with Silence (7) Mixed Responses (8) Egocentric Reactions (9) Anticipating Negative Responses (10) (mis)Handling Disclosures

#### Section 4.3.1: Choosing Who to Tell

This subtheme describes the disclosure recipient selected by participants to make an informal disclosure to. For some participants the people they chose to disclose to was a carefully considered process.

Rose: *“The people I told I chose wisely.”*

Rose believes this has served her well, removing the risk of experiencing negative reactions:

Rose: *“I had no negative reactions to my disclosures yet but as I said I have chosen the people I’ve told very carefully. There are a few people that I just wouldn’t tell because they probably wouldn’t have a helpful reaction.”*

Rose laments this and feels it should be talked about more openly.

Rose: *"I think you have to choose wisely who you tell which is terrible you should be able to tell whoever you want."*

Tara explains how she was always going to disclose informally initially, regardless of her relationship to the perpetrator:

Tara: *"Cos it's your housemate that you tell first. It's not..the rape crisis centre was never gonna be the first place I call, even if it was a randomer I still would have called a friend or someone."*

Lucy is unwilling to disclose to anyone without an understanding or experience of sexual violence.

Lucy: *"I would be so uncomfortable if I felt that the other person had no understanding of it, or no idea."*

She limits disclosures to other victim/survivors only:

Lucy: *"I'd only I suppose be comfortable enough to talk about it if I knew that, like yourself, you're talking to other victim/survivors."*

Rose's support system has reached saturation as she felt adequately supported:

Rose: *"It's up to me who I tell and I don't necessarily have to tell anybody else. I've told enough people now that they can support me if I need it. I don't know if I will tell anyone else."*

Participant's sometimes found themselves disclosing to unexpected sources of support. Christian and Lucy disclosed to a stranger in attempt to get help, both of whom were obliging. Christian describes how he left the house party and approached a neighbouring house to get help:

Christian: *"I ran and my phone was dead. I knocked on someone's house and he gave me a coat and he called the Guards. I never said what was after happening I just asked would he do that."*

Lucy had no choice but to disclose. Her distress could not be contained.

Lucy: *"Keeping my mouth shut, was never an option for me, because of how traumatized and how hysterical I was."*

Lucy found herself disclosing to a taxi driver in a state of shock after her experience:

Lucy: *"I had no phone on me when I got into the taxi. And I had asked the taxi man could I use his phone to ring my sister. It was just automatic. It was completely automatic. Everything, I was, just as soon as I got into the taxi, it was uncontrollable hysteria, like, I could not believe that he had just done that. So the taxi man let me use his phone."*

The taxi driver let her use his phone and encouraged her to contact the Guards:

Lucy: *"The taxi man let me use his phone and I had told him what had happened. He told me, he said, this is how I remember - if what you're saying has happened, you have to go to the Guards.."*

Similarly, Luke reached a point where he could no longer tolerate carrying his experience alone.

Luke: *“it was actually Christmas, I just had enough and I said I need to tell someone and I wanted to tell her.”*

He decided he wanted to tell his mother:

Luke: *“I got the courage one day. I started talking about nine o'clock that evening and we finished at about quarter to eight the following morning. Just the last nine years of what I had to carry and how it affected me and, and things like that.”*

Johanna felt compelled to disclose her assault when rumours emerged that had an affair rather than was sexually assaulted.

Johanna: *“Basically it all turned, and it was like what the fuck were you doing you know he's married”*

Johanna was frustrated that she had disclose her experience of sexual violence in order to defend herself:

Johanna: *“I didn't want anybody to find out, I didn't want anyone to know. I didn't want anyone to know to start with and then he got out ahead of me, painted his story, no one was ever going to believe me.”*

Tara was forced to disclose to her supervisor as her work began to suffer as she struggled to cope in the aftermath of her rape:

Tara: *“It delayed my thesis a fair bit and my supervisor eventually kind of knew it was more than I was telling, so I had to disclose.”*

Lizzie describes alluding to her experience of sexual violence rather than fully disclosing it.

She gave a veiled disclosure to friends:

Lizzie: *"I texted either one or two friends not with details just like hi I've broken, help."*

Participants were often probed by others which led to a disclosure. Claire thought she could ignore what happened:

Claire: *"It was like as if I tried to box it away and just deal with it."*

For a while she thought this was an effective coping mechanism:

Claire: *"I thought I was being upbeat and covering my tracks d'ya know what I mean?"*

However, her friend saw through this:

Claire: *"She just said to me what happened she said I feel something happening you're not telling me."*

This was the trigger for Claire to disclose her experience of sexual violence:

Claire: *"So that was it, I just..."*

Nuala's mother noticed she was distressed:

Nuala: *"But I remember during the summer when I went out she was like, you don't have to go if you don't want to. It was weird, it was like she knew."*

This led to Nuala disclosing her experience to her mother who sensed something was amiss but did not suspect sexual violence:

*Nuala: "I was like how did you know? And she was like, I just had a bad feeling. She was like, you seemed different afterwards, but she was like not that I'd think that."*

Martha's mother also prompted her to disclose as she sensed something was distressing her daughter but again, did not anticipate sexual violence:

*Martha: "My mom seen how upset I was one day. And she kept asking me what's wrong, what's wrong? And it was like go away, mind your own business. My mom just kept at me asking what's wrong? And I roared at her, I screamed at her I was raped."*

Tara's boss sensed something was amiss and questioned her directly about the man she was seeing. She offers retrospective support by offering to take her to the sexual assault treatment unit (SATU) in the Rotunda Hospital:

*Tara: "And then I think a couple of days later I went to work and my boss knew. I don't know how she knew she just said what did he do to you? Why didn't you call me? I would have taken you to the Rotunda."*

Despite being prompted, other participants continued to resist disclosing their assault. For some participants this is borne out of a wish to protect others. Laura didn't want to devastate her parents with the knowledge that she has been suffering for years:

*Laura: "So I think they'd be probably like really upset to think of this, that I have been that upset for years and not told them."*

Laura did not want to disrupt the family unit and prioritized preserving that over sharing her experience:

Laura: *“But it's nothing on them, like it's not a reflection of them. I think probably it was a preservation thing.”*

Laura can't envisage herself ever making an informal disclosure, particularly to her family who she does not want to distress:

Laura: *“I think I don't feel like it would ever help my family to know. I just can't imagine that. It would be cruel, I think. That's how I feel.”*

Rose explains that the devastation to her parents and siblings prevents her from disclosing to them:

Rose: *“My parents still don't know because it would just kill them my brothers don't know because they would flip they wouldn't know how to help.”*

Claire did not want to distress her children so provided a vague explanation in an attempt to assuage their concerns about her wellbeing:

Claire: *“I was out for a walk with my daughter and she just kept saying mum what's wrong with you; what's wrong with you, what's wrong with you? I said I was at something and it didn't go the way I wanted and I'm just hurt and sad about it. But then she was pushing and pushing and she said what happened and I said look don't worry about it, it's nothing serious, it's fine”*

While some participants disclosed immediately, a lot of disclosures were delayed, often for significant periods of time. Rose disclosed six years after her rape:

Rose: *“So 2012 was when it happened and it was January of last year so 6 years before I told anybody.”*

Up until then, Rose had disclosed to no one:

Rose: *“I didn't tell anybody until last January. I literally had never mentioned it to anybody.”*

Similarly Laura did not disclose until recently:

Laura: *“I hadn't told anyone for a really long time it was actually only in the last like year or two.”*

It took Paula six years to disclose her rape:

Paula: *“So six years really now since I started disclose.”*

Luke did not disclose for ten years:

Luke: *“Never, never told anybody until nearly 10 years after.”*

Jen named her experience as rape for the first time during this interview:

Jen: *“This is the first time I've said rape. Before this, I just said he kept pinning me down in my sleep and trying to assault me. I never actually said that.”*

The gravity of such a realization was significant for the participant:

Jen: *“I hadn't consented. This happened without my approval. There was no consent. That is rape. Like, I've never said it, but that's what happened. And that's a huge thing for me.”*



### Section 4.3.2: Maintaining the Status Quo

A desire to maintain relationships or social structures prevented some participants from disclosing their assaults. In some cases, preserving the social situation took precedence over the participants wellbeing. For Jen, working with her partner who was perpetrating sexual violence against her throughout their relationship compromised her ability to disclose.

Jen: *“Because of the implications that it would have had for him in the workplace - we work together. So it wasn't something that I could freely disclose. I kind of carried it.”*

As people knew Jen’s perpetrator in a professional capacity and liked him, she assumed she would not be believed:

Jen: *“the other thing was I'd go to the canteen and people would be like you're so lucky to go out with him; I'm so happy for you; he's such a lovely fella and inside I'd be like he's not but I can't tell you because I don't know you. And if I tell you you're not gonna believe me and you don't need to know.”*

Similarly, Laura’s perpetrator had an elevated status within her social circle:

Laura: *“He was like ‘Mr. Cool.’ This is a lot of the problem with it was that a lot of the girls actually liked him. And the boys kind of liked him, everyone liked him, you know? Like he was just such a like, recognized personality in our year group and stuff. They were kind of the cool guys and we were kinda in with them then and my friends wanted them to be around, that was something that was important.”*

Laura did want to disturb this by introducing her experience of sexual violence:

Laura: *“So it always felt a bit like you made that mistake and it shouldn't impact on us or something like our social standing. And so I was just a thing of just minimizing it. For me and also within the group, it wasn't something that was talked about.”*

Laura believed that because of the position held by him the truth would not be believed and so she had no other choice but to go along with their version of events:

Laura: *“So like it felt as though like there's no way you would have gone against him. Like it would have just been like, you should have seen her, she was locked, you know? There was no way that either of them would have like believed it at all. It felt like there was no other option.”*

Lizzie experienced sexual violence by her partner. She thought disclosing would pose a threat on their mutual friendships:

Lizzie: *“But I really thought that all of my friends would hate me if I left him.”*

Lizzie decided not to disclose in the event that the perpetrator would be ostracized and forced to develop new friendships with people who are unaware of his history of sexual violence and therefore at an elevated risk of being assaulted:

Lizzie: *“But after I realized that my friends wouldn't like disown me It was kind of like, well, do I tell them what happened so that they can like kick him out of the friend group? Because with the exception of like two people, probably most of them don't want to be friends with a human who would do stuff like that. And my calculation was that he is very charming and if he wasn't in our friend group he would quickly be in another friend group where people would be unaware of stuff. That's part of why I didn't do it.”*

### Section 4.3.3: Positive Responses

Positive responses to disclosures included being believed, being supported, offering tangible aid and being reassured that their experience was not participants fault. Upon disclosing to her sister, Lucy was believed immediately. Lucy attributes this to her acute emotional response which gave her sister no choice but to believe her:

*Lucy: "She was 100% completely supportive, I was that hysterical on the phone. It was very early in the morning, it could have been around 8am. And they thought, her and my brother in law, who was lying beside her, thought I found my mother dead, because of how hysterical I sounded. But completely knew I was telling the truth."*

Simon describes the importance of being supported by his sister:

*Simon: "She has gotten it way more than my parents. Telling her was like a massive step because immediately someone was 100% on my side and that was very reassuring."*

Claire's partner reassured her that she is not responsible for what happened and, ascribed blame to the perpetrator:

*Claire: "Jim's thing was well you know it was wrong, that he shouldn't have done that to you, and it was his fault sort of a way so..."*

When Luke disclosed to his close friend, he was shocked. He struggled to discuss it with

Luke:

Luke: *“I told my best friend, and he's been my best friend for 20 years. And I told him last year, he froze like he was white. We still can't talk about it. He actually still cannot come to terms with it. He just can't do it.”*

While Luke's friend struggled to have a conversation with him about his experience of sexual violence, he has been supportive in other ways:

Luke: *“So when I had the breakdown, He was great. He was like, I'm just going to pay your mortgage for next three months, no money struggles. That's one less worry and then we just get you into counselling do all the work that you have to do. And that was his way of fixing things, you know.”*

Claire realizes the importance of having supportive people to disclose to in the aftermath of sexual violence:

Claire: *“I'm lucky I have good family around me I have my partner there who was really really good and supportive and I've really good friends that I've known for years that have been supportive. I know I'll be alright now I will get through it it's not going to be easy but I will get through it.”*

Simon's friends were wholly supportive, without which he possibly would have ended his life:

Simon: *“I'd have to say that if it wasn't for the support I had from them at that time I might not be here today. I was lucky to have such a great group of friends particularly male friends because I know certain male groups are not great at talking about emotions and stuff but thankfully I was in one where the lads weren't afraid of opening up.”*

Simon describes the support around him:

Simon: *"It's like having an extra crutch."*

For Simon, having a friend accompany him in the aftermath was integral to him coping:

Simon: *"Having my friend there helped me get over the line."*

Fiona found solace in the family's doctor who provided informal support to her. Although her abuse was never formally acknowledged by him, he encouraged her to remove herself from the situation as soon as possible:

Fiona: *"So then I used to attend a doctor and he was extremely supportive through the years. He used to say to me as soon as you reach a certain age get out of that house."*

Fiona took his advice:

Fiona: *"Do you know what I said to my father when I was leaving? I told him to go and fuck off. I said fuck off, you can do nothing to me anymore."*

Having people in your life who know about your experience of sexual violence provides relief from having to pretend. Beth can be herself around those that know:

Beth: *"My other sister's - I've been able to talk to them about it which has helped a great deal having people around you that you don't have to pretend around."*

Mark illustrates the ways in which having people aware of his experience supports him:

Mark: *“At least if I’m watching a movie and there’s a rape scene and you’re with someone you know at least they’re like ‘are you ok?’ And most of the time it is alright but it’s nice to have someone there in case you’re like actually, no.”*

Simon can relate to this feeling of authenticity in the company of those that are privy to your experience:

Simon: *“I guess that’s one of the reasons why my current relationship is so great because I can actually be myself with her but that is something very difficult as well.”*

Luke is familiar with the anguish of not being able to disclose to a loved one. Luke was reluctant to disclose his experience and describes the mental turmoil of not sharing it with significant people in his life:

Luke: *“It fucks your head up in relation to trusting a loved one, because first of all you’re carrying a secret.”*

Disclosure facilitated disclosure. Beth learned of others who had experienced sexual violence affording her an opportunity to discuss her experience and feel less alone:

Beth: *“A few, maybe two of my friends came out saying something similar happened to them so there is kind of like, kind of an opportunity to talk to someone about it who’s been through the same thing rather than be completely alone with it.”*

Beth found it reassuring to learn that other people have experienced something similar to her:

Beth: *“The first time I probably disclosed it I was probably 16, to one person. It turned out that they were like yeah my sister went through something like that so that kind of made me feel less alone in this whole experience.”*

Beth took solace knowing that she was not alone in her experience:

Beth: *“Because after that I was just like oh my God, I’m not the only one, one of the weird people this happened to so yeah.”*

A friend with similar experience enabled Deirdre to speak more openly about her own experience:

Deirdre: *“She helped me to speak about it. It was the first time I’d met someone else who it had happened to and who spoke about it.”*

Nuala echoes the same sentiment, deriving comfort from other’s having the same experience:

Nuala: *“When you’re talking to different people and they are saying, oh my God, me too. It’s sad, but it’s nice.”*

Nuala encountered many others who had had similar experiences. While at first she was still hesitant to disclose her experience, she became more comfortable over time.

Nuala: *“Like, she had an experience when she was a child by a friend. And I started to realise so many people have the same. And that was a big thing for me. But even then, I never spoke a lot about it. And then I got be more comfortable speaking about it, kind of.”*

Nuala find’s comfort in talking to others and finds that in helping others she is able to help herself:

Nuala: *“But I think that’s probably the thing that’s helped me the most is speaking with other people that have been through something because I don’t know, like, I*

*know, for me, like I get a real sense of like empowerment because like, when you're with other people, and you're saying to them, oh my God, that's awful, that was not your fault, you couldn't do anything. And then I'm kind of like, well, if I'm saying that to them, surely the same applies to me. It really makes you realize."*

Beth describes the importance of being able to discuss her experience of sexual violence with without the threat of judgement:

*Beth: "Later on I made a very close friend who had been through similar things and so we bonded quite a lot and were able to talk to each other honestly about it and that really helped having someone that you could actually like open up to and you felt they weren't gonna judge you, they weren't gonna look at you differently, they were gonna understand you."*

Rose found disclosure got easier each time:

*Rose: "Each time I told somebody it was so much easier to tell them."*

Johanna too has become more comfortable disclosing as a result of dealing with it over time:

*Johanna: "And I have said it to others since but that's only in the last couple of years and I can talk about it now it's not an issue to talk about because I've dealt with it so much."*

#### Section 4.3.4: Doubt and Disbelief

Many participants were met with disbelief or doubt. Johanna was shocked that her claims of sexual violence were dismissed by her cousin, someone she shared a close relationship with:



Johanna: *“We were so close like, she’s a year older than me. I was like you know me 30 years and yet you believe what you’re being told to believe by somebody else.”*

Johanna drew the conclusion that if someone she has a very close relationship with isn’t going to believe her, it is unlikely that anyone else would:

Johanna: *“I was like you don’t believe me and if you don’t believe me nobody else is going to believe me.”*

Johanna found not being believed as devastating as the assault itself:

Johanna: *“But it was the whole thing about somebody who knew me so well not believing me was the hardest part. As much as the assault itself..and it’s a real like ‘but you weren’t really raped’..”*

Sandra had her disclosure minimized and was made to believe she was overreacting:

Sandra: *“It was minimized. It was diminished, it was minimized. It was certainly wasn’t deemed to warrant anything being done or said it was me being hysterical. I was seeing mal intent where there was none that it was him simply engaging in rough horseplay. He didn’t have children himself. So he didn’t understand that he was being too rough. Which doesn’t, you know, none of that makes sense.”*

Sandra had to defend her allegations to her parents despite her father actually witnessing the assault, but assuming it was ‘horseplay:’

Sandra: *“I told them at the time, that minute, I was screaming. My father came into the room and I told him what happened. And he told his brother to stop that he was*

*frightening me. But he didn't..he thought it was...he told me years later that he thought it was horse play gone too far. What I described was never horse play.”*

Sandra had to manage her own safety, protecting herself from further harm and being punished for doing so:

*Sandra: “And I suppose to have the wherewithal afterwards to not allow myself get into that situation again. Which caused huge family difficulties because I shouted scream that I wasn't going near him I wasn't going into the room. I wasn't going to his house. Despite my parents, not knowing what was going on and pushing me to go in and there was one time, where I did have to, there was feet between us at all times, like, physically, he was not getting near me. And so I suppose all of that while also being told you're wrong.”*

Having her disclosure denied prevented Sandra from making further disclosures:

*Sandra: “I didn't tell anyone else.”*

It took a second victim/survivor coming forward for Sandra to be believed by her father:

*Sandra: “Sometime later, my cousin would have made a very frank disclosure to her parents. And then my father asked me, and he accepted and acknowledged what I was saying.”*

For Sandra, a second victim/survivor coming forward was an opportunity for her to be believed:

*Sandra: “There was a feeling that well now they have to listen.”*

However, even with multiple allegations and her father bearing witness and eventually acknowledging her experience, Sandra was still perceived negatively by others:

Sandra: *“As I grew up, it was said I wasn't reasonable towards this uncle. Neither was my cousin and that we were hysterical was the word used.”*

She was seen as being hypervigilant:

Sandra: *“They think I am paranoid and neurotic about child abuse and the impact it has and I see it everywhere.”*

Not being believed or the anticipation of it silences victim/survivors. Lucy avoids discussing her experience as a precaution:

Lucy: *“I do kind of have a little bit of fear. Like I wouldn't talk about it. You know, there's a part of me, that just wants to shut the door completely. And, like because the family calling me a liar has had an effect on me. And so, the memory of all I think it helps me to not go there.”*

#### Section 4.3.5: Victim Blaming

A lot of people communicated victim blaming attitudes in their response to disclosures made by participants.

Jen: *“I tried to say it to a friend and my friend was like, well, was he drunk? Were you asleep? You know, was it actually that he thought you were you were still awake and he tried it on?”*

Nuala experienced the common rape myth that women declare rape when they have regrets about sex:

Nuala: *“I told her what happened, how I'd said no and stuff. And then she just turned to me and she was like, you can't cry rape because you wish it never happened.”*

Receiving a reaction like this from her best friend deterred her from disclosing to anyone else:

Nuala: *“And so then I just thought to myself, I was like, if that's my best friend's response, no one's going to believe me. So there's no point in saying anything.”*

Johanna was forced to defend herself against victim blaming responses by her cousin:

Johanna: *“And she was saying you were actually a bit weird like you were chatting to him? And I was going well yeah but..and you were sneaking out?..And I was like I went out to have a cigarette that's all I was doing. She was like yeah but you went back to the house? Yeah but a few of us went back to the house and it's your brother in law it's not like it was a random stranger. So there was a lot of that look did you sleep with him and regret it?”*

Tara had her experience reduced to the common consequences of drinking too much alcohol:

Tara: *“My housemates' kind of knew but they were, they were all Irish and they kind of talked to me like, you know, we all have nights where we black out and do stuff. You'd be surprised how many people said that, including health professionals.”*

Tara was met with attitudes comparable to those held in previous eras when sexual violence was more tolerated. Being confronted with these attitudes from people she knows was disconcerting:

Tara: *“I think there was way more negative reactions than I expected, more passive aggressive kind of ways of it or just lack of understanding not like, flat out like 50s style, but maybe worse, because you don't feel like you're going crazy, because the connotation behind it is a bit different. The lack of sensitivity or understanding maybe is worse than some like bigot like some Trump like thing, you know, they're crazy. But if it's someone you know who's doing that it's kind of makes you second guess yourself.”*

Tara encountered unexpected reactions from people who work in the area of gender who she believed should be more aware of the impact of sexual violence:

Tara: *“I've had friends say like get over it already. And these are well educated people. I mean, I had someone who works in women's rights say that to me you need to move past this. It's as if I want to, you know, have it in my nightmares and haunting me like, I'm the one more than anyone who wants it just to not be active in my life but that's not how my brain is, is processing it.”*

Despite knowing that she had been sexually assaulted, the reactions she received implying she was wrong made Tara feel crazy:

Tara: *“I think that was when I woke up my instinct was the right thing. But when everyone else tells you, you're crazy, it's hard to think you're sane after a while.”*

Dealing with the reactions of others became exhausting for Tara. She found defending her position quite trying:

Tara: *“It took a while and very few people knew for years like and it took me five years before I was way more honest about it like. And I wasn't ashamed of it, I just*

*didn't have the energy to... like the resistance with which I met, I just didn't have the energy to keep doing that. It was never about being ashamed. I don't think I ever had that element, but it's just not having the energy to deal with people having to justify it anymore.”*

#### Section 4.3.6: Responding with Silence

Disclosures by participants were sometimes met with silence. Deirdre’s parents were aware of the abuse being perpetrated against her when she was a child and removed the perpetrator from her environment. However, no one approached her to discuss what was happening and as a result Deirdre was quite confused:

*Deirdre: “It kinda happened in a vacuum because nobody really spoke to me about it. My parents realised what was going on and got the person out of the house but it was never spoken to me. Nobody every spoke to me about it and I didn’t really know what it was or have the words.”*

Deirdre’s mother believed that she was preventing it from becoming an issue by not talking about it:

*Deirdre: “I started to talk to my mother more about it and she was like oh yeah I knew that had happened but I thought if I left well enough alone you know..”*

Deirdre is met with reluctance when she attempts to speak about it with her mother and must persist to speak about it:

*Deirdre: “Am I think I spoke to my mum about it on a few occasions and actually a couple of years ago but I have to actually force her to talk about it really.”*

Fiona's disclosure to her mother went unacknowledged:

*Fiona: "I remember trying to talk to my mother. I was writing her notes and asking her to help me. I'd leave them on the step outside her bedroom. And I wouldn't hear an answer. I remember one time, even though I knew inside my mother had read it, I asked her did she read my note and I can't remember what she said but I knew that it didn't make any difference."*

Christian's mother was aware something was going on in her son's life but never asked for details. As a result, Christian never fully disclosed to his mother the nature of his assault:

*Christian: "I didn't really say anything to my mam either, at least I never really said definitively but one thing that stuck was a brown envelope came to my house and my mam demanded that I opened it. I think she was like nothing good ever comes in a brown envelope kind of thing like and she thought I was in trouble or something was after happening. It was from the Guards like saying we've looked into this."*

She was aware he was engaged with the Guards and receiving correspondence in relation to his assault, yet she did not request more information:

*Christian: "So I just showed her and was like no it's nothing bad but she was all upset. She had some idea I guess, I don't know. She was just really upset like that something bad had kinda happened. At the time I think she came with me when I went to guards for a revisit but I never said what it was about."*

Paula has the impression that people would rather not receive a rape disclosure. When asked, victim/survivors at a talk agreed with the statement that people don't want to receive a disclosure of sexual violence:

Paula: *“And one of the women said, do you find when you tell people, they want you to shut up about it? And everyone there was like, yes! yes!”*

This desire in disclosure recipients to not discuss disclosures with victim/survivors seems to have been experienced by other participants. Laura’s parents asked her was she raped when she returned home early from a holiday with friends due to anxiety:

Laura: *“We were meant to be there for two weeks and they were like, did something happen when you're in there? They were like were you raped, like just tell us like we know something has happened to you like we know that you're not okay that something has happened.”*

Despite asking her directly, Laura didn’t believe they wanted to know the truth:

Laura: *“I just couldn't do it because it was almost like when they asked that like, it felt like it was like the worst thing in the world I could tell them. It didn't feel like, even hearing them say that like they don't want me to say ‘yes’ to this.”*

Laura didn’t explicitly disclose to her friend as she sensed it wasn’t something her friend wanted to acknowledge or discuss:

Laura: *“I never really told her what had happened. But I think that like, I like had alluded to the fact that like, it wasn't something I'd wanted and I think she kind of knew but didn't really want to know as well.”*

The implications of acknowledging the disclosure were too great. Retaining social equilibrium was more important than helping a friend in distress. Realising this was difficult for Laura:



*Laura: "Like, which I think like realizing that she didn't really want to know, I think almost made it worse than I was just like I don't feel like this isn't helping. Like it just felt like you're bringing up a problem that no one wants to know about. Because she it was important to her, I guess, socially to be seen with that group too."*

Laura resolved to repress her experience as she felt no one wanted to hear about it:

*Laura: "Then afterwards, it was more of just like, just containing and minimizing it. I didn't want to say it out loud to myself because then it was this thing of, like, no one wanted me too."*

For Laura, this was the easier option:

*Laura: "Like I just wanted to put behind me and that's what everyone else wanted too, that's what it seemed like yeah, so it was easier to do that."*

Christian received no support from his friend who was in attendance at the party Christian was sexually assaulted at. His friend never demonstrated a desire to discuss it or inquire about his well being despite being present in the immediate aftermath:

*Christian: "We just never spoke about it like my friend would either avoid me or I'd avoid him or we'd be sitting at a table and not talking to each other and the conversation was always muted it was never.."*

#### Section 4.3.7: Mixed Responses

Responses to disclosures of sexual violence varied for participants. Some participants were met with supportive responses to disclosures, while others had their experiences minimized,

denied, dismissed or ignored. Claire acknowledges this variation in response to sexual violence:

Claire: *“There is different reactions from the people around me even.”*

Even within the same individual, responses can change over time. Martha describes how her partner responded positively at first:

Martha: *“At first, he was very obviously worried about me and Martha you need to tell your family and you need to go here and you need to go there, blah blah.”*

This support was then replaced with blame:

Martha: *“But then a while after, my relationship with him went very, very sour. I got slagged about being raped; it was my own fault, I'm contaminated, go get your vagina scraped out.”*

Tara's partner was unsupportive at times, feeling burdened by her experience:

Tara: *“He didn't always say kind things like it wasn't his fault that I was raped.”*

Her partner's behaviour was triggering and caused distress for Tara:

Tara: *“A lot of how he was behaving was triggering, you know, for him to storm off or turn off his phone and or leave me at a bar. Like to communicate that or try to explain that it wasn't like he was doing it to someone else.”*

Luke describes his mother's reaction as sympathetic at first but became critical:

Luke: *“I found that she was quite compassionate initially, then she was quite angry and angry with me almost for allowing myself to be involved or the company that I*

*was keeping. It was almost like she was like, beating me with a stick going you shouldn't have been hanging around with people like that, it's your own fault."*

Mark found a lot of people are uncertain how to respond:

*Mark: "Most people take it fine most people don't really know how to take it I guess would be my experience most people would be like are you ok?"*

#### Section 4.3.8: Egocentric Reactions

Upon making a disclosure, some participants assumed a caregiver role, managing the distress of those they disclosed to. Laura anticipated having to manage other people's feelings upon disclosure:

*Laura: "I couldn't imagine like bringing that into my family home and telling my you know, like, how like, just with everyone else's feelings. I think that really really put me off like, I just wanted to go away."*

The reaction of her best friend alerted Rose to the fact that she would have to manage the impact on other's herself. She adjusted her story so as not to distress others:

*Rose: "When I told my best friend I couldn't even get the words out. And then she had such a reaction such a gut reaction she was bawling her eyes out. it was really difficult but now I know if I am to tell anybody else how to phrase it. I have my little spiel."*

Simon's experience of disclosing his experience to his family was complicated by the fact that the perpetrator was his brother:

Simon: *“When I did say it to the family while there was support and stuff there's obviously caused massive scar which still hasn't healed.”*

Simon speaks of the devastating disclosure to his mother that he had been abused by his brother and the pain inflicted on her:

Simon: *“It was also indescribably hard as well. I will never forget my moms face when I told her that it was my brother that had done it. It was just the face of someone's heart literally breaking in front of you. I have never seen that and I never want to see that again on her face or on anyone's face that I love. I can't even describe the pain that I saw on her face. All of that was really, really difficult”*

#### Section 4.3.9: Anticipating Negative Responses

Participants often anticipate negative responses from others. Rose refrains from disclosing to avoid certain negative reactions:

Rose: *“There are definitely a few people that I know if I did tell them they would have that reaction so I'm not going to tell them.”*

Beth was apprehensive about disclosing particularly because she was so young, she feared she would be dismissed:

Beth: *“You always worry like I particularly worried because I was 13 I worried sometimes that if I were to tell someone like awh are you sure you remember correctly yeno, maybe you dreamt about it, maybe you twisted something in your mind.”*

She was apprehensive disclosing her experience of abuse by her father to her sisters. She worried that they would dismiss her claims because of their relationship to the perpetrator:

Beth: *"I remember when I had to mention it to my sisters that I was very scared cos this is someone who's close to them as well and naturally they could have just gone into total denial about it and chose not to look at it. I was worried they were going to say I was lying."*

Despite disclosing to her sisters, Beth felt she could not disclose to her whole family:

Beth: *"Your family should be the people you can tell things like that about but then when it's actually in relation to one of the family members it's a completely different story you can't really disclose that."*

Participants anticipated being perceived differently by others. The threat of judgement was a barrier for participants to disclose their experience. Christian worried that he would be defined by his experience of sexual violence so refrains from disclosing to people:

Christian: *"I think the thing that I was I was always worried about was this is one event in your life and it's quick enough and it's something that can end up defining you like and I don't want to be defined by it so that's what you want to tell people. I didn't want people to have preconceived notions or when they talk to me that was all that they would think about. That's why I didn't want to talk."*

Laura, who was sexually assaulted as a teenager at a house party, feared being perceived as promiscuous by her parents. This prevented her from disclosing to them:

Laura: *"like I never told my parents about it. Having them see me as someone who, like in case they were just like, oh, you're just acting slutty because you know.."*

Similarly, Johanna did not want to be perceived as a sexual being by her family members:

Johanna: *“I didn't want people that know me and love me to know that about me because they feel it for you because particularly men it's a protective thing and your parents and siblings don't want to think of you in a sexual way either there are so many layers to it.”*

Jen did not want to be seen differently, as less than, because she was sexually assaulted:

Jen: *“It's that I'd be afraid of being tainted, does that make sense? People would see me differently”*

#### Section 4.3.10: (mis)Handling Disclosures

Participants attribute the often poor handling of disclosures as a lack of understanding of the impact of sexual violence. People who find themselves on the receiving end of a disclosure of sexual violence may have limited knowledge on how to respond. A lack of information may underpin people's negative reactions. Sandra believes her parents had no understanding and so minimized her disclosure:

Sandra: *“I think they still minimize child abuse and the impact it has. They don't get it.”*

At first, she attributes this to her inability to describe it accurately in the absence of the appropriate language but then suggests they didn't want to acknowledge it, rather than being unable to acknowledge it:

Sandra: *“I didn’t have the language to describe things. I was pretty young, seven or eight. I don't think it was a language thing, they didn’t want to hear it. They weren't in a position where they wanted to take on board what I was saying.”*

Sandra’s parents demonstrated this lack of understanding by inviting the perpetrator to the house on several occasions after Sandra made her disclosure:

Sandra: *“One of the times she asked could this person come to stay. And they asked me would I have a problem with that? I would have been in the house, not living there but we would have been in out of the house. So when that happened I thought, they don't actually realize what he did.”*

Sandra’s anger peaked when she was asked to bring her perpetrator his meal at a family gathering several years later.

Sandra: *“Because I had been asked to bring the uncle his meal and I refused. I was very angry that I had been asked to. ‘Can you bring him his lunch?’ was the final straw in terms of my anger went through the roof then. And they were very taken aback and did not understand. Because I think they had never really taken on board what I had said. They didn't understand what I was angry about.”*

Deirdre has mixed feelings towards her parents’ treatment of her disclosure. She attributes their reaction to being of a certain age and from a certain era. She can appreciate their reaction while simultaneously carrying anger towards them:

Deirdre: *“My parents weren’t particularly young but they were 19/20’s it would have been early 20’s when this was happening. So for a long time I was quite angry and I said well sure look they were really young themselves, they didn’t really have much of*

*a clue and then there wasn't the services or the words around in society. So, I'd be kinda angry with them in one way but then in another way they just didn't have the tools to deal with it."*

#### Section 4.3.11: Informal Help-Seeking: Conclusion

Participants described their experience making informal disclosures to friends and family. Some participants describe being careful in deciding who they disclose to, to protect them from being blamed, judged or not believed. The response received to a disclosure of sexual violence has implications for subsequent help seeking. Participants anticipated negative responses and did not disclose as a result. Participant experience of disclosing their experience of sexual violence varies widely. A mixture of positive, negative and mixed reactions were received. Positive support was communicated through believing the disclosure and supporting the participant post disclosure. Negative responses included not believing the participant, dismissing or minimizing the disclosure, blaming the victim/survivor or overwhelming the participant with egocentric responses. Participants were deterred from disclosing in anticipation of negative reactions. An eagerness to not disrupt their lives and maintain relationships also prevented disclosure to others. Activities in the environment such as the social media movement #metoo motivated some participants to disclose while the outcomes of a prominent rape case confirmed some participants decision to remain silent. This section describes the factors involved in considering who to disclose to as well as the risks and outcomes of disclosures. Facilitating disclosure is important as it is often the first step in seeking formal support. Through elucidating the factors that impact a victim's ability to have a positive disclosure experience, these can be encouraged and fostered so that the participant can engage with formal support services.



#### Section 4.4.0: Formal Help Seeking

This theme describes the participants experience seeking and accessing sexual assault support services with a focus on psychological support and to a lesser extent legal and medical services. This theme details the process of seeking professional help the participants undertook. It chronicles the journey from deciding to seek professional help to reaching out and accessing them. This theme is divided into the following subthemes: (1) Ready to Seek Help (2) What Victim/Survivors Want (3) Perceptions of Services (4) Perceived Need for Help (5) Reluctance to Disclose (6) Gendered Nature of Help Seeking (7) The Influence of Others (8) Physically Accessing Services.

#### Section 4.4.1: Ready to Seek Help

There is often a significant gap between participants experiencing sexual violence and seeking professional help. There is often a significant gap between participants experiencing sexual violence and seeking professional help. Beth began seeking help approximately two years ago, despite being abused almost twenty years ago.

Beth: *"I only really sought help about 2 years ago."*

Sandra revealed she too waited a significant length of time before seeking help:

Sandra: *"Quite a long time would you know. I'd say I was in my mid to late twenties."*

Some participants believed that a significant gap precluded them from being eligible to seek help. Mark expected to be denied help from the Guards:

Mark: *“I thought well it has been six months so it’s sort of old already. It felt like if I went to the Guards, they would be like why didn’t you turn up immediately afterwards when we could have done something.”*

Tara experienced what Mark anticipated as she was criticised for waiting one month before approaching the Guards to report her assault:

Tara: *“I think it was just over a month before I went to the Guards so it took a while to sink in and even they critiqued me for taking so long to come in.”*

Rose was self-conscious when seeking help for her rape because it happened six years ago:

Rose: *“It’s very scary especially when you’re like this event happened to me 6 years ago. I felt like I was being dramatic.”*

Participant’s psychological state impacted their ability to seek help in the aftermath of sexual violence. Tara’s ability to seek help was impacted by her mental health as she was unable to discern what services she needed:

Tara: *“Like, I don’t know, like, I’m sure once you Google the word rape, you know what to get but I think it’s the problem with all public health stuff is what happens when you’re not ready to call it rape? Or you don’t know what it is. I was in a fog for a long time. I didn’t sleep at all for a couple weeks like I just wasn’t functional, I wasn’t cognizant, you know?”*

Tara describes the difficulty of seeking help in a state of psychological distress:

Tara: *“There's a lot of having to figure out stuff when you're not that functional. So when your brains not working properly, your brains broken at the time and then trying to figure out what to do. It's, you know, it's like having an overheated car engine all the time.”*

It was three days after she was raped that Lizzie was able to seek medical help:

Lizzie: *“I totally crashed for about three days because when I came to I was like this is very confusing and I don't know what's going on. So I got a taxi and went home and stayed in my room for like two days straight and then got food was like oh, okay, I should probably go check if my body is okay.”*

Lizzie was unable to deal with things immediately. She didn't need help until over a year after both experiences of rape:

Lizzie: *“I could have done with something like a year ago, or, like after I crashed post masters, so like a year and a bit after both instances. But then I was not in crisis I was just like, I'm ready to deal with things.”*

Indeed, being able to access the service in a timely manner was a facilitator when seeking help. Simon considers himself lucky as he was able to take a cancellation. This facilitated his immediate access to therapy in the DRCC:

Simon: *“Luckily I think my therapist had just had a cancellation and she said OK I will take him.”*

Immediacy was also an important factor for Rose engaging with the DRCC. Rose knew that if she didn't ring immediately, she would revert back to believing she did not need help:

Rose: *"I rang immediately because I was like if I leave it overnight I will be like no, I'm fine so I rang pretty much straight away."*

Similarly, the quick turnaround between contacting the service and being offered an appointment facilitated accessing the service:

Rose: *"One thing that made accessing the service very easy was when I got the call to come in it was very like it was quick it was a Thursday and she was like can you come in tomorrow and I was like yes."*

Having minimal time to agonize over her first appointment at the DRCC made accessing the service significantly easier:

Rose: *"I was so glad that it was so soon because if she had said can you come in in 2 weeks time I would have spent 2 weeks going oh my God, oh my God but instead I didn't have time to think about it."*

Not knowing what to expect contributed to this anxiety:

Rose: *"I was like yeah I can come tomorrow so I only had one night of me being like what is this going to be like?"*

Nuala has accessed the DRCC and is currently on their waiting list. Nuala is grateful to the support offered by the DRCC while she is on the waiting list:

*Nuala: "But like, even on the phone, they were like, we know that it is quite long but like, you can email or ring us anytime, like they do give you that reassurance. It's a support knowing that because like she was saying sometimes some days are just harder and she was like if you need to ring us and just say, look, today is a bit shit like. Just knowing you can do that and having support is really helpful."*

Alternatively, Luke felt he was left hanging after he made the call to the service:

*Luke: "But the whole wait, you know, I just felt the call was made and you're left."*

Luke expected to access the service immediately:

*Luke: "I personally thought she was going to say do you want to come in for an assessment next week? Like obviously that's what I'm thinking in my head."*

#### Section 4.4.2: What Victim/Survivors Want

Victim/survivors describe their motivations for seeking professional help. Lucy was paralyzed in the aftermath as she tried to figure out what she needed:

*Lucy: "A big part of me just didn't know what to do. That was a big thing was saying, I don't know what to do. What do you do? How do you, where do you? It kind of just stopped me in my tracks."*

Johanna just wanted to be believed:

Johanna: *“I didn't want to go down the legal route I just needed to be believed.”*

Lizzie needed basic support to help her continue with daily life.

Lizzie: *“At the time I needed to be able to email a person who would like to tell me how to be a human. And like actual emotional support would be good. But I legitimately needed, like, ‘hi you're not functioning, people who function take showers.’ That was the level of stuff I needed initially.”*

Sandra reported as a means of acknowledging the impact and seriousness of what happened to her rather than seeking justice:

Sandra: *“I wanted to go for myself. Just I wanted to do it. It wasn't justice in terms of the justice system - that wasn't going to happen. It wasn't even to be believed - the people who mattered to me believed me so it wasn't that. It was more I felt I owed it to myself - that I was recognizing what happened and the seriousness of what had happened and that it still affected and impacted me. It was about me acknowledging it.”*

Lizzie didn't believe seeking the help via the justice system would help her. She is more interested in protecting others from harm:

Lizzie: *“Actual legal resources that are available wouldn't help. I want him to be known to other humans for safety reasons.”*

Similarly, Claire decided to report to the Guards to protect other's from experiencing sexual violence:

Claire: *“I couldn't carry back and be responsible for something like this happening.”*

Christian reported the crime and despite no formal charges being made he hopes this will deter him from perpetrating again:

Christian: *“I feel like if someone did that once, that they would do it again. It was so sly and sneaky; it wasn't someone in an alleyway, it was malicious. His mask slipped basically, and I would just hope that I put him off, he got so scared like how close he came to being caught that maybe he won't ever do it again.”*

#### Section 4.4.3: Perceptions of Services

Participants are often unsure what to expect when navigating help seeking. They describe being unsure about what to expect of support services. This uncertainty was daunting for some participants. Lucy was paralyzed in the aftermath as she tried to figure out what she needed:

Lucy: *“A big part of me just didn't know what to do. That was a big thing was saying, I don't know what to do. What do you do? How do you, where do you? It kind of just stopped me in my tracks.”*

Navigating help seeking can be difficult. Although she wanted to seek help, Lizzie struggled to find someone suitable:

Lizzie: *“I would have preferred to talk to a professional. But like finding one that seems suitable that was difficult.”*

Some participants had little faith in services. Aidan believes that even people who work to support victim/survivors may exhibit victim blaming behaviours:

Simon: *“I imagine even among people who, whose job it is to help survivors there might still be raised eyebrows. Like people can't help it. We all have these stigmas even the ones who work to stop them.”*

Participant's awareness and beliefs about the purpose of services including their inclusion and exclusion criteria for service users affected their choice to seek help. Participants describe their awareness of the DRCC. Lucy had never been aware of the DRCC because she never thought she would be a victim/survivor of sexual violence:

Lucy: *“Never, never, like nothing. You know, I never thought it would happen to me, that's the thing.”*

Christian was gladly made aware of the service when a volunteer met him at the SATU in the Rotunda Hospital:

Christian: *“They brought me to the Rotunda and then someone from the DRCC spoke to me there. To be honest I wouldn't have even thought or known if they hadn't actually been there immediately so that was good - I wouldn't have thought of it.”*

Laura was equally unaware of the service because she didn't see herself as a victim/survivor of rape or sexual violence:



Laura: *“It wasn't on my radar as an option because I hadn't acknowledged it. Like, I just didn't even see it as like something that was like a part of my own story or something. So like, it didn't occur to me at the time that I needed the service.”*

Sandra is dubious as to whether people are aware of the full range of services offered by the DRCC such as court accompaniment:

Sandra: *“I think most people would know of the hotline number; most people know they do a lot of fundraising. But I don't know that everyone who knows about one or the other would know that there's a whole suite of other services there - from court accompaniment to counseling to advising in advance of court cases.”*

Laura provides evidence for Sandra's hypothesis that people are unaware of the many services provided by the DRCC:

Laura: *“I think even when you say to the RCC I always think of like a helpline number. That's what I always imagine doing. I imagine phoning them. I think they do have a counselling service as well. So, I would have been aware of them.”*

According to Nuala, there is a perception that the DRCC is only for people who have been raped and that they will be obliged to legally report it if they engage with the service. People are unaware that it can be used solely for counselling:

Nuala: *“People are put off as well because they think like, oh, it's a rape crisis, like, 'oh but he didn't rape me, I wasn't raped' - but you still need support. 'But I don't want to report it, I don't want to get checked out' - but you still need someone to talk*

*to you. People aren't aware that it can just be a talk. It can just be counselling for what they need."*

Indeed, Mark feared that by engaging with the DRCC he would be obliged to report the crime to the guards. This made him apprehensive about accessing the service as reporting to the guards was not something they wished to do:

Mark: *"At one point I got myself into a bit of a tiz and was like will they require me to report to the guards which I hadn't done like."*

Tara agrees that accessing the DRCC is complicated by the fact that you don't know what to expect:

Tara: *"It's good that it's there but I think just getting there is not as black and white. And you don't know like, you've never called them before, you don't know what to expect either."*

The DRCC is obliged to report cases of underage sexual violence by law. Beth escaped having to report her assault as the perpetrator lived in a different country. She understands how this would terrify people seeking support from the DRCC:

Beth: *"So the person who did it to me does not live in the country. But I was told that if they lived in the country, because I was a child at the time I would have to go to the courts with it. And I know it's law but that's something that would terrify loads of people from coming."*

Receiving this information after building up the courage to seek help made Beth want to retreat:

Beth: *“I just remember feeling complete like in shock you know like it's already taken me so long to make this call and then I felt like I was going to run away basically.”*

The name ‘Dublin Rape Crisis Centre’ had certain connotations for some participants. As Laura did not consider herself to be in urgent need of help or ‘crisis,’ she chose not to seek help from the service.

Laura: *“By the time I recognized what happened, I wasn't in crisis so I didn't really need immediate like..I thought it was almost like a 999 for rape. I think it is probably the word ‘crisis.’ It's still what I think.”*

Laura perceives the service as a short-term, temporary solution in an emergency:

Laura: *“It was like a reactive thing. Something happens you ring them and they help, it being less of an ongoing support thing.”*

Beth has reservations about the name Dublin Rape Crisis Centre as it excludes victim/survivors of sexual violence, that were not raped:

Beth: *“I have problems with the name because not everyone who goes here was necessarily raped but they may have been sexually abused like in my case it was sexual abuse.”*

Aidan was not aware that the service catered to both men and women and assumed it was for women only:

*Aidan: "I wouldn't have seen the rape crisis centre as being for men or as having a section for men or place for men. It's just not something I'd associate."*

Aidan believes this illustrates his own bias about rape being a women's issue:

*Aidan: "I had seen it strictly as for women which shows my ignorance on the topic. in your head, you see this as it's for women's which probably shows my bias there it's kind of like well, rape is strictly a problem that women face."*

Some participants had little faith in services. Aidan feared that even people who work to support victim/survivors may exhibit victim blaming behaviours:

*Aidan: "I imagine even among people who, whose job it is to help survivors there might still be raised eyebrows. Like people can't help it. We all have these stigmas even the ones who work to stop them."*

Mark was unsure how the Guards would treat rape because of an incident reported in the media in which members of the Guards were found to be making jokes about rape:

*Mark: "I guess with the Guards then as well there's two sides; how they treat rape or sexual assault as a whole. 'Cos I remember there was a story when I was in college a bunch of guards in a car and there was a mic still on recording them joking about*

*rape and obviously you shouldn't tar the whole lot with one brush but it kinda plants that seed in your mind where you're like well, is it safe?"*

When Johanna wasn't believed by her cousin or anyone else she anticipated a similar response from the Guards:

*Johanna: "I think reporting it there was no way for those reasons like my cousin didn't believe me and everyone was on his side because it was like oh preserve their family their unit and I was kind of collateral damage being the single girl."*

Johanna expected not to be believed in the absence of evidence:

*Johanna: "And again I was like it's my word against his and he can say the exact same thing and there's no - I had a thousand showers so there is no evidence bar me saying it and I just thought they'll just think I'm this girl who made a mistake and is trying to cover it up and the fact that everyone just shuts down closes ranks."*

Beth doesn't anticipate receiving support by reporting her experience:

*Beth: "So the whole believing aspect of it as well, this is why most people don't actually go to the Guards, this is why most people don't go to court with it because they know deep down the chances of losing that case is so high and you've gone through all that trauma for what?"*

#### Section 4.4.4: Perceived Need for Help

Some participants rejected the idea of seeking professional help because they thought it wasn't something they needed. Lucy dismissed the service as she believed life would resume

as normal after she was raped. She was first introduced to the DRCC in the sexual assault treatment unit (SATU):

Lucy: *“When I went to the SATU, on the Sunday with my sister, there was a woman there, a volunteer. And that was when it was first introduced to me, kind of mentioned but I didn't talk to her that day or anything. I was kind of the mindset that I won't need anything, I won't be going anywhere. Just get up and go to work tomorrow, you know, like life goes on.”*

Lizzie perceives therapy as surplus to requirement:

Lizzie: *“I was like, this isn't a priority for anyone. This is like a luxury for the rich.”*

Tara suggests victim/survivors fail to seek help for sexual violence because they do not connect the psychological sequelae to their experience of sexual violence:

Tara: *“Maybe it's (the rape) presenting first as depression or anxiety.”*

Tara did not connect her difficulty concentrating to her experience of sexual violence. As a result, Tara didn't seek the help of sexual violence support services, treating the symptom rather than the cause:

Tara: *“I probably went more about my difficulty concentrating before I went, you know, it just it just like it wasn't, I wasn't going to hit the rape crisis centre first.”*

Many participant's place sexual violence on a spectrum of severity. This directly impacts their ability to seek help as they assess if their experience qualifies them for support.

Participants often believed that because their experience did not adhere to their own preconceived ideas of what rape constitutes, they were not deserving of support. This was particularly true of people seeking the support of the Dublin Rape Crisis Centre. Because Sandra was not raped, she believed she was not eligible to seek support from the DRCC:

*Sandra: "I genuinely thought the rape crisis centre you had to be raped as in entirely have something put into you rather than the way I was assaulted. So I didn't realize they were there for me. Had I, I'm sure I would still have said they weren't for me because I wasn't raped and it wasn't that serious."*

Laura equally minimized her experience, eliminating the Rape Crisis Centre as an option for support in the process:

*Laura: "Even when I did begin to realize what had happened, I kind of minimized it to a point, but I would have felt like, yeah, I wouldn't have been eligible for it."*

Claire worried she was taking the place of someone who experienced 'proper rape' and therefore has greater need's than her:

*Claire: "I felt guilty like I was taking the spot of somebody who had been properly raped as if there's such a thing."*

Similarly, Johanna believed there were people who needed the service more, that her experience was not deserving of support:

Johanna: *“I shouldn't need to seek it because it wasn't that bad; I should be able to get over it myself; I should be able to get on with this; I shouldn't be burdening others with it because it's not a big deal; the ethos being there is people worse than you.”*

Like Claire, Johanna was conscious that she was taking the place of someone in greater need than her or with limited resources:

Johanna: *“I just thought which is probably silly, that's for people with much bigger problems than me they are understaffed. I know I am lucky that I can afford counselling myself. And it's under my own sort of I'm not taking..I know it sounds mad but I'm not taking up the time of the service.”*

Rape myths and stereotypes influenced participants decision to seek help. Tara wonders whether she have been quicker to name the event if it adhered to cultural stereotypes of rape:

Tara: *“Like, maybe if it had been a randomer who raped me and like was jumped running or something?”*

Jen's experience of sexual violence did not subscribe to stereotypical notions of rape because it was in the context of a relationship with no physical evidence.

Jen: *“If you're raped on the street, or you're sexually assaulted on the street, it's normally by someone, well, mostly it's by someone you know, but it's normally something you have injuries or your physically whereas I had nothing, I just had these memories of being restrained. And these things happening in the context of a relationship, it's not always that clear.”*



Because of this Jen assumed she would not be believed and so didn't seek help:

Jen: *"I wasn't gonna go for therapy because I didn't think people believe me. Even today I thought coming here I was like, should I go? Was I really sexually assaulted? Am I the same as other people? So I suppose I didn't go to therapy because I felt like that, because I felt like it was something that I couldn't compare."*

Jen outlines what she believes constitutes rape including explicitly not consenting, being emotional and the presence of violence or aggression:

Jen: *"For me I would think being raped is being out on a night out or going somewhere and someone raping you and you being held down, I know this isn't what happened to me, but by someone you don't know where there's a lot of force where it's very clearly you saying no, no, don't do this to me. No, no, this is wrong. No, no, no. And being quite emotional about it. What you see on the TV, that is what you picture as rape. You don't picture within the context of a relationship. You don't picture the power dynamics or the implications that it has on your life. You don't picture it."*

In the absence of these factors, Jen did not perceive herself as worthy of seeking help:

Jen: *"This is the first time I've said rape. Before this, I just said, he kept pinning me down in my sleep, and trying to assault me. I never actually said that. So, for me, I don't think I would have gone because I wouldn't have believed that they'd have thought that it was a valid assault."*

#### Section 4.4.5: Reluctance to Disclose

Participants describe a reluctance to disclose their experience which impacts their ability to seek help. Christian didn't know how much he would have to disclose which made him reluctant to converse with the Guards:

Christian: *"I didn't really want to talk to them first cos I didn't really know what I would have to talk to them about."*

When he contacted the Guards, Christian did not explicitly mention the sexual assault. He did not want to admit what happened unless he had to:

Christian: *"Initially when I called them and they were like oh what's happened, I said a disturbance kinda thing. I was like I don't want to. I just felt, I don't know if embarrassed is right word, I just didn't want to. I didn't want to say it to anyone unless I had to say it."*

Mark was anxious about how much he would have to disclose to the DRCC when making contact with them:

Mark: *"Most of barriers were in my head, me being like what's the worst case scenario that could happen here and the having to prepare myself for that - for ringing the helpline, what's the worst case scenario? Do I have all my answers prepared?"*

Jen cloaked her disclosure in a third-party request for information at a training event in the area of domestic violence. When Jen asked the trainer had she heard of people being sexually assaulted in their sleep she was dismissed:

Jen: *“It was actually a training event and it was for domestic violence and child protection. I put it in third party I kind of said, have you heard of men attacking their partners in their sleep, raping them in their sleep or sexually assaulting them in their sleep as a means of control or is that something that's brought up and the woman kind of laughed and then said no, I have never heard that. Maybe I didn't put it in the proper context, but she was quite dismissive.”*

The dismissive reaction in which her query was laughed at completely arrested her help seeking:

Jen: *“The trainer's reaction for me actually kinda jolted me. I didn't tell anyone after that.”*

Tara recognized that having to disclose to a lot of people in order to seek help is inappropriate:

Tara: *“I had to own up to like what had happened to me and that's not great either, to have to be really vulnerable to someone, it's not appropriate.”*

For example, Tara got a dog in the aftermath of her rape as a form of support. When moving to a new house Tara and her housemate had to seek permission of her landlady to keep the dog. In seeking this permission Tara was forced to disclose her rape:

Tara: *“When we moved my housemate actually wrote a letter to the landlady having to explain what happened to me to see if we could keep the dog like and she was good*

*but that we had to be that honest that she was like 'Tara was pretty brutally raped and this is you know, and we understand if you cant but'.."*

Luke is frustrated that victim/survivors must repeatedly disclose their experience of sexual violence in the help seeking process:

Luke: *"Not everyone needs to know your story."*

Martha is prevented from reporting her experience to the Guards because she does not want to relive the experience:

Martha: *"What I'd be afraid of going to guards now is reliving it. Cos I'd have to go through the details. And I haven't done that in nearly 10 years so that scares me. Right now, if I'd done it, I'd have the fear that I'd back out, or I'd chickened out, or my fears would get the better of me and I'd be like no, I'm not doing it. Right now, I don't think I feel strong enough to do it. 'Cos I think reliving it the first time is gonna break me down."*

Simon was uncomfortable disclosing over the phone. He preferred to walk-in and make an appointment face-to-face:

Simon: *"We came along to the reception and I said can I see a therapist. I hadn't rung ahead and made an appointment or anything and I think the receptionist was a bit taken by surprise."*

Lizzie echoes Simon's reluctance to use a phone to access a service. She would rather access a service in person, email or letter than use the phone:

*Lizzie: "Like if I can't physically walk to a place and make an appointment, I would much rather email or write."*

Lizzie explains that she doesn't like talking over the phone even at the best of times:

*Lizzie: "And I didn't want to call anything you had to call because I don't like talking on the phone when I'm super okay."*

Beth was uneasy disclosing her experience to a stranger over the phone where it isn't possible to gauge their reaction:

*Beth: "I think part of it was telling an absolute stranger for the first time because everyone up till now had been someone who was close to me. But telling a complete stranger and not know, particularly over the phone, you don't know how, you can't really tell much about body language, you can only really hear their tone so it was a weird kind of experience having to disclose something over the phone."*

Luke agrees that picking up the phone to contact the DRCC was the hardest aspect of seeking help:

*Luke: "To lift the phone and ring that number, that's harder than anything I've done, ever. To pick up a phone and speak to a complete stranger."*

Rose describes an apprehension about what would be required of her upon engaging with psychological support services:

Rose: *“How am I going to feel? Is this going to destroy me? Will I like my therapist? Will she be understanding? You don't know these things. Like is this going to tear me apart?”*

Rose hypothesizes people avoid therapy out of fear of bringing up that which has been successfully repressed. Rose confirms this is a legitimate fear:

Rose: *“I feel like a lot of people might avoid therapy because they are worried that it will bring up old hurts which it will 100% which those hurts are still there because you haven't healed them yet. It's so important to bring up everything.”*

Paula provides evidence for Ruth's hypothesis. When Paula sought therapy for a trauma, she refrained from disclosing her rape because she was too afraid to deal with it:

Paula: *“My friend committed suicide and I had therapy for that. And I never ever said to that therapist that I was raped because I didn't want to go into it; there was no way I wanted to scratch that.”*

Johanna was afraid of being blamed in some way for her assault. This expectation prevented her from seeking therapy despite feeling she needed it:

Johanna: *“I wouldn't have been in the right frame of mind for counselling as in I didn't think, not that I didn't need it, but I thought they would have went well, it wasn't*

*really that serious or maybe you could have done more? I was afraid they'd say to me well maybe you could have done more to protect yourself maybe you shouldn't have gone back to the house."*

Participant's did not want other's knowing about their experience of sexual violence. This acted as a barrier to seeking help. Johanna didn't want anyone to find out including a psychological support service:

*Johanna: "The reason I didn't seek any help was because I didn't want anybody to find out, I didn't want anyone to know."*

Claire would have more confidence in her ability to remain engaged with the reporting process if she was guaranteed her identity would be protected:

*Claire: "Ideally, if I was given a guarantee that it wouldn't be public in any way I would certainly see it through and I will see it through."*

Claire explains that it is feelings of shame that motivates her need to remain anonymous:

*Claire: "I suppose I don't mind if it goes to court but I don't want to be known. It's just a shame pure and utter shame and judgement."*

Mark saw contacting the DRCC as a threat to his confidentiality as his details would be recorded:

Mark: *“I was still very nervous cos I guess that first phone call feels like you’re admitting something happened which is like eeeeeek, this is going to be recorded somewhere, someones gonna write this down put your name beside it. I remember thinking what if someone sees my name on the list.”*

#### Section 4.4.6: Gendered Nature of Help Seeking for Sexual Violence

Participant’s speak of the influence of gender on help seeking for sexual violence. Mark did not express concern of seeking the support of the Dublin Rape Crisis Centre:

Mark: *“I wasn't concerned that I was going to be rejected because I was a guy or anything.”*

This contrasts with his apprehension at reporting to the Guards. Mark feared having his allegation dismissed because he was both queer and male:

Mark: *“And then specifically when it comes to queer sexual assault you’re like now we’re in a total unknown in terms of how they would treat that, I still have no idea really. You could get someone who is very sympathetic, but I feel you could get someone who just doesn’t understand or want to talk about gay sex, it could be a sticking point for them to take it seriously or acknowledging it as real. I think the idea of a guy being a victim/survivor in that case is very stigmatized I guess as well so like why didn’t you fight him off, you’re a man, hold your own kinda thing all that stuff I was like I don’t wanna.”*



Luke has made contact with other support services for issues like depression but implies there is something specific about seeking help for sexual violence as a man:

Luke: *“Now obviously, I'd rang Pieta House helpline and things like that, that's totally different with that. For a man to actually say I need help.”*

Luke explains that it is particularly difficult for men to admit being sexually assaulted:

Luke: *“For a man to actually say the words, I was sexually assaulted, it's so hard, it is.”*

Beth contrasts the male experience of seeking help for sexual violence with the female experience. Men are more vulnerable to judgement because of rape myths suggesting men cannot be raped:

Beth: *“I'd say it's quite hard for guys to seek help about this kind of thing because I feel like I mean women not naturally but like the way society brought us up we're a lot more intimate with each other were a lot more emotional and connected whereas guys always seem to put a front up in front of their pals. I think admitting that you were raped as a guy often is met with a lot of ridicule and completely looking down on it or like how could you not fight back, you're a man, you're supposed to.”*

As women are socialised to be more emotionally intelligent and responsive, they are more supportive of each other:

Beth: *“I feel like women definitely get a lot more support from each other than men do from men.”*

Luke confirms that men discuss these personal issues like mental health. It is only recently that men are starting to open up about these things:

Luke: *“Men don't talk, they don't talk. They don't talk about mental health. And it's only in the last couple years they've started to discuss how they're feeling and it's okay not to be okay.”*

Awareness of gender continue from service seeking into service engagement. Luke describes the experience of being a man engaging with the DRCC. He felt uncomfortable as a man in the presence of women using the service, particularly in the waiting room. He avoided eye contact with other female service users in the waiting room:

Luke: *“I was sitting there one day and I was like, right, there's three girls, they're lovely girls, but I didn't want to have eye contact anybody.”*

When Luke tried to distract himself with something to read, he found the reading materials somewhat gendered:

Luke: *“And I looked at the magazines, it was like, Hello, Now, Woman. I was like where's the newspaper? There's nothing catering for a man. I'm not angry but men get raped too.”*

Simon also noticed the absence of gender neutral reading materials in the waiting room:

Simon: *“When you go into the waiting room look at magazines like they’re all you know House Keeping Today, Hello; there’s not even like a gender neutral, you know?”*

Simon feel’s men are somewhat neglected in the service. There is no acknowledgement of men as service users of the service:

Simon: *“It’s not that like men are discouraged from coming in here but there’s no real feeling of like an active sense of men being welcome at the same time.”*

This sentiment has been reiterated across service users Simon has encountered at group therapy:

Simon: *“Just from speaking to a couple of other men who have been in the service through group therapy being a man in the center is something that men struggle with, you know?”*

Simon explains that men feel uncomfortable as they are aware most women in the service have been victim/survivors of male perpetrated sexual violence:

Simon: *“I know some men have said to me that they’re like I know I’m a victim and this has happened to me; but I’m also aware that pretty much every woman in here is in here because of what a man has done to her. I think that makes men quite uncomfortable, understandably.”*

Christian describes being self-conscious as a man in the DRCC because of the myth within society that men are only perpetrators and women are only victim/survivors. He was particularly aware of his gender in the waiting room of the DRCC during the Belfast rape trial which generated huge debate in Irish society about sexual violence:

*Christian: "A lot of the time I do see there's like it's almost like a generalization that men are predators and like that women will be victim/survivors and it's really upsetting kind of to see that because you think obviously that's not the case at all. It could happen to anyone, anyone could be a predator, anyone can be a victim. But it just makes it more difficult then coming in when you see that. It's a bit alienating. I noticed it was when the rugby trial was going on, that was really hard."*

During the trial, he found the public were united in vilifying the accused rather than supporting the victim:

*Christian: "It seemed like they were coming together in hatred against the lads instead of supporting the victim."*

#### Section 4.4.7: The Influence of Others

Participants describe how social supports facilitated their help seeking. Rose explains how her emotional state at work evoked the support of a co-worker who encouraged her to contact the service:

Rose: *“Making the decision to call actually was an easy decision because when you're standing there bawling your eyes out to some woman you don't really know you kinda go OK something needs to change.”*

Rose was grateful for having support when making the phone call and is aware of the difficulty of making that phone call alone:

Rose: *“I would hope that other people have someone there to give them a push in that crisis moment. I can't even imagine picking up the phone on my own.”*

Rose describes how this woman facilitated her making contact with the DRCC by being in the right place at the right time:

Rose: *“She was a catalyst. It's so funny because I don't even get on that well with her but she was there at that moment and she gave me the shove that I needed.”*

Participants were motivated to seek help upon learning of others successfully accessing support services. Hearing about other people's positive experiences can be motivating for victims who have yet to begin their help seeking journey. Beth chose the Dublin Rape Crisis Centre based on the trusted recommendation of a friend:

Beth: *“I think it can be a little bit hard unless you know someone who says ‘oh I go here I'm on a waiting list’ and then you kind of go, oh, I could do that too. That's how it came about it was really just because a friend told me about it that I trusted them as well. And that's why I haven't gone anywhere else.”*

Conversely, Beth was advised to contact the DRCC by a friend who had recently accessed the service:

Beth: *“So my really, really close friend who has been through similar things, we were just talking and she just said oh by the way I've called the centre and I'm on a waiting list and she just told me about the place really.”*

Participant's sometimes refrained from seeking professional help to protect others. Tara is hesitant to report to the Guards because of the implications for her perpetrator's wife and children:

Tara: *“And now he's got a kid and a wife and so going forward at this point now it's going to affect a lot of other people not just, it seems to vengeance vengeful, the guy that raped me is now married with a kid.”*

Johanna and Rose wished to protect their family from knowing what happened to them:

Johanna: *“I wouldn't put it on my dad or my brother because obviously they'd feel protective of me as well.”*

Rose: *“If my parents weren't around I probably would have reported it. But I could never do it to them.”*

On the other hand, concern for other's wellbeing was often a primary motivation for seeking formal support. Participants were adamant that it does not happen again. Claire decided to report to the Guards to protect other's from experiencing sexual violence:

Claire: *"I couldn't carry it and be responsible for something like this happening to someone else."*

When Fiona became pregnant, she was cognizant of the effect her trauma could have on her parenting:

Fiona: *"Because I just had my son and I didn't want my parenting to be impacted from what happened."*

In her eagerness to have a healthy relationship with her son, she sought professional psychological help:

Fiona: *"I thought I can't be putting him in wrapping him in cotton wool. I've got to have a healthy relationship with him, I've got to handle it. And that's what galvanised me to seek help."*

Informal sources of support often facilitated participants making contact with services.

Claire's friend contacted the Dublin Rape Crisis Centre on her behalf as Claire remained convinced that her experience does not qualify her for support:

Claire: *"I didn't make the call, I couldn't, my friend made the call. It was just that sense of this isn't rape, I can't tell anyone."*

Claire found the support of her partner useful when attending the service:

Claire: *“When I came in here, the fact that my partner was with me made it a lot easier and he was 100% supportive and I’m sure he was in as much shock as I was.”*

Simons friend accompanied him to make the appointment and waited while he attended:

Simon: *“What my friend did actually he came along with me.”*

Simon found it reassuring having that support with him:

Simon: *“My friend just sat on the steps there outside until I was done which was really supportive. It was really good to have him there.”*

Martha’s brother assisted her in accessing the DRCC by accompanying her all the way to the reception:

Martha: *“I got dressed my brother put me in his car. He drove me up here but I didn't speak, my brother went to the reception.”*

Martha believes she could not have accessed the service alone; no one could:

Martha: *“If my brother hadn’t brought me in, I wouldn't have been able to come here on my own. I needed someone to bring me here. I think most people do.”*



There can also be a dearth of support for victim/survivors as experienced by some participants. Sandra was asked not to report her experience until her grandmother died to prevent causing distress to her. Sandra had the wellbeing of her elderly grandmother prioritized of her wellbeing as a victim/survivor of sexual violence:

Sandra: *“I was asked to not bring it to the Guards until my grandmother had died, because it would be too difficult for her.”*

#### Section 4.4.8: Physically Accessing Services

Physically accessing specific support services for sexual violence was a distressing experience for many participants. When physically accessing the DRCC building Claire felt shock at having to access the service:

Claire: *“So when I came in here the first day I was terrified, I was shocked. I was in shock coming through the door and I can remember just reading the sign over and over again.”*

Rose describes the fear she felt when she read the sign as she approached the building:

Rose: *“It is so scary the first day and you pull up outside and you see the sign.”*

It helped Rose reframe her fear as she reminds herself that she is here because of what someone else did to her; she is not responsible for what happened to her unlike those who are seeking help for self-inflicted issues like drug and alcohol abuse:

Rose: *“then I was like do you know what it's not your fault. It's not like you're coming out of AA. It's not as if I'm coming into get help to get off meth.”*

To remove uncomfortable feelings, Beth invents an excuse for entering the DRCC:

Beth: *“I might even picture myself being like ‘oh I’m just going in to drop something off,’ they don’t know so like, yeah.”*

Rose speaks to the fundamental change acknowledging being raped and subsequently seeking help for it brings about:

Rose: *“Once I stepped through these doors there was no going back. This is it now. It's out there, I've told people I'm a rape survivor as opposed to just Rose.”*

Martha see’s sitting in the waiting room as a necessary evil of all help seeking be it in the DRCC, or the doctors:

Martha: *“In regard to actually coming in here and having to sit in the waiting room; it’s something you have to do. You’ve to do it everywhere whether it’s in the DRCC, or a normal counsellor, whether it's a doctor, whatever it may be, it’s just something you have to do.”*

Like Christian and Simon, she has a heightened sense of awareness while she waits:

Martha: *“It’s very daunting. You’re very conscious, you’re very aware; you're very, very aware.”*

Rose acknowledges the pleasant atmosphere in the DRCC. She makes particular note of the positioning of the couches which are strategically oriented away from the entrance offering privacy to service users as they await their appointments:

Rose: *“They have curated it so well that it's such a pleasant process. The building is so nice; having the couches turned away from the door that helps.”*

Christian alludes to the informal atmosphere in the DRCC which he finds preferable:

Christian: *“It doesn't feel like it's..it all feels natural. And it's just like each person at reception has their own personality and it doesn't feel like they've been told to act a certain way or do this, do that, it just feels..which I think is better.”*

Rose felt less alone in her experience of sexual violence as she waits with other women in the DRCC waiting room:

Rose: *“Every time I'm in here I'm like oh my God there is like six women in the waiting room and you kind of realize you're not alone, that's very important. That is key because for years I was like this is the worst thing ever but like no this happens to a lot of people.”*

#### Section 4.4.9: Formal Help Seeking: Conclusion

Participants describe the many varied factors that influenced the help seeking process.

Factors that influenced help seeking included participants perceived need for help, their

perceptions and faith in services to meet their needs. Participants describe being ready to seek help and how mental health can interfere with help seeking. Participants discussed the obligation to disclose and their reluctance to do so due to the traumatic content of a disclosure of sexual violence. Participants mentioned the gendered nature of help seeking and differences between men and women seeking professional support for sexual violence. The influence of others impacted participants in their help seeking journey by providing support and motivating them to seek help. While some participants sought legal justice to prevent others from experiencing sexual violence, others sought psychological support as their experience became too much to bear. The response of these supports is described.

#### Section 4.5.0: The Road to Recovery

This theme is interested in how participants experienced the various sources of support upon engagement, specifically whether or not healing of participants from the trauma of sexual violence was hindered or facilitated. Participants speak almost exclusively about their engagement with psychological supports although there are descriptions of aspects of other services including legal and medical services. Participants describe their experiences both positive and negative through the following subthemes: (1) The Second Rape (2) The DRCC; An Antidote to the Second Rape and (3) Non-Linear Nature of Recovery

#### Section 4.5.1: The Second Rape

Participants were wary of not being believed by formal sources of support, particularly when informal disclosures were not believed. When Johanna wasn't believed by her cousin or anyone else she anticipated a similar response from the Guards:

Johanna: *“I think reporting it there was no way for those reasons like my cousin didn't believe me and everyone was on his side.”*

Johanna expected not to be believed in the absence of evidence:

Johanna: *“And again I was like it's my word against his and he can say the exact same thing and I had a thousand showers so there is no evidence bar me saying it and I just thought they'll just think I'm this girl who made a mistake and is trying to cover it up.”*

Fiona was blamed for her rape by a psychiatrist who she disclosed to in an attempt to seek help:

Fiona: *“I remember saying to the psychiatrists, I said I was raped and this is God's honest truth he around and said ‘it takes two.’”*

Fiona was shocked at the response she received:

Fiona: *“I was like did I hear him properly? But I did. I mean, when you come up against things..I mean I was going because I thought maybe I was gonna get some help or something.”*

When Jen began reaching out, she found responses to be quite dismissive:

Jen: *“When I went looking for help, I didn't go out right looking for help. Obviously, I deal with domestic violence all the time and rape and sexual assaults but I'd never heard of someone doing this to someone in their sleep and when I tested the waters in*

*my own work to try and suss out had this happened to other people, people were quite dismissive.”*

The dismissive responses made Jen feel stupid and stunted her desire to disclose further:

*Jen: “The more dismissive they were, the more I held it. I felt stupid, I felt like what was happening was probably normal and that other people just didn't talk about it or I just felt really stupid.”*

Tara felt exhausted navigating support services as they repeatedly failed to direct her to the appropriate service:

*Tara: “It just kind of felt like every time I got up, I got knocked out again. And like it felt kind of like a really long boxing match and people who were supposed to be advising you didn't point me in the right direction.”*

Tara was deterred from making further disclosures by the response of the Guards:

*Tara: “I think for me, the big thing was when I finally went to the Guards that really set me back more than, like...I was warned it would be bad here and I wasn't ready for just how bad that experience was. And I think that kept me from kind of disclosing more going forward.”*

Tara was actively discouraged from making a report by the Guards. They asked her to consider the burden on others and the resources of the Guards required to follow through with the report:

Tara: *“They told me to consider the burden on my friends and family if I went forward, consider the use of resources if it went forward.”*

For Tara the insensitive responses of service providers she encountered on her help seeking journey acted as significant barriers to help seeking:

Tara: *“Like it's just that the other people that you hit along the way like the medical professionals or the people at school and that's where the insensitivities, the Guards, that's the biggest barriers were hit.”*

The help seeking experience appears to have been tough for Tara who found it as traumatizing as the rape itself:

Tara: *“I think the traumatic part for me after doing a lot of therapy wasn't, don't get me wrong, the assault was very traumatic, but I think how it was treated after the assault was worse. Well, not worse, but as traumatizing.”*

Tara doesn't remember the rape, only the aftermath in which she struggled to attain appropriate support. This delayed her ability to heal:

Tara: *“A lot of my trauma is just from the aftermath; I don't remember the rape - that has its own issues. I get kind of flashbacks to the emotions and I have the physical stuff but I don't know what happened so a lot of my trauma is from what happened after - not having a voice in what happened to me after the fact. And fighting pretty hard and not making the progress you kind of hoped to make; muddling through was kind of the best way I could think of describing it and that's why I feel like almost*

*seven years later, I'm only starting to kind of get my life back together. And maybe that's a normal timeline I don't know. But the fact that it took me you know, six years before I got a good counsellor. It's just, it's tough like."*

When Tara couldn't find appropriate support, she found refuge in a sexual health clinic where a staff member validated her by encouraging her return as needed:

*Tara: "Later on the STI clinics were probably the best. I remember one at one point telling me because it (assault) came up and I broke down crying, and she said, if you need to come here every month, you come here every month. And I did kind of end up there."*

Getting tested regularly gave Tara a sense of control over her experience, despite no longer being at risk of a sexually transmitted infection as a result of her rape. Tara learned that this was common among victim/survivors of sexual violence who are possibly experiencing the same difficulty in having their experience validated:

*Tara: "I think I was getting tested every six months to a year even though at that point, I was outside the window and stuff like that. She said it's actually quite common with assault victim/survivors where that was like one thing I had control over."*

The whole experience for Tara was debilitating and made her question her own sanity:

*Tara: "It just, it was exhausting. I just, I felt crazy."*



One participant engaged with the legal process. Lucy found her engagement with the justice system as traumatizing as the rape she experienced:

Lucy: *“I will never forget the trial process. It was absolutely horrific and the defense are horrendous, they're horrendous. And I'll never forget how aggressive I felt her questioning was like. It was actually it was traumatic in itself, as far as I'm concerned.”*

Not being believed was devastating for Lucy. Lucy was treated like a liar for bringing forward an allegation of rape:

Lucy: *“I was treated, like somebody who has, has made this up.”*

Despite her guilty verdict, she would not pursue legal justice again:

Lucy: *“But would I do it, would I put myself through that process again? I would say no.”*

Getting legal justice did not undo the psychological and physical impact of rape on Lucy:

Lucy: *“That will never take away from the 06<sup>th</sup> November. Like, I had to lock my bedroom door for years, to try and slow down heart palpitations, you know, sleeping, like knowing somebody's just going to walk in and, you know, just get into the bed or, like. There have been weeks unable to eat properly and feeling so sick.”*

Lucy feels almost punished by the legal system for reporting it:

*Lucy: "I nearly feel like just attacked because I reported it by the family and the legal system. So I don't feel although I do feel like I got justice I feel I was dragged through hell for it and so."*

Lucy found it difficult being in her situation while life continued as normal for the person who had raped her and their supporters:

*Lucy: "I felt so distressed, the waiting time I felt was horrific. Just mental torture while this person who done this and the people who were my friends that are supporting him just get to go and live their lives on holidays and everything because I took this route."*

Lucy likens seeking justice for sexual violence to being put through a washing machine; not just for her but for her family too:

*Lucy: "Like it's so much emotional stress for the family as well. It completely disrupts your life going you know? It's just literally like getting into a washing machine."*

#### Section 4.5.2: The DRCC – The Antidote to the Second Rape

Participants describe engaging with the DRCC and the factors that facilitated recovery.

Participants must disclose their experience of sexual violence within these services to attain

support. Luke describes the difficulty in having to relive the experience of sexual violence when recounting it:

Luke: *“It's petrifying. You're about to walk in and relive the most horrific thing that has happened to you that has affected your mental health, could have killed you.”*

Dealing with these issues is an important part of therapy. Before this, Rose was living a guarded life and as a result she has missed out on certain experiences:

Rose: *“There are definitely things that have happened to me in my life or have not happened to me because I have been protecting myself from further trauma. It's important to realize that you have to work through it. You're going around life with a limp then otherwise.”*

The function of therapy, according to Rose, is to break through those defences used to protect from further trauma:

Rose: *“You have put up a wall there at therapy is carving a door into the wall.”*

Talking about her assault has become easier for Rose:

Rose: *“It's like poking at a wound that hasn't quite healed yet. But it's a lot easier than it used to be.”*

Lizzie has found that therapists force her to disclose and address her sexual violence against her wishes:

Lizzie: *“I've had counsellors where sometimes there's questions about sexual assault, and I'll be like, yeah, I'm not here for that and I don't want to talk about it. And they've been like no, we need to go into this. No, you're bad at your job, stop.”*

Lizzie wants to decide what is discussed in therapy, something she is yet to experience:

Lizzie: *“I like to be able to pick the topic when I'm in counselling. And I have found that not to be the case generally.”*

Similar to Lizzie, Beth wanted to dictate the pace and content of therapy:

Beth: *“I know that 2 years ago I wasn't really sure what I was hoping to get out of it. I just really wanted to talk to someone professional about it and then make up my mind. but I wanted to be able to do that at my own pace.”*

Fortunately, Beth got what she wanted and is actively encouraged to take her time in therapy:

Beth: *“I'm always constantly reminded of slow down, you don't need to rush into this.”*

Unlike Lizzie, Beth is under no pressure to disclose her assault to her therapist in the DRCC:

Beth: *“If there's something you don't want to talk about, you don't talk about it.”*

Fiona's therapist reassured her that disclosure was not mandatory to engage in therapy. With time and patience, Fiona began to disclose:

*Fiona: "I said to my therapist I don't really know if I'll be able to talk about it. She said that doesn't matter, just come. Then bit by bit, they're very patient here, bit by bit, I used the words."*

Fiona thought she'd die if she disclosed her abuse as a child. Fiona describes the relief she felt when she didn't:

*Fiona: "I felt this thing was lifted off my shoulders. I always remember I walked out here, it was a sunny day, felt this thing was just, oh God, I just wanted to hug myself, I felt so happy. It was like now it's out and that was true. Because I was telling myself that it wasn't, don't think about it. Because I thought I'd die if I did."*

Participant's attribute their healing to the expertise of their therapists. When Fiona realized her therapist in the DRCC was highly trained in sexual violence, it enabled her to trust them:

*Fiona: "I realised that this person, she was educated about the subject. She was trained in the type of work that she was going to be doing very well. And bit by bit I was able to trust her. That was such a relief."*

Fiona believes the therapists in the DRCC are unique because of the way they practise, targeting the root cause of service users' issues to heal them from within:

Fiona: *“They are unique in the training because there is a lot of therapy one might try. When I stepped in here and even now when I come in here, it's like right down to the root inside you that's nearly killing you or has nearly killed you and it goes right the bottom, it goes right through it to heal it - that's what it's like.”*

Fiona felt understood and safe in the service:

Fiona: *“I'll never forget walking out of here the first time. I couldn't believe that somebody actually knew how I even felt, knew how my brain was going on even, was clued in. And I remember when I was walking out feeling safe in this place. Safe in this place, I wasn't afraid to come back.”*

Beth wishes the real world echoed the non-judgmental atmosphere in the therapy room:

Beth: *“Obviously it would be amazing if we lived in a world where these things could be discussed without being judged just like I feel when I'm in here. I feel like there's no judgement and I can talk about any part of the experience.”*

Luke was so impacted by this first interaction with his therapist he sang all the way home:

Luke: *“I swear the very first day I saw my therapist, I sang the whole way home. I actually get upset at being happy - how happy it was for me, the release it brought.”*

Claire believes the DRCC are the sole service to seek support from for sexual violence:

Claire: *“But I remember thinking in terms of a service or support for you there's nowhere else to go, these are the people to go to.”*

Martha's therapist has been a saviour for her:

Martha: *“My therapist upstairs, that woman has saved my life on numerous, numerous occasions. I'd be lost without her.”*

Participant's develop a close bond with their therapist. Rose looks forward to each session with her therapist and the opportunity to share news from her life:

Rose: *“Even sometimes now if something happens me I'm like it's fine I'm seeing my therapist in a week and a half. It's nice having that to look forward to.”*

Luke was so excited to share a piece of news with his therapist that he anticipated their next appointment like it was Christmas day:

Luke: *“And there is times like after I seen him last Friday, I was with Paula on the following Saturday and I swear I looked forward for that day like it was Christmas Day. I look forward to it like it was my birthday and I was having the biggest party ever because I couldn't get up the stairs quick enough to say I saw him. I stood opposite him on the street and I didn't freeze.”*

He perceives their relationship is helpful rather than dependent:

Luke: *“You become, not dependent on it but it's a great helper for your head.”*

Mark perceives a difference between talking to someone specifically trained in healing the trauma of sexual violence and someone who is not:

*Mark: "It's one thing talking to people and them being very receptive and not knowing much about sexual assault whereas it's nice to be able to talk to someone who knows or has the experience of talking to other people or knows a bit about what the expected response is."*

Luke discerns that it is the tools offered by a therapist with specialized training that differentiates them from non-specialized counsellors:

*Luke: "I sat with one or two counsellors before, and I tried to talk to them about it. And I didn't feel that they were, I won't say able for it; I didn't feel that this is specialized. If you're going to a general counsellor, they're there because they want to help you with your anxiety or depression, but they're not giving you the tools to deal with a traumatic event."*

Despite having a positive regard for her current therapist, Tara can see the utility in attending a therapist specifically trained in sexual violence:

*Tara: "I feel like even though he's really good, I think I need a rape specialized person."*



Tara had several interactions with support services that did not deliver appropriate support. She was alerted to this when she received emails from one therapist informing her that they were praying for her:

*Tara: "It's hard when you're getting a therapist who's maybe not telling you what you need to hear. You assume they're just giving you the best but I think it was when I started getting emails from the one I had, like, praying for me and stuff and I kind of felt like this wasn't standard practice and that maybe I wasn't getting, you know, help that I needed."*

Tara describes the inappropriate counselling she received by a nun who tried to get her to remember her assault:

*Tara: "I got some counselling through school, but they put me up with a nun who spent the whole time telling me I didn't have PTSD. She kept trying to get me to remember what had happened."*

She regrets not being directed to a more specialized service sooner:

*Tara: "I'm not sure they were equipped properly for particularly PTSD level stuff. Like I think I should have been redirected earlier to you know, more like trauma training."*

Beth had heard of negative experiences people have had in therapy which made her apprehensive about starting therapy. She feels fortunate to have not had such an experience:

Beth: *“In a way I feel like I've been lucky because I feel like I found the right person to talk to which I know from friends who told me they go to a therapist, they've told me they've had some bad experiences and that can kind of scare you as well going in.”*

Sandra had a negative perception of counselling after she had her experience of sexual violence minimized by the therapist she disclosed to:

Sandra: *“I did seek counselling, not with the rape crisis centre and I don't think that they were well versed on the impact of sexual violence. They would have minimized it which to me isn't the role of the counsellor. If something has an effect on you, it doesn't matter how big an event it was. So I had a jaundiced view of counselling for quite some time.”*

Rose's previous experience in therapy had her believe that it was the therapy that was ineffectual rather than the therapist:

Rose: *“I went years ago to see a therapist because I was suffering from depression and I was hospitalised. I went to see a therapist and she just wasn't great. I didn't have the best view of therapy. For me, it just didn't seem to work but I just know now that I got a dud.”*

She now has renewed belief in therapy thanks to her engagement with the DRCC. Having a positive therapeutic experience has made Rose more comfortable with the idea of continuing to seek help:

Rose: *“But my therapist here has been fantastic. Now that I have been here, and I've seen there are good counsellors I will probably go to someone else once I finish here.”*

Rose suspects others might be prevented from seeking help based on their past experiences:

Rose: *“I would imagine if people had had bad experiences with counsellors or therapist maybe they would be a bit like I don't want to come in here.”*

Participants describe the outcomes of engaging with therapy. Participant's carry a lot of guilt in the aftermath of sexual violence for reasons such as not reporting it or holding themselves responsible for the crimes committed against them. Roses' therapist was integral to assuaging the guilt she carried for not reporting her assault. For her, this was the most significant outcome of therapy at the DRCC:

Rose: *“Since I've come in here my therapist is just fantastic. The first thing that she did was alleviate all the guilt that I felt for not reporting it because as you can imagine I was like what if they do this to somebody else, what if they did it to a younger girl? She just totally wiped that away. She was like you did what you needed to do because it would have killed your parents, they wouldn't have convicted them, you did the right thing for you. That was a massive thing, that was the biggest thing I've taken away from this whole thing is that I don't feel guilty anymore.”*

Martha's therapist in the DRCC facilitated her acceptance that it was not her fault she was raped:

Martha: *“When you're here, and once you get a counsellor that you click with and you're okay with, that fear and that panic and that embarrassment or shame, whatever you feel - that's slowly gonna drift away. It's not gonna go overnight, but it will slowly start to drift away because you're going to realise it's not your fault. You didn't cause this, you didn't ask to be raped. You're not the bad person here.”*

Realising this was a proud moment for Beth:

Beth: *“I think there's some kind of pride that comes with it when you realise deep down that this is not your fault, this is something that happened to you against your will.”*

Mark found it reassuring to have his reactions validated by his therapist at the DRCC:

Mark: *“Like just the reassurance that you're not having a crazy reaction to this. Just that reassurance you're dealing with it fine or there's nothing worrying in your reaction. You kinda wonder do other people feel this way so that's been very beneficial and I think I was doing ok even before I came here but I think it's been still helpful to talk through it and understand it better and try to really understand what the reactions to it can be and why certain things happen.”*

Martha was also reassured that her response to the trauma was normal:

Martha: *“So I sat there and I explained everything. I explained my behaviour, I explained how I acted, how I pick up things, smash things, throw things. And that*

*woman sat in front of me and told me that that is normal; although my behaviour is bad, from what I've been through, it was normal."*

Participants yearned to be believed by support services. As well as having their guilt assuaged, participants from the DRCC took solace in being believed by their therapist. One of the first things Luke's therapist did was let him know he was believed:

*Luke: "When I actually told the story I think within five minutes therapist said I believe you. Them words, like that is so reassuring; it gives you that confidence."*

Christian anticipated not being believed by the Guards and was surprised by their neutral position. He was grateful for their belief in him:

*Christian: "I remember they were really, really nice and supportive. I was a bit worried that I wasn't going to get believed again. But they were neutral. And then as I told them, I got the impression that they kind of believed where I was coming from so that was nice."*

Participant's outline the benefits of engaging with therapy for sexual violence. For Sandra, it provided a space for her to talk about what happened so that she wasn't burdening others:

*Sandra: "For me it was more having a space in which I could say all of this, because there's only so much unloading you can do at home. And it was very useful."*

Laura regrets not engaging with the DRCC as she believes it could have offered her support in things like disclosing to others:

Laura: *“I wish that I had been able to use it because I think would have helped a lot and probably would have helped me like, maybe deal with it or like maybe tell people if I had needed to, I think it would, I would imagine it would have.”*

This is exactly what the DRCC did for Simon. Having invited his family into the DRCC, he disclosed to his parents that he had been abused by his brother. His therapist supported him through this process:

Simon: *“I spoke to my therapist on my own first, to prepare myself. I told them that it was my brother who had done it. In terms of the service it was pretty helpful to have that option here that my therapist would be a part of that and would support me through it.”*

Fiona is enjoying her life now that she is learning to cope with her anxiety:

Fiona: *“I felt that because I was anxious I still am a little but I’m learning to cope with it. I am learning and I have a good life now.”*

Simon can now successfully conduct romantic relationships, something he struggled with until recently:

Simon: *“I was pretty much incapable of having a stable relationship until my most recent relationship and that has taken massive work to get over.”*

Simon realises he may have to live with some of his issues for the rest of his life:

*Simon: "It has not been plain sailing. I have had to get over quite a lot of real deep social anxiety. I know depression is something that I will probably have to live with for the rest of my life which is OK, a lot of people do."*

He attributes these successes he has accrued to his engagement with the DRCC:

*Simon: "I really am in awe of the rape crisis centre, I think they do amazing work, I'm not just saying that because I'm sitting here, they really have helped me construct a much better life than I would have had any way."*

Rose agrees that therapy has significantly changed her life for the better:

*Rose: "I can't tell you how much the change I see in myself between now and 2 years ago all from therapy because nothing else has changed in my life."*

Rose attributes lowering the dosage of her antidepressants to her engagement in the DRCC:

*Rose: "I have noticed and I can't wait to tell therapist this but honestly I think my symptoms are starting to lessen a little bit I have actually come there and slightly off my medication I've gone from 15 milligrams to ten milligrams because of the fact that I am working through it all."*

She likens therapy to opening up a knot which had a direct impact on how she felt physically:

Rose: *“It's like there has been a knot inside me and I've opened it up and honestly I don't feel as bad as I used to physically like which is huge.”*

Sometimes all it takes is one session to make her physical symptoms reduce:

Rose: *“I honestly sometimes come out of here and like my headache is gone or that tightness in my hip is loosened.”*

Rose compares her life before therapy in which she struggled to maintain regular sleep patterns and was on high dose medication to life during therapy which is becoming more normal for her:

Rose: *“I was going from not being able to get out of bed to taking massive amounts of pain killers and not being able to sleep and then sleeping for 20 hours. Now I'm just living a fairly normal life and I'm coming down off my medication.”*

Lucy believes the DRCC has saved her life and many others through the work they do:

Lucy: *“It hasn't been easy at all, but I've definitely had a positive effect. It's changed my life for the better. Like I really, truly, deeply believe that attending here has saved me. I can't imagine how I would have picked the pieces up without here. I know for a fact this place saves lives; for a fact.”*



Lucy engaged in both legal and psychological services. Although she her perpetrator was found guilty in a court of law, a rarity in Irish society, Lucy believes the DRCC was more useful to her in her healing:

Lucy: *“I would say the rape crisis center has helped me a lot more a lot more than any court case.”*

It was comforting knowing she could rely on the service was there if she needed it:

Lucy: *“It kind of felt like a pillar, just a pillar in my life that I always had my counsellor to ring or the helpline.”*

She particularly felt the support of the DRCC during the court case which took a toll on her:

Lucy: *“I feel like I struggled so much I think. I was very, very unwell after (court case). I think, a part of me just always wanted to stick with it (court case) and really felt the support here”*

#### Section 4.5.3: Non-Linear Nature of Healing

Participant’s describe how healing is not always linear. Tara feel’s she is not progressing at a preferred pace:

Tara: *“It’s slow and tiring; a marathon, I guess. It’s not fun. I just wish I could blink and be a bit further.”*

Therapy was redundant for Tara at times as she was unable to engage with it. She describes being engaged with the DRCC, but has only vague memories and did not continue with it:

*Tara: "I was in there for maybe four to six sessions or something. I don't remember being offered to continue. It's all kind of blurry. That's the problem maybe the year after is very blurry. It's weird how little of that I remember."*

Tara's memory of that time is reduced as she recounts being in a fugue state. This impaired her ability to engage sufficiently with therapy at the time:

*Tara: "I don't even remember it like to be honest. A lot of this was probably PTSD and I was not sleeping so yeah, but that's around the time where it's very hazy."*

Tara fears regressing to a time when she was struggling to cope. She is keen to maintain engaging with support to prevent this from happening. Her goal is to eventually thrive, not just survive:

*Tara: "I just am scared of going back to how bad I was. I feel like how the system was it kind of had me surviving and I think I was finally getting to a point where maybe I could thrive and plan and not just get through this week or this month."*

The speed of recovery is frustrating for Tara who feels she should be further ahead in her healing schedule:

*Tara: "I don't know if I was ever briefed appropriately about how long the recovery would be because I always feel like I'm not moving fast enough. Like I know,*

*rationally, that's not the case. But like, emotionally, I feel like, I feel like I'm moving a snail's pace."*

Martha has accepted that therapy will not rid her of her symptoms, that the impact will ebb and flow:

*Martha: "Now I'm not 100% okay, I couldn't stand here and say, yeah, I'm 100% okay. That's not true. And I also cannot sit here and say, although I'm doing very well, I'm never gonna have another breakdown, that's not true. I know I'm gonna have another breakdown. It might not be as severe as like previous breakdowns, it could be more severe than my previous breakdown, I don't know. But you also have to be okay with that as well. You're never going to change it."*

Similarly, while she no longer blames herself for what happened, she acknowledges that this assuredness vacillates as she heals from the trauma:

*Martha: "I know it wasn't my fault and I'm not embarrassed and I'm not ashamed today. That does not mean that I won't have a breakdown or feel embarrassed or feel ashamed or feel like it was my fault tomorrow."*

Simon thinks he will always be in therapy:

*Simon: "Yeah, I don't think it'll ever be done."*

Therapy in the DRCC aligns with the non-linear healing process as it allows service users changing need's and circumstances. For example, Simon details his attendance at the DRCC over the past 6 years which changes according to his circumstances including a one year when he lived abroad:

Simon: *"I have been in the service 6 years obviously not continually it has been on and off. When I first came in I would have been here for 10 months. Then I was living abroad for 1 year. I came back in in 2018 and I've been here since."*

Christian dips in and out of therapy as per his mood:

Christian: *"It's good like I'm doing good, operating the way I should. And then sometimes I'll dip and I'll just come back."*

#### Section 4.5.7: Road to Recovery: Conclusion

Participants describe the highly varied experience engaging with support services. While many were subjected to the 'second rape' (Madigan & Gamble, 1991) no participant who engaged with the DRCC was subjected to this phenomenon. Described as the antidote to the second rape, participants describe their experience of recovery through the DRCC and the factors that facilitated this. Having a therapist specifically trained in sexual violence was integral to participants recovery. Recovery was often non-linear with participants healing ebbing and flowing.

#### Section 4.6.0: Navigating Help Seeking within Irish Context

The culture within which a participant exists had an influence on their ability to seek and attain help for sexual violence. Significant events within a culture, attitudes and beliefs held within a culture and societal norms were all factors that played a role in participant's help seeking journey. These factors are organized into subthemes of (1) Culture of Silence (2) Rape Myths (3) Victim Blaming (4) Gendered Nature of Help Seeking (5) Victim/Survivor Status and (6) Cultural Moments

#### Section 4.6.1: Culture of Silence

Sexual violence is so pervasive in society, Rose is no longer surprised when she learns of other victim/survivors:

*Rose: "The lack of surprise is killer. It's disappointing when someone tells me they have been raped that I'm like 'yeah, I'd say so yeah.' It shouldn't be my immediate reaction. Obviously, that is not my outward reaction but inside I'm like 'meh.' The statistics are horrific."*

Nuala believes there are even more victim/survivors than we think as people are unable to disclose in the current cultural climate:

*Nuala: "The more that's coming out, the more people I meet, I see how prevalent it is. Like, I've always said that we all know at least one person that it's happened to and if you don't it's because they haven't come out because they don't feel comfortable. People don't know how to approach it like so they kind of just don't."*

Despite this prevalence, victim/survivors are often encouraged to remain silent about their experience. Victim blaming and rape myths maintain this silence as they hold the victim/survivor responsible rendering them reluctant to disclose. Rose describes the difference between the impact of rape and other crimes which she believes is borne out of stigma surrounding it which ultimately silences victim/survivors and prevents help seeking:

*Rose: "You don't ever hear of people who were in therapy for years and years and years because they were mugged or their house was broken into. You never hear of people killing themselves because someone robbed them. If someone fleeced you of two grand you are not going to go home and drink a bottle of gin every night and cry yourself to sleep. It's amazing, it's all the stigma. If it was any other crime you wouldn't think twice about reporting it. I got my wallet robbed about a year and a half ago and I went straight to the police and I told everybody in work and I was getting sympathy left, right and center and yet I can't be like well the worst thing ever happened to me - they would all be like 'oh Jesus.' I think that's a huge thing with people not seeking help because they are so ashamed."*

Society actively discourages victim/survivors from reporting sexual violence. Tara had her experience minimized and was discouraged from engaging in the reporting process:

*Tara: "Most of my housemates saying oh sure that's a night out - that's like a level of socialization in school that's not a quick fix. A lot of people writing it off as 'ah sure you know, that's what happens or 'it's too much work like for your own sake just move past it,' or you know 'the system is bad, so don't even.'"*

Tara was encouraged to remain silent by both informal and formal services alike:

*Tara: "And I had guards say that eventually at points that were that were nice, saying, you know, 'this will like destroy, you've lost five years, if you push this more, it will destroy another five years and it probably won't end up in a conviction and you need to do what's right for you.'"*

According to Mark the culture of silence around queer sexual violence is pervasive. Mark suggests this is due to a wish not to undo all the progress the gay community has made:

*Mark: "I think within the gay community there's an element of 'lets not have that conversation we are on such a good track - we got marriage, we're working on trans stuff, we got the HIV prevention medication - please do not bring up anything that's gonna make us look in a worse light.' I think it's an undercurrent; we've done all this work don't disturb it."*

There is a fear that disclosing sexual violence will feed into cultural beliefs about gay men that the gay community has tried to dispel for years:

*Mark: "If you say men are being sexually assaulted it's very easy to say 'well men have too much sex, why are you hooking up so much, the gay culture is so sex driven especially for men in their twenties and thirties.'"*

The tendency for society to blame victim/survivors of sexual violence combined with the existing myths that gay people are promiscuous form an atmosphere of silence:

Mark: *"It's so easy then to tie those stigmas in with our conventional victim blaming attitudes and the two create this little cocktail. But there's no real conversation as a result."*

A culture of silence was particularly pervasive within families where sexual abuse was being perpetrated. Deirdre reveals her devastation as she continues to learn of family members who experienced sexual violence but were silenced:

Deirdre: *"I'm still finding out like only last year I found out another cousin of mine was a victim of my grandfather. I was absolutely devastated and I found out that she actually told her own parents, my aunt and uncle, but they kinda did nothing. I was devastated that they'd known all along. To make those connections, they were big setbacks for me to be honest. It's still a sucker punch."*

Without disclosing the reason why, Sandra and her cousins had an unspoken agreement that no one should be on their own with their uncle who had abused them:

Sandra: *"While we didn't overtly tell the others, we all made it clear that we should not be on our own with him and nobody else should."*

When Fiona's mother bore witness to an assault she thought the abuse would stop.

Unfortunately, the assault went unacknowledged:



Fiona: *“I remember one incident and my father I was in our back garden. And my father came up behind me. I could feel my legs buckling and I ran and then all of a sudden, my mother came and she said to my father ‘Martin, what are you doing to Fiona?’ And I just ran then because I had escaped and I thought then that maybe my mammy would be able to help me but it didn’t happen.”*

Fiona excuses her mother who had her own experience of sexual violence:

Fiona: *“I don't judge my mother over it now because she didn't have it any easier herself. And I found out that my mother was hurt by her father and her sisters, but she was hurt. He was like my father. Not that it makes it any better but it's quite common apparently I feel.”*

Laura carries guilt for not disclosing her assault. She believes she has contributed to the culture of silence as she didn't disclose what happened to her:

Laura: *“I feel a bit guilty as well that I didn't talk about it more at the time because it almost then feels like you're contributing to the problem. Like the problem is this happens but the problem is also the fact that it's not something people talk about. I feel guilty that I have contributed though as well.”*

#### Section 4.6.2: Rape Myths

Rape myths are commonly held false beliefs about sexual violence and centre around blaming the victim/survivor and absolving the perpetrator. Rape myths focus victim/survivors on their own behavior and what they did to provoke the attack, rather than focusing attention on the perpetrator, where it belongs. A common rape myth is that a woman is 'asking for it' because of the clothes she is wearing. At the time of her assault, Nuala blamed the outfit she was wearing for provoking the attack:

Nuala: *"Back then I was like I shouldn't have worn those shorts. You look at what you did wrong, rather than what they did."*

There is a belief that rape is not considered sexual violence unless the victim/survivor is physically injured:

Sandra: *"The deep assumption that unless somebody has black and blue, and broken jaw, and something else with it, that it's not sexual violence."*

The absence of injury instils doubt about the victim/survivors credibility:

Johanna: *"Unless you're brutalised it comes down to maybe you said yes but you changed your mind or you feel bad or you regret it."*

There are rape myths specific to men including men should be able to physically defend himself against a rapist and men who are raped are gay. For Luke, his experience of sexual violence compounded by fears of being homosexual. He was concerned with regaining his status as a heterosexual man after feeling it was compromised when he was raped by another man:

Luke: *“For a man you're almost trying to convince people I'm not gay. Hang on, you're in bed and a man came into your room, what do you mean you're not gay? It's almost like to trying to justify your sexuality to a female.”*

Luke feels sexual violence is more normalized for women and therefore more acceptable. As rape is synonymous with women, so is the DRCC:

Luke: *“I guarantee a room of 100 people, 98 will say women go to the DRCC.”*

Simon felt his sense of masculinity was affected by being raped by another man:

Simon: *“I don't know if that's unique from a male perspective but there is a certain pride or something like that that gets terminally rocked by being raped by another man.”*

Rape myths punctuate discussions about sexual violence as Tara has witnessed during her time in Ireland:

Tara: *“The way that people talk about it - you hear guys here talking about ‘well, I'm just worried if we have too much to drink the girls gonna cry rape.’”*

While this behavior is excused in Ireland, Tara posits it would not be tolerated in the States, where she originates:

Tara: *“If I was in the States, someone would tell them to shut the fuck up excuse my language. Here everyone just goes - it's just a bunch of guys.”*

Another commonly held rape myth is that most sexual violence is perpetrated by strangers. Because of this assumption victim/survivors are consumed with doubt and confusion when someone they know and possibly love and trust sexually violates them. People are therefore more comfortable with the 'stranger in the alleyway' notion of rapists. Neither Deirdre nor her friends conceptualized her experience as rape because it wasn't perpetrated by a stranger:

*Deirdre: "It's not even that people didn't believe me, they didn't really see it as rape either. friends were like I can't believe he did that to you but they didn't name it as rape. In fairness if it was a stranger who did the exact same thing everyone would be straight to the police because it was a stranger."*

Indeed, Deirdre was much quicker to name the experience of another girl as rape, an experience almost identical to hers but perpetrated by someone unknown to the victim. Because the perpetrator was a stranger the police were called immediately, and the perpetrator went to prison:

*Deirdre: "Because I know somebody and he did that to a girl at a party - he went upstairs, the girl was asleep and he did the exactly the same thing to her but because he was a stranger police were called straight away and he is currently in prison. I remember thinking oh god I can't believe he did that, that's rape but that's because he's a stranger you know the same thing had happened to me."*

This myth curates a belief that sexual violence could never be perpetrated people known to the victim/survivor, which prevents people from believing the victim:

Nuala: *“They are the nicest person in work, in the community and such a nice guy. But then behind closed doors they're awful. People think like, ‘oh no, they'd never do that.’”*

Lucy only became aware of the fact that most rapes are perpetrated by a person known to the victim/survivor after she was raped by her friend. She believes there are many like her who were not aware of this fact:

Lucy: *“It was only after this that I was made aware that it's like 95% of perpetrators are people that you know. I was never, ever, ever aware of that.”*

Nuala agrees that society is warned about strangers despite most rapes being perpetrated by someone familiar to the victim:

Nuala: *“We're warned about ‘stranger danger,’ not about people we know.”*

Rape myths are often present in the court room. Martha describes a court case in which the accused was acquitted of rape because the victim/survivor was wearing suggestive underwear. Martha rejects this idea that clothing implies consent:

Martha: *“Look at the rape case down in Cork where your man got away with it because she had a pair of lacy knickers on. Like I could have a full set of lingerie on under my clothes right now, that does not give any man the right. God forbid*

*somebody takes my top off and sees I have a frilly lacy bra on. Does that mean I've given him consent to have sex with me? No."*

The media is also responsible for perpetuating rape myths. Jen describes the victim blaming approach of one media source on a court case in which the media absolved the perpetrator, treating his sexual violence as a medical condition:

*Jen: "There was one court case I remember in the time and it was about a guy who had raped his girlfriend in her sleep and the media coverage of the court case was poor him, he has a sleep disorder, he doesn't know what he is doing."*

Headlines often minimize rape and sexual violence as Sandra paraphrases below:

*Sandra: "'Man convicted of sexual sex having sex with a child.' You cannot have sex with a child, you raped a child."*

Rape myths in society also impact social policy. The minimization of sexual violence translates into minimal political attention given to issues of sexual violence in society, particularly victim/survivors seeking support services. Tara explains how psychological support is included in your health insurance in the US and how gaining the equivalent support in Ireland would bankrupt her:

*Tara: "It's a very different structure in the US, but my insurance would have covered 40 sessions a year in the US with a private therapist. Like never could I afford 40 sessions privately here. I could bankrupt myself."*

To her, this demonstrates the importance put on sexual violence in Ireland compared to the US:

*Tara: “And then I think if the doctor certified that was medically necessary..and with something like rape they never would have questioned. So even that kind of culture of just, you know, being able to do that.”*

#### Section 4.6.3: Victim Blaming

Rape myths are perpetuated in society and fuel victim blaming attitudes which only serve to shame victim/survivors into silence. Participants comment on victim blaming within society. Jen provides examples of the types of victim blaming responses delivered by both men and women:

*Jen: “Irish society has a huge role in it in that we are kind of ‘ah sure, he was just, just you know, he was just horny, and sure you were there and you could have just said no, what are you making such a big deal out of it for? Just get over it.’ Even women, it's not just men, it's women too.”*

Rose is aware of the stigmatizing impact these reactions have:

*Rose: “There is a stigma there and I know that if I was to tell some people they would be like ‘oh you were out by yourself drinking’ - so you don't want to tell people that.”*

Jen suggests blaming the victim/survivor affords women a sense of control over their own lives. Through blaming the victim/survivor women can prevent their own victimization by behaving differently:

Jen: *"It's something to do with women's mentality. It's like, well she was stupid, and that would never happen to me. So I might go back to someone's house but I'm not stupid. So if I went back to someone's house and they started acting funny I would get out of there. I would never go up the stairs or I would never have gone into the bedroom and if he tried to kiss me I would have left. So it's easier for women to try and rationalize, to try and be like she's really stupid and that's why that happened to her but I'm not stupid. So it makes you feel safer. So we feel safer when things like that happen and I think that could happen to anyone."*

Lucy postulates that if she wasn't the victim, then perhaps she too would be standing with the perpetrator:

Lucy: *"I've since said to one of the sisters, I said, if he had not done this to me, maybe I would have been standing on your side."*

However, Lucy had no choice but to believe as she was the victim:

Lucy: *"I understand their horror, because I have or had that horror when he done it but had no choice but to accept, literally no choice."*

Johanna suggests it is more palatable to think the victim/survivor is lying than believe your husband, son, boyfriend is a rapist:



Johanna: *“I think it's because that means they have to acknowledge I'm with a bad guy. It's so much easier to be like it's her fault rather than to turn and go actually I'm married to a bad man or my son is a bad man, or my boyfriend is a bad man.”*

Those who accused Lucy of lying were eager to let her know that they still didn't believe her after the perpetrator received a guilty verdict:

Lucy: *“I was contacted to be called a liar after he's been convicted.”*

Lucy believes this stems from an inability to conceive of someone they know committing such a crime:

Lucy: *“They don't want to believe a person could inflict so much horrific pain and like psychologically, everything.”*

#### Section 4.6.4: Gendered Nature of Help Seeking

Men and women have different experiences as victim/survivors of sexual violence in society. This has implications for seeking help for their experience. Mark doesn't think there is as much discussion of male sexual violence and wonders is it possible to include men in the discussion without detracting from women as he understands they are the overwhelming majority of victim/survivors:

Mark: *“I don't feel the conversation exists as much. And maybe there doesn't need to be a conversation there. I would feel there does need to be a conversation there because the dynamics are different and obviously at the same time women are the*

*highest number of victim/survivors, if we sort that problem out that's 90% of the problem gone and we can work on the other ten%. I think it's an interesting one like where does that conversation slot in so that it's not just men taking time away from women? I think it's a really difficult balancing act and I wonder when the conversation can and will happen."*

He would like to see more discussions of queer sexual violence but is conscious of men's ability to dominate discourse:

*Mark: "There is a conversation to be had there about queer stuff in particular but I wouldn't want to see that conversation take away from the concerns of women, I think it needs to be managed carefully because I think men could get very loud about that very quickly."*

This lack of discourse around queer sexual violence culminates in a total absence of legal cases. Mark found a dearth of court cases relating to queer sexual assault despite its occurrence in society:

*Mark: "I was doing some research recently to see if a queer sex assault case has ever made it to court here. I couldn't find any evidence of one that has where its two men of consenting age as opposed to a child case which obviously those have gone through the court systems but I don't think a case of men who have sex with men has ever been prosecuted... that would suggest that we might be a bit behind that particular type of case because it's definitely happened."*

Rose is conscious that men are victim/survivors too with their own set of unique issues. She believes we're not ready to engage with that population until sexual violence against women is resolved:

Rose: *"We can't forget about men. and that I can imagine has even more of a stigma. we are not ready to have that conversation because we're still working through the women."*

Paula isn't ready to have that conversation about men yet, if at all, as she sees sexual violence as something that affects mainly women:

Paula: *"Every time I hear what about male victim/survivors - what about male victims? So tell me who are the perpetrators of male victims? Because it's nearly all men. And you can say not all men but, in my experience, nearly every woman has had something be it wrong tone, grabbed when, you know, I've hundreds of examples. So you can say not all men until you're blue in the face. But I will tell you, yes all women."*

Women are more encouraged to disclose their experiences according to Aidan:

Aidan: *"There's a lot more encouragement for women to, and quite rightly to bring their stories forward. But the same doesn't seem to exist for men."*

Aidan feels men aren't given permission to seek help as they are socialized to not need it:

Aidan: *“The culture needs to change because men have to stop feeling like they have to go this alone, but that's kind of what we're told from day one, you know, put your armor on, go out - with everything. Just take it on the chin and get on with it. And for the most part you just kind of take it. That's years and years of socialization I guess.”*

Christian is bothered by the message that permeates society that all men are predators. This bothers him particularly as a victim/survivor of sexual violence:

Christian: *“It was one of those like, parents teach your boys not to rape instead of your daughters not to something..just like gender vs gender stuff. I remember thinking that was really upsetting to read cos I was thinking it's like all men by default are rapists and we need to teach them how not to be. It kinda gets into your head.*

#### Section 4.6.5: Victim/Survivor Status

Participant’s perceive being a victim/survivor of sexual violence in society differently.

Describing those who have experienced sexual violence as victims or survivors is often debated. Tara describes herself as a victim in an attempt to hold her perpetrator accountable. She was the victim of someone else’s conscious actions and recognizes that through her use of ‘victim:’

Tara: *“The word victim never bothered me but I know some people it really bothers. Because I was attacked, it wasn't cancer it didn't just happen to me like a human did this to me - it's not just kind of bad luck. This was someone else's conscious decision so victim has never really bothered me. Like someone targeted me consciously, knew what it would do and still did it. This was someone's choice - it wasn't my choice”*

Sandra however resists it, as she suspects others do too:

Sandra: *“I think a lot of people, myself included, balk at the victim title.”*

Paula previously described herself as a survivor but stopped upon realizing that in doing so she was removing the perpetrator from her experience. As Paula notes, we don't describe ourselves as survivors of other crimes, so why rape? She believes she is a victim because she was robbed of her dignity and self-respect:

Paula: *“I used to be one who refused to be called a victim. I wasn't a victim; I was a survivor. And then I realized that in using language like that, I'm taking the perpetrators out of the equation. Because when you have a crime, you have a perpetrator and the victim. So I wouldn't be a survivor of a handbag snatch, I wouldn't be a survivor of my car getting broken into or my house getting broken into, I'd be a victim of that crime. And when you use the word survivor it's great, because it shows that you're strong and you're able and all these things but also it takes the perpetrator away, so I've kind of stopped.”*

Tara explains how her boyfriend ended their relationship because of his negative perception of her as a result of her rape. Tara compares this to how she would be perceived in her native USA as strong for overcoming the trauma:

Tara: *“If I had to be honest, my breakup yesterday, I think that's probably one of the main reasons is he almost views me as this broken, he owned up to me that there's this brokenness to me because of it. At least my male friends back in the States, they kind*

*of would view it more as proving my strength that I got through it where this seems to be kind of you know something that if he met me before this happened I would have been more you know appealing and even that was a kind of a tough pill to swallow.”*

Christian describes a perception of people who have experienced sexual violence as weak. He was proud he defended himself so well against his perpetrator:

*Christian: “When you think of rape you think of someone struggling or being absolutely kind of I don’t know if dominated is the right word. It’s almost like a loss or something. For me, I was completely asleep, I then defended myself. I remember I was like both proud, proud isn’t the right word but proud and scared. I kinda jumped up and I grabbed him and started hitting his face repeatedly. It was the fastest I’d ever moved in my life, the most violent I’d ever been. But it was like I black out. So I was happy in one way that I was able to defend myself.”*

When Sandra reflects on her experience of sexual violence, she feels pride at certain aspects of the experience. Sandra was proud that she had the awareness and strength to defend herself at such a young age:

*Sandra: “I was a young, young child, in hindsight, I think I had a huge self-respect to fight and kick and scream.”*

Beth also felt pride in herself for seeking help. She felt empowered helping others by participating in this study. There is a perception that needing help is a sign of weakness, but she believes it is the opposite:

Beth: *“I think there’s some kind of pride that comes with it when you realise deep down that this is not your fault, this is something that happened to you against your will. and even just being able to speak up about it, being able to give you this information knowing that it might help other people it does feel like some kind of empowerment I suppose A lot of people think that seeking help is a form of weakness that it’s admitting you’re damaged or there’s something really wrong with you and I just wanna say that that’s completely not true that it’s the hardest thing being able to do and it’s made me stronger and I don’t think it’s weak at all it’s a really tough thing to do.”*

#### Section 4.6.6: Cultural Moments

Activity in the cultural environment often impacted participants help seeking. Societal events in the environment including social media movements like #metoo and high profile court cases invited discussions on the nature of sexual violence in society. The Belfast rape trial was once such event in which several prominent rugby players were accused and acquitted of raping a woman in Belfast. Christian found it difficult to engage with the conversation about the trial which dominated discourse in Irish society:

Christian: *“I always turned it off and I just remember the whole week it was, I was saying it to my therapist like my whole body was revved up. It was horrible like. And all I could hear was people talking and I was trying to get off of social media so I found it really difficult and I felt really bad. It was too much.”*

These discussions were rife victim blaming attitudes within Marks family:

Mark: *“Stuff like the Belfast rape trial last year, you do see a lot of people be like well you know, she must have had something to do with it. The most difficult has been having to listen to that from family.”*

Becoming aware of his family’s opinion on this impacted his desire to disclose his own experience of sexual violence to his family:

Mark: *“No they don’t know about me because I’ve heard them talk about it like that and I’m like that’s gonna be a conversation for another day.”*

Lucy was angry to hear the opinions of others who showed allegiance to the accused in the trial:

Lucy: *“And then I heard an older woman say oh, the poor boys, their career, you know, feeling sorry for them. It’s what people are saying that is the reality of what is being talked about.”*

Rose resonated with stories of drug rapes that emerged through the #metoo movement and other culturally relevant events. It reminded her how alone she is as no one was aware of her experience:

Rose: *“First of all the whole #metoo movement, The Harvey Weinstein allegations, all of these actresses coming forward with tales of how Hollywood is full of drug rapes that brought up a lot of ‘nobody knows I’m going through all of this.’”*

The Belfast Rape Trial took an emotional toll on Rose as she identified with the experience of the victim/survivor in the case:



Rose: *“And then the thing that really pushed me over the edge was that trial. It was just constant. Work people were chatting about it dissecting it. This poor girl it was what, 4 or five guys as well.”*

Rose was privy to the unacceptable opinions of those around her in relation to the case:

Rose: *“With the trial and everything, people I really like in work we're saying things that were unacceptable, that's what really got to me.”*

Rose wondered would people say the same things about her:

Rose: *“I was wondering would they say the same thing about me? That was hard. There is such shame around it. People don't want to tell anybody.”*

The discourse in the workplace provoked an emotional breakdown followed by a disclosure to a coworker:

Rose: *“Eventually I just had a total breakdown in work and started bawling my eyes out and I ended up telling one random woman who doesn't really know me that well..”*

Roses' coworker was supportive as she advised her to seek help which Rose did:

Rose: *“...and she was like why don't you ring the Dublin rape crisis center? And I was like it happened 7 years ago there is no point and she was like there is a point. So I rang that day.”*

Nuala found it difficult to hear the often unsympathetic discussions being had about the trial.

She felt relief at not reporting her experience, something she resented:

*Nuala: "And then last year with the Belfast trial, those few weeks like they were really tough. It made me so grateful that I never disclosed. And that made me even more annoyed. I was like, I should have been able to disclose, I should have, I should have known that I could have, I should have felt comfortable to do so. Why is she on trial? It was really hard."*

The anger Nuala felt at the victim blaming attitudes being expressed moved her to disclose her experience:

*Nuala: "And then, you know, people like in college were like she went up to his room and all and I felt like being like, well I said yes and I changed my mind. It was triggering, but then it got me really angry. And I was just like I've had enough for this and I started speaking openly."*

Laura however, was pleased with the opportunity to challenge and perhaps change more traditional opinions on sexual violence:

*Laura: "I was happy to hear people who did feel able to kind of challenge and like open people's eyes."*

Jen felt empowered by the perseverance of the victim/survivor in the trial despite little hope of a conviction:

*Jen: "She was so brave to do what she did. And it was so unfortunate but I think even her actions were reassuring because it was like she didn't get the result that she was*

*looking for but she probably knew she wouldn't and did it anyway. It was so empowering. There's a lot to be said for that. I hope that she was able to see that people believed her."*

The outcomes incited Jen to protest against the treatment of victim/survivors in society:

*Jen: "I immediately resonated with that woman and thought this is terrible. What's happened to her is terrible and how dare society turn on this woman and how dare they send her underwear around the courtroom. I was so upset about it. I've never been to a protest before but I went to all of those protests, because I felt like this was something that I had to do for me. And I couldn't tell anyone why I was doing it."*

Witnessing the trial, including the similarities between their experience of sexual violence confirmed to Laura that she made the right decision not to report:

*Laura: "The whole Belfast thing, that to me, in a way like just confirmed I suppose that I had no regrets of like, how I managed what happened. I wouldn't have been able for any of it. It just felt like almost a mirror image of what it would have been - popular guy, popular group, like you know, house party - it was just like, this feels like it's a weird adaptation of what happened."*

Rose was equally glad she didn't report her experience:

*Rose: "When I heard of the Belfast case I was like 'well I'm glad I didn't report it.'"*

Simon understands this reluctance to report in the current justice system:

Simon: *“How can you expect people to have faith in their law process if it is a pile of shit which it is when it comes to rape.”*

Simon describes how the trial process seems favour of the accused in cases of sexual violence:

Simon: *“You don't know what you're going to get at the end of a particularly with cases of historical sexual abuse. It's so difficult to prove anything in a court of law you know? I think the scales are unbalanced when it gets to the courtroom.”*

Simon uses the Belfast rape trial during which the victim/survivor spent a significantly longer period of time being interrogated than the perpetrator to demonstrate the fact that victim/survivors are treated unfairly in rape cases:

Simon: *“Like in the Belfast trial and things like that you see that the person who ends up on trial is the victim. That poor woman in that case was like six days or something on stand and the four lads all together spent I think maybe in 4/5 days you know. That's outrageous. Until we sort that I mean..”*

This was exactly Lucy's experience where the burden of proof was on her as the victim/survivor while her perpetrator did not have to participate:

Lucy: *“I had to sit there and I'm trying to prove it while he gets to sit there and say nothing. I'm disgusted at the legal system, it makes me feel sick and angry.”*

How perpetrators are treated by the law sends a direct message to victim/survivors of sexual violence. Luke believes there is no incentive to seek justice for sexual violence because of how it is treated in society.

Luke: *“What incentive if you're 21 or 22 and something happened to you that you didn't consent to, and you're looking at all this going, no.”*

Deirdre believes cultural movements like #metoo are opening up discussions about consent and facilitating people recognizing instances of sexual violence:

Deirdre: *“I think the #metoo movement and the #timesup movement, I think just generally an awareness and all the talks about consent and I think people are more able to recognize and name the more clear-cut instances of sexual assault.”*

Christian is unconvinced that #metoo is a wholly good thing. While he understands it has opened up a dialogue around sexual violence after years of silence, he wonders if it is being abused, accusing innocent people of sexual violence who subsequently lose their jobs.

However, he understands people doing this in the absence of a fair justice system:

Christian: *“It's something I kind of struggle with because sometimes it seems like militant I guess or that sometimes it seems like you know, I could be wrong cos I don't have all the facts but it seems like it's being abused, that it's trial by Twitter versus going to the police. But I've mixed feelings on that because the Department of Justice*

*didn't take my case up so you could understand. It's even just people like, losing their jobs before it's ever even investigated."*

Simon echoes this concern about using #metoo as an avenue for justice but understands that seeking legal justice is often futile in many parts of the world:

*Simon: "The one kind of worry I have about the whole thing is I still do believe in a due process of law. There is something slightly worrying about the witch hunt mentality that can happen at times. But the flip side of that then is the legal system in so many parts of the world is shite when it comes to rape."*

Beth believes the movement removed the shame of sexual violence and made victim/survivors feel less alone:

*Beth: "I feel like with the #metoo movement the positive aspect was that many people didn't feel ashamed of it anymore. You realise how you are actually not alone in it at all."*

However, Simon feels the movement is specific to women:

*Simon: "For the most part I have seen it like more so like a female movement."*

For Beth, #metoo almost normalized the experience of sexual violence, making victim/survivors feel less alone and importantly, believed:

Beth: *“It was almost like saying yeah I got mugged although it’s not the same. There is that kind of like this person is going to have my back, I’m not alone in this and a lot of people believe me. So that’s kind of like that’s another thing the whole believing aspect.”*

Rose suspects that if she were to experience sexual violence again, she would report propelled by the support of other victimized women:

Rose: *“I think #metoo is brilliant. If anything happened now I think I would have the anger of a million women behind me so I would do things differently.”*

#### Section 4.6.6: Navigating Help Seeking in the Irish Context: Conclusion

This section relates participants perceptions of navigating help seeking in a specific cultural context. It describes the culture of silence that follows victim/survivors by discouraging and dismissing disclosures. Rape myths continue this culture of silence by ascribing blame to victim/survivors through beliefs that are held and perpetuated through society such as women are asking for it. Participants describe how they perceive themselves in society as people who have experienced sexual violence. Lastly, the impact of cultural events on participants help seeking is detailed.

#### Section 4.7.0: Recommendations for Change

Victim/survivors are ultimately the expert in sexual violence. Deferring to them about how to improve the aftermath of sexual violence is most appropriate. This theme describes recommendations they would make to improve help seeking in the aftermath of sexual

violence. The following subthemes were generated: (1) Prioritizing Victim/survivors Wellbeing (2) Improving Access to Services (3) Managing Expectations (4) Increasing Awareness (5) Increasing Representation (6) The Language of Sexual Violence (7) Facilitating Disclosures (8) Handling Disclosures (9) Eradicating Rape Myths and (10) Ending the Silence.

#### Section 4.7.1: Prioritizing Victim/survivors Wellbeing

Participants discussed what they believe victim/survivors should be prioritized in the aftermath of sexual violence. Participant's preference psychological intervention. Johanna was not interested in seeking legal recourse, prioritizing psychological intervention instead. Legal justice doesn't address the psychological impact of sexual violence which Johanna perceives as more important for the victim:

Johanna: *"Justice is an external thing and it might give you a relief in that OK they believed me but you still have to deal with all the feelings. I just think personally individual first everything else great if you can get justice great if you can do that but it's not as important as the individual."*

Indeed, the legal process provided no relief for Lucy whose life was put on hold while she waited for the trial to end:

Lucy: *"The legal system, I mean, Jesus, and the length of time. I, I wish for other victim/survivors in the future, it will be shorter. I really, really do like, because I think maybe that that would help. I think that that would definitely helped for me anyway."*



*You know had it been shorter. You know, I don't know, just it was it was like looking down a black hole. I needed it to be over to feel like I could move on."*

According to Johanna, court cases are there for points of law to be argued and won, not to help the victim.

*Johanna: "In counselling there is nobody who's going to sit across from you and bully you but a solicitor is going to bully you because they want to get their client off. It's not personal but you're going to take it personal because it's your personal life and there's nobody there to say stop."*

To mitigate this Johanna advocates for the presence of legal advocates in the court room to protect and defend the victim/survivor from victim blaming questions:

*Johanna: "They need to have legal advocates for victim/survivors because if you're in court somebody has to be able to say no, you can't talk about what she was wearing because you can't talk about what he was wearing. No, you can't talk about all the alcohol or ask her all those personal questions about her sex life because you can't ask him.' Why, why are you allowed to ask that?"*

Luke agrees that counselling is more important to him in the aftermath of sexual violence:

*Luke: "I don't need my day standing on the steps of the Four Courts and I certainly don't need my day to stand in a witness box telling a judge what happened. I've held it and it has ruined things so what am I gonna achieve? Counselling will help. Working on yourself will help."*

Rose espouses the benefits of seeing a counsellor that specializes in sexual violence and recommends victim/survivors seek similarly specific support:

*Rose: "I would advise to come in because when someone knows what they're talking about. I know counsellors are trained to deal with anything really but in here it's so specialized. It's not airy fairy, they do work through what actually happened. I wouldn't be anywhere near where I am without the service."*

#### Section 4.7.2: Improving Services

Participants provided solutions to improving access to and engagement with services. When asked about ways of improving access to services, Lizzie would appreciate walk-in services:

*Lizzie: "Walk in services would be awesome."*

Mark would appreciate a chat service, not necessarily for counselling but to address more practical questions around accessing and engaging with services:

*Mark: "I wonder if a text chat like on the website, even just to be able to answer questions not necessarily a counselling service but just if you have questions like 'look, I'm in this situation what can I expect' might be useful to have to feel like you're talking to someone not just an FAQ page."*

When phoning the service, Luke recommends services provide the option of selecting the sex of the person you disclose to. He portrays a scenario where he contacts the service and is offered to speak to a male:

*Luke: "When the girl answered the phone, she heard my voice. If she said, Listen, I understand it's taken a lot for you to ring, don't hang up. I'm just gonna ask the very first question. Are you happy talking to me or would you like to speak to a gentleman?"*

Providing a pleasant environment for service users is important. To streamline accessing the service Luke makes recommends providing service users with a welcoming reception, particularly as service users are so vulnerable:

*Luke: "You're coming in with a rucksack full of shit - of problems, traumas - you want to meet someone that's going to go 'put your bag down, sit down.' You don't want to meet someone that has got absolutely no interest. it just needs to be somebody that just gives you that little bit of 'softly softly,' because it's petrifying"*

Luke recommends soft music is played in communal areas rather than live radio through which news reports are regularly disseminated. He finds this distressing as he awaits his therapeutic appointment:

*Luke: "There's a radio playing - turn it off. Who wants to listen to the news? The news was on when I was downstairs, all about a woman who was stabbed to death. This is meant to be where you ground yourself. What's wrong with just soft chillout,*

*just relaxing saxophone music. I don't want to listen to 19 people in Pakistan arrested for the gang rape of girl and men were stoned."*

Luke envisions a service where multiple sources of support are interlinked so the victim/survivor doesn't have to disclose their experience multiple times:

Luke: *"Where the agencies all work together so you don't have to lift the phone and explain yourself."*

Sandra agrees that joining sexual violence support services is optimal to reduce disclosures which is difficult for victim/survivors:

Sandra: *"I'd like to see and I know this is terribly cliché, but joined up services so that you don't have to go in and be regurgitating all the time. Because that's daunting at the best of times, but immediately after an assault that's beyond the wherewithal of many."*

Luke recommends services provide after care services to service users:

Luke: *"What happens in 12 months' time? What happens in three years time when she's in a relationship with a boyfriend, and they both got drunk one night and had sex just and she woke up the next morning and went oh God that brought back some bad memories. Her counselling is over where does she go? What's the aftercare service?"*

Victim/survivors are often suspended in a state of denial in the aftermath of sexual violence and may struggle to seek help. Paula states a need to figure out how to access these people:

Paula: *“We need to remember that people are so traumatized that there has to be a new way to reach out to people because if you're in complete denial..”*

Luke agrees there should be something in place for victim/survivors not yet ready to engage with psychological support services:

Luke: *“Say you've been a victim of a sexual assault. Your head's not going to be in the game for the first couple weeks. You don't know where you are. Does the counselling start then? is there like a crisis team that says, Well, what do we do? We've assessed her now. She's not ready to talk we'll give her a couple of weeks, we stay in contact with her. Now we'll bring her in to start counselling.”*

Similarly, Lizzie describes her ideal type of service in which she is encouraged to access it in her own time:

Lizzie: *“Some sort of like, ‘hi, can I put all my feels in a page and send it away and not have to deal with it for a while and then if you tell me what things I can do and that it is okay to like, take a month to deal with this,’ then I will come talk to you.”*

#### Section 4.7.3: Managing Expectations

Participants advised services manage expectations and uncertainties of potential service users as victim/survivors are uncertain about many aspects of engaging with formal support services. Some participants did connect accessing the DRCC with being obliged to report to the Guards which may act as a barrier as victim/survivors often have no interest in seeking legal recourse. Mark was anxious he would have to report which delayed him from accessing the service:

Mark: *“The first couple of times it would ring and I would hang up like I just didn’t want the conversation to begin because I just wasn’t really sure what would happen at that point like at one point I got myself into a bit of a tiz and was like will they require me to report to the Guards which I hadn’t done like.”*

Luke found his time between contacting the service and getting an appointment difficult as he felt abandoned in the interim. He suggests communicating with people on the waiting list to check in and assure them:

Luke: *“But the whole wait - there’s loads of ways that could have been dealt with. It could be appraised weekly. Is there a way of communicating with that person to let them know that ‘look, as soon as an appointment comes available, if at any stage you need counselling here’s the 24-hour hotline, blah, blah, blah.’ I just felt the call was made and you’re left.”*

Martha concurs that checking in with people on the waiting list would provide comfort to those who feel abandoned. She believes this would encourage people to remain on the waiting list and attend therapy when they get an appointment:

Martha: *“If you do have to put somebody on the waiting list here have somebody in a call centre check in with them, even if it’s once a month. I didn’t have that but if I was given like an eight month waiting list here, I would feel better in myself if once a month I got a phone call – ‘hi Hannah, this is the Dublin Rape Crisis Centre, I know you are on a waiting list and I’m just checking in to make sure you’re okay.’”*

Martha believes this would encourage people to continue engaging with the service, particularly at a time when they are vulnerable to disengaging:

Martha: *“And I think that would kind of make people more inclined to wait their six months or wait the eight months and actually come here at the end of their waiting list. Because one thing I have to say is when you’re on a waiting list you feel like nobody cares, because I’m on a waiting list, like why am I a waiting list. I got raped, I’m suicidal, I’m whatever it may be; why am I on a waiting list?”*

Participant's describe not knowing what to expect when seeking help from sexual violence support services. Luke didn’t know what to expect when accessing the DRCC in the absence of guidelines informing him:

Luke: *“There should be like a ‘how to’ guide.”*

Like how to negotiate taking time off work to see a counsellor, as Mark had difficulty managing. He suggests providing examples from past service users on how they managed their jobs while engaged in counselling:

Mark: *“How do I tell work that I need time off every week? I was like do I be upfront with them or say I have a recurring doctor's appointment? What is the correct way of tackling that? I think even having some guidance on what other people have found worked in that kind of situation might be good as well. Something like ‘we know you might not want to disclose this or where you’re going for two hours every two weeks here’s a couple of ideas.’”*

Mark feel’s it's important to know that disclosure is not mandatory upon accessing the service:

Mark: *“Just knowing that you don’t necessarily have to discuss that stuff initially would be ... essentially I guess knowing that that was going to be a conversation that happens in a year rather than before you get here would have been valuable..”*

As victim’s are concerned with maintaining confidentiality, services should advertise the confidential nature of psychological support, reminding them that they are not obligated to disclose to the Guards if they don’t want to:

Johanna: *“If you don't want anyone else outside of you to know at least there is an anonymous way of doing it. What we are going to do is support you, we're not gonna say you need to be telling the Guards and you need to be telling your family if you don't need to.”*

#### Section 4.7.4: Increasing Awareness



Lucy believes there should be more awareness raised about the impact of sexual violence on the lives of victim/survivors. Prior to her rape, she would have had no concept of the impact. Raising awareness of how devastating the impact can be may make society take it more seriously:

Lucy: *“It should be more out there, more accessible. People should know the damage that it does. I never would have thought about it. If I had heard it on the news or anything, I would not have been able to comprehend it. I wouldn't have been able to comprehend the pain that that woman could possibly be in and possibly be going through the trauma, how she'd be feeling. The effects are life changing. I can't really find words to describe it.”*

Nuala suggests teaching classes on sexual violence is important for educating people about what constitutes rape and sexual assault:

Nuala: *“An awareness of what actually is sexual assault, what is rape. Like, I don't know why we don't have these classes.”*

Nuala believes that if people knew what the experience of sexual violence was like, they would never disbelieve a victim:

Nuala: *“Because if you actually knew what goes on, and what it's like, there's no way that your initial thought would be maybe she's lying.”*

Jen's motivation for participating in the study was to have her experience represented:

Jen: *"I'm here because I thought even if I say it now that it does happen and that it is something in domestic violence, it does happen people just don't talk about it."*

If Jen had known she was experiencing sexual violence the outcomes for her would have been different:

Jen: *"If I had known that at the time, I would have felt stronger about walking away from the relationship quicker. I would have felt like I need to end this now because this isn't right."*

#### Section 4.7.5: Increase Representation

Increasing representation of victim/survivors was recommended by participants to facilitate disclosure and help seeking for sexual violence. Through increasing the presence of sexual violence in society, it could become more normalized fostering disclosure and help seeking:

Nuala: *"Like even just by having stuff out there normalizing it a bit more. I know it's not normal. But for people that have been through it they need to be represented."*

Simon would like to see a greater representation of male victim/survivors specifically:

Simon: *"One of the easiest ways is just like in the promotional material have pictures of men in there somewhere."*

Simon has noticed an absence of male representation for the DRCC:

Simon: *"I've never seen a male spokesperson for the centre."*

In light of this, Simon believes it would be useful for the DRCC to increase efforts to make men feel invited into the service:

Simon: *"The RCC needs to make a bit more of an active push to make men feel welcome."*

#### Section 4.7.6: The Language of Sexual Violence

The language and terminology surrounding sexual violence may be inaccessible. Sandra takes issue with the language used in sexual violence. Words like 'therapeutic' could be replaced with 'support' or 'help' to make the idea of seeking some form of psychological intervention more accessible:

Sandra: *"Even using 'therapeutic' can be off putting, it just needs to be about support. I think therapy has become such a nebulous term that people see it as an American thing. And I just wonder is that the right language. Language like 'support' and 'help' - I think most of us get the concept of support and help. 'Therapeutic support,' I don't think most of us get what that is."*

The word 'rape' has negative connotations for Martha who recoils upon hearing it:

Martha: *“The word ‘rape’ would turn me off. Even if I was out with my friends and we were having a conversation and the word rape comes up I will cringe and my conversation will stop. It literally is like a slap in the face.”*

However, the presence of the word ‘rape’ in the Dublin Rape Crisis Centre wouldn’t deter her from using the service. She understands it may be off putting for someone else seeking support:

Martha: *“But just because this is called the Dublin rape crisis centre wouldn't put me off coming here. But that's not necessarily to say it wouldn't turn somebody else off because that word for somebody else could be a much bigger trigger than it is for me.”*

Sandra believes there should be a more encompassing term such as ‘sexual violence’ included in the name so that victim/survivors of all types of sexual violence, not just rape, know they can access the service:

Sandra: *“I do think there needs to be something that sexual violence becomes part of it. because otherwise, there will always be people like me that would say, ‘well, I wasn't raped.’ There seems to be this hierarchy we put on it.”*

Christian is sceptical of changing the name of the DRCC, particularly as it has become more established in recent times:

Christian: *“They’re kind of really established though, if you were to even change the name, especially in the last, it seems to be it’s more prominent, on radios and things, people talking about it.”*

#### Section 4.7.7: Facilitating Disclosures

Participants advise disclosing their experience as soon as possible. Having not told anyone she was raped for six years, Rose wonders would her life be different if she had disclosed sooner. The weight of carrying it and the impact it has had on her make her feel old beyond her years:

Rose: *“Honestly I would advise them to tell somebody don't keep it in. Keeping it in for 6 years caused me to lose my health, relationships, it caused me to lose so much and now that I'm getting it back I realized that if I did this years ago maybe I would have a different life. I think telling somebody is key do not going mad. I feel so old I feel like I've been around for hundreds of years.”*

Christian advises to deal with it so you can move on; don't repress it:

Christian: *“Just now when you've the time to deal with it, deal with it and move on. I guess, don't try repress it.”*

Deirdre urges victim/survivors including children and their parents to deal with instances of sexual violence immediately. She states that a lot of the damage is in the aftermath of sexual violence and how it is handled, particularly if it is ignored:

Deirdre: *“Just report it get it out there, just go straight away report it, get it out there, talk about it because from my experience the actual act itself isn’t that bad as in physically people tend to think it’s the physical violation is the worst part but it’s the shame the silence is the really damaging part that’s what causes the after effects. Maybe just even to try to reassure people that you can deal with this openly quite quickly, a lot of the damaging effects can be mitigated. I think it would be most parents’ worst nightmare but if they knew you could actually mitigate it a lot of the future damage by dealing with it.”*

Speaking of her own abuse, Deirdre is convinced that most of the damage could have been avoided had people been willing to talk to her about it, reassure her and help her seek appropriate support:

Deirdre: *“I just think if it had been talked to me there and then and I had been given the option to report or access services, I think 78% of the damage wouldn’t have happened. It would have just been a horrible event but the aftermath a lot of it would have been avoided.”*

Providing her children with a safe adult to disclose to is a remedy to potential issues of abuse among children:

Beth: *“If I ever had kids I would make sure they know they can tell me whatever and create that space for a child to feel like they can actually go to someone about it because I didn’t have that I didn’t have a person I could go to I didn’t have a teacher I was close to or someone that I might have felt safe to tell.”*

Sandra is keen to suggest giving children the appropriate language to understand and describe sexual violence so that they can disclose if something happens. This is something she didn't have which prevented her from disclosing:

*Sandra: "I think if kids are given the confidence, to tell people when things go wrong, and have the language to tell people. I didn't have the language. I didn't understand. You know, I couldn't describe physically what he had tried to do. I think those basics in terms of having the confidence and having the language for younger kids are a huge part of it."*

#### Section 4.7.8: Handling Disclosures

How victim/survivors are responded to upon disclosure is important for their subsequent help seeking. Paula stresses the need for training people receiving disclosures on how to handle them:

*Paula: "We need to put something in place to teach people how to respond to victim/survivors."*

Resources for family and friends is important as the poor handling of disclosures can have a significant impact of victim/survivors likelihood to continue seeking help:

*Paula: "There's absolutely nothing for family and friends to teach them how to deal with that. And I think that's the gap, because that's the biggest thing, if you're matched with those negative reactions when you disclose.."*

Deirdre felt the adults in her life didn't handle her experience very well because they didn't know how:

Deirdre: *"The adults I think most of them didn't handle it terribly well. I think most of them weren't well equipped."*

Tara doesn't think the people she met along her help seeking journey were adequately equipped to deal with sexual violence victim/survivors either:

Tara: *"I guess my first point of contact, I don't know if they were adequately trained like your GP, your priest, you know."*

Tara suggests the DRCC train staff at universities so there is a designated advocate for victim/survivors of sexual violence:

Tara: *"That's maybe an easy enough solution that the DRCC works with universities to make sure that there's someone on staff specifically, you know, specialized in rape."*

Tara relates having to give her boyfriend resources from the National Health Service (NHS) on sexual violence as Irish resources were inadequate at providing information:

Tara: *"Having to give him guides from the NHS or whatever - Ireland is not great with some of that, like the resources are better from other countries which I guess is fine because you don't need to reinvent the wheel."*



#### Section 4.7.9: Eradicating Rape Myths

Changing attitudes in society towards sexual violence is crucial for victim/survivors who are trying to seek help and are met with victim blaming attitudes. Paula believes eradicating rape myths and shame around sexual violence can only be done by talking about the reality of it:

*Paula: “We have to start smashing the myths, we have to start taking the shame away, we need to start changing the culture around it. And the only way we are going to do that is very vocally, we are going to have to keep throwing the ugly truth into people's faces until they start accepting that this is not the person's fault. And it is not a perpetratorless crime.”*

Deirdre has seen a significant change in attitudes in the last two years and is optimistic that it will continue:

*Deirdre: “I think all the attitudes will come on in the next couple of years. I think things have changed so much in the last two years or so and improved so much I'm quite hopeful that they'll change again rapidly.”*

The media has an opportunity in changing societies attitudes to sexual violence. As Deirdre states, providing an alternative narrative can impact how we conceptualize sexual violence:

*Deirdre: “Harnessing the media and you know just presenting an alternative narrative because before I think the media just reported without impunity and now I think there's an alternative narrative which is good and I think that's hugely in terms of changing people's attitudes.”*

Building on this, Paula suggests a campaign similar to previous ad campaigns to discourage drinking and driving where victim/survivors of sexual violence share their experience to enlighten others:

*Paula: "Maybe it's a visibility campaign where you have radio ads or something of people talking about what happened to them, to allow somebody to tell their story in their words. It's like the drink driving ads, they were hugely effective. It's people talking about the people who are missing from their lives because of somebody drink driving. It's very impactful."*

#### Section 4.7.10: Ending the Silence

Participants suggest speaking more openly about sexual violence to end the shame that surrounds it. Despite its prevalence people often ignore the existence of rape. Admitting there is a problem and discussing it in a supportive atmosphere could reduce its prevalence as perpetrators can no longer rely on the silence of victim/survivors:

*Beth: "You always have people who don't want to hear about it, they don't want to know that this is happening, this big bad thing is actually going on around them. So you have that level of people who completely deny the existence of the problem, they think it's just individuals or its just rare but it's a societal thing. I feel like if we lived in a society where people could actually talk about it and there was no victim blaming maybe there would be less cases of rape and sexual abuse."*

People don't know how to talk about rape and sexual violence and shirk away from the topic.

An increased awareness of its prevalence in society might make it easier to discuss:

Nuala: *"A lot of times we don't talk about rape is because people don't know how to approach it and people are awkward. But I think if you knew how common it was, you wouldn't be awkward."*

The more Paula talks about it the more support she feel's:

Paula: *"The more I talk about it the more helps other people. Every time you do it you nearly get more people to put the arms around and it breaks down the barriers."*

Sandra proposes victim/survivors themselves be more open about their experience of sexual violence:

Sandra: *"I also think an openness of those on the part of us who have been abused or assaulted to acknowledge this has happened openly rather than in private anonymously could be part of it, too."*

She practices that openness in the family home where she is open with her son about being a victim/survivor of sexual violence:

Sandra: *"But it's having that 'it's not a big secret at home,' and 'that happened me.' And I think if there's more that happening, it can make it less suppose less of a taboo."*

Indeed, participants are ending the silence by participating in the current research. They are ending the silence by speaking about their experience and changing the culture by providing suggestions for change. Knowing that her words might help others was empowering for Beth:

Beth: *“Even just being able to speak up about it, being able to give you this information knowing that it might help other people it does feel like some kind of empowerment I suppose.”*

Tara decided to participate to assuage the guilt she carries of not reporting the perpetrator. She hopes her contributions to the current research can effect real change:

Tara: *“Sometimes you feel like I still feel really guilty about not reporting it. So this means that there's a study and that may be effects policy.”*

Luke is happy sharing his story if it means someone is spared the almost twenty years he endured:

Luke: *“If my story even helps one guy that he doesn't have to endure the 18/19 years that I've endured...”*

Rose advises victim/survivors to accept that what happened to them was beyond their control; they are not responsible for their experience of sexual violence:

Rose: *“I would advise people just too do everything they can to realize that what happened wasn't their fault, they don't deserve any kind of guilt that they felt. You have to acknowledge that it was just a shit thing that happened.”*

The increased discourse has resulted in increased awareness about sexual violence. Deirdre observes this in relation to her own assault ten years ago:

*Deirdre: "It's ten years ago now and a few people have said to me since if that had happened nowadays we would have been straight down to the police station but because it was ten years ago people didn't really see it. But definitely I think people would call it out now for what it is and would be more willing to go and report it and access services and so on whereas at the time I just thought it was a night that had gone wrong."*

Deirdre's perceptions of what happened to her changed over the years because of the burgeoning discourse around it. Increased debate and discussion in the media has facilitated people recognizing sexual violence where they previously wouldn't and increased service awareness:

*Deirdre: "I think especially in the last couple of years just the whole conversations around rape and sexual assault is actually very helpful I think you know, there's a lot more debate and people are recognizing it more recognizing the services are there you can access them and you're learning a lot more about the service like the way the head of the DRCC has been out in the media is great because she's so clear and so sympathetic and empathetic. So I think definitely now I'd be straight there. I'd definitely access the service for sure."*

People, particularly women are becoming less tolerant of sexual harassment and violence.

People are less tolerant of misogyny as they actively defend against it:

*Rose: "I think there is a massive shift that needs to happen and it is happening I think. I think women are finally starting to go it's not OK, you can't say this. You see it often online like 'oh here we go the women are at it again' but I'm glad that we are. People say it's political correctness gone mad but no it's not how dare you think this and say this. I think that women are starting to go hang on a second it's not OK to treat us like this or to commit violence against women. And more and more men are getting involved in a good way they're trying to help."*

Rose credits President Trump and his open misogyny for galvanizing the change in society's attitude. Electing a president who is so unashamedly misogynistic alerted people to the widespread tolerance and acceptability of holding such beliefs. Although the change is slow, it is coming; she hopes:

*Rose: "I think there has been a huge shift in the last year. I think with Trump being in office that has been a massive shift too because he is so anti women that people are kind of going hang on that mentality is widespread and we have to fix it. I think there is a shift coming. I don't think it will happen for another decade but I think eventually it will be a case where there is less violence against women. I hope."*

#### Section 4.7.11: Recommendations for Change: Conclusion

Participants offer a range of recommendations both to services and other victim/survivors in the aftermath of sexual violence. For services, participants advise increasing awareness of the

types and impact of sexual violence; improving access by providing alternative means of access; increasing representation of victim/survivors, particularly of male victim/survivors. Participants suggest eradicating rape myths and ending the taboo of sexual violence through increased discourse. Education on how to respond appropriately to disclosures to facilitate disclosures and to disclose as soon as possible were made to mitigate psychological impact and reduce sequelae for victim/survivors.

## Chapter 5. Discussion

### Section 5.0: Chapter Overview

The chapter brings together the findings described in chapter four and interprets them through the ecological framework of Ecological Systems Theory (EST; Bronfenbrenner, 1979). Using EST to understand how factors at different levels of the ecosystem impact on victim/survivors ability to seek help in the aftermath of sexual violence. By employing this framework, insight into the multiple factors affecting this process can be organized and understood. This allows for multiple interventions to be applied to aid the help seeking process as delineated in Section 2.

The discussion was borne out of the findings derived directly from the participants. Section 1 describes the themes of impact of sexual violence, informal help seeking, formal help seeking and navigating help seeking in a specific culture through the traditional EST framework as well as a reconceptualization of this framework that reflect the findings of the current study. Section 2 outlines the policy and practice implications derived from the final theme of

‘Recommendations for Change;’ improving help seeking for victim/survivors of sexual violence. Section 3 highlights limitations of the study and potential for future directions.

### Section 5.1 Seeking Help for Sexual Violence; An Ecological Perspective

According to EST (1979), a person exists and develops within a series of systems that influence their development. The traditional EST framework describes the levels of the environment in which a person exists and the various influences they exert on the individual (Tudge et al., 2009). Similar to Campbell et al. (2009), who described the psychological impact of sexual violence through this framework, the traditional model was adopted to describe the factors that affect help seeking for sexual violence.

Underpinning the model is the central premise of EST is the person-context interaction (Tudge et al., 2009). Each level of the ecological system – the individual, the microsystem, the exosystem and the macrosystem – and the interactions between them, exert influences over the victim/survivor's ability to seek help for sexual violence. Beginning at the individual level, the impact of sexual violence is described as well as the process of coming to terms with the experience. Moving into the microsystem where the individual interacts with friends and family, the theme of informal help seeking is discussed. At the exosystem level, the theme of formal help seeking and recovery are discussed and at the macrosystem level, the theme of navigating help seeking within Irish culture is discussed. At each level, themes are discussed in relation to how they impact help seeking for sexual violence.

Findings from the first six themes – the impact of sexual violence, naming it, informal help seeking, formal help seeking, road to recovery and navigating help seeking within Irish



culture and their subthemes are synthesized at the individual level, the microsystem, the exosystem and the macrosystem. Results are interpreted and findings explained through EST to understand the factors influencing help seeking.

## Section 5.2 Individual Level

The themes of ‘impact of sexual violence’ and ‘naming it’ are categorized at the individual level of the EST framework (Bronfenbrenner, 1979). At the centre of the ecological framework is the individual. Individual level factors related to help seeking for sexual violence include the impact of sexual violence on the individual and their ability to name it.

Participants provided insight into life changing impact sexual violence had on the lives of victim/survivors. All participant’s incurred significant psychological and psychosocial sequelae as a result of their experience of sexual violence. They describe a ripple effect as the insidious nature of sexual violence impacted participants relationships, work and education, mental and physical health and self-concept/identity.

### *Impact on Relationships*

Participants often witnessed the dissolution of significant relationships in the aftermath of sexual violence including family, friendships and romantic relationships. New relationships were similarly impacted as participants carried their experience of sexual violence into current relationships. Some participants described being consumed with uncertainty as to how to behave in romantic relationships as their sense of sexuality has been thwarted by their non-consensual sexual experience. Negative social responses received from informal sources of support fractured relationships often irrevocably. Participants lost close relationships as they

were blamed for the assault, deemed liars or accused of ‘crying wolf.’ This is consistent with previous research that found that almost one quarter (24.2%) of relationships are negatively impacted upon disclosure due to the unsupportive reactions received (Ahrens & Aldana, 2012). The relationship of the perpetrator to the victim/survivor had particularly devastating consequences on their ability to trust others. Participant’s conducted relationships more cautiously as they struggled to trust others.

### *Impact on Self Concept*

Sexual violence disrupted participants overall sense of self. Participants felt fundamentally changed, unable to return to the person they were before their experience. Perceptions of the self became negative as they became burdened by their experience. Victim/survivors had to renegotiate their identity in the aftermath of rape and reclaim their former selves, the loss of which they lament. Male participants were vulnerable to having their sense of sexuality become disjointed when sexually violated by another man, echoing the findings of Tewksbury (2007). A direct product of rape myths which suggest men who are raped by men must be gay, male victim/survivors question their masculinity due to gender norms that suggest they should be able to resist threat (Struckman-Johnson & Struckman-Johnson, 1992). For some, having carried their experience for so long, they don’t know who they are without it. Kennedy and Prock (2016) describe how victim/survivors are shaped by their experience of sexual violence. The stigma and judgement they are ascribed by themselves and others impacts how they perceive themselves in the aftermath of sexual violence. Victim blaming responses are internalized and manifest as self-blame in the victim/survivor. Self-blame is distressing and inhibits victim/survivors from disclosing as they try to avoid receiving such reactions, reducing their opportunity to seek help, a process Ullman (1996) described as avoidance coping.

### *Impact on Work*

Loya (2015) described the intangible cost to victim/survivors as their employments was impacted due to inability to concentrate or attend work or indeed were required to take time off work to seek support. Participants in the current study were often unable to continue their work or educational endeavors in the aftermath of sexual violence. Diminished performance and absenteeism were described by participants which had a direct impact on income for some and employment or education security for others.

### *Impact on Physical Health*

The impact of sexual violence continues beyond the act itself and permeates many aspects of the victim/survivors life (Campbell et al., 2009). Non-clinical effects on diet, sleep and stress were experienced as participants were afflicted with nightmares, use food as a comfort and are hypervigilant in the aftermath of sexual violence. Participants lives were suspended as they tried to cope in the aftermath of sexual violence. A sense of loss was derived from participants experience of sexual violence as they tried to cope with the impact. Participants related a feeling of missed opportunity as activities they previously enjoyed were no longer engaged in, or significant periods of time were lost to coping with their experience of sexual violence. This was particularly difficult as participants perceived the perpetrators life continued uninterrupted. Participants felt a sense of injustice adding to their distress.

### *Impact on Mental Health*

The far-reaching impact of sexual violence outlined above culminated in compromised mental health and daily functioning for participants. Consistent with previous research, participants describe heightened anxiety, suicidal ideation, PTSD and depression as a result of their experience of sexual violence (Ullman & Brecklin, 2003). Victim/survivors live a

reduced quality of life in the aftermath of sexual violence (Parsons & Bergin, 2010) as demonstrated by participants in the current research. Participants tended to engage in a lot of self-blame, taking responsibility for the violence visited upon them. This propensity for self-blame contributes to victim/survivors mental health. Self-blame was established as a critical factor for the establishment and maintenance of PTSD after sexual violence (Kline et al., 2018). Victim/survivors of multiple victimizations may experience more self-blame as they internalize rape myths suggesting they are responsible for the sexual violence visited upon them. These victim/survivors are less likely to seek help due to the shame they feel (Grauerholz, 2000). However, self-blame didn't halt help seeking for participants. Nearly all participants that were engaged with the DRCC described blaming themselves or indeed anticipated being blamed for their experience. Despite this, they continued to seek and attain help. One factor that may be responsible for service users of the DRCC ability to continue to seek help is social support. Seven of the ten DRCC service users were only able to access the service with the help of a friend or family member. Paul et al. (2014) found that victim/survivors who consulted with others and received encouraging feedback were more likely to seek professional help. Social support seemed to mediate participants ability to overcome shame, stigma and self-blame and seek help. There was an absence of encouraging social supports for victim/survivors who did not seek or successfully attain help that could be attributable to their failure to secure adequate formal support.

### *Naming It*

Naming it was a process largely facilitated by sources of informal support that surrounded the participant. Naming a non-consensual sexual experience as sexual violence is often a difficult process, with many victim/survivors failing to conceptualize it as such (Layman, Gidycz & Lynn, 1996). Victim/survivors are often suspended in a state of uncertainty as to whether

their experience qualifies as rape, particularly when it does not conform to rape stereotypes. DeLovah and Cattaneo(2017) found labelling the experience as one of sexual violence is crucial in the decision-making process to seek help. Failure to confirm or validate the experience as sexually violent often served to silence participants as they fail to identify as a victim/survivor. Identifying the experience as sexual violence was delayed when it did not conform to rape stereotypes. Participants were reluctant to name the experience as one of rape or sexual assault because of their relationship to the perpetrator. This aligns with previous research which states that being familiar with the perpetrator prevents victim/survivors from naming their experience (Wilson & Miller, 2016). Participants provided explanations for their perpetrator's actions, excusing them as miscommunications or assuming the blame for the event themselves by suggesting they provoked it. Participants minimized or denied their experience in an effort to avoid dealing with the implications of acknowledging it. According to Ullman (1996) victim/survivors engage in avoidance coping to avoid the negative impact of naming it. Identifying the experience as sexual violence was again facilitated by social supports who probed participants about their experience or suggested that maybe their experience was more than a miscommunication. Informal social supports named the experience when participants couldn't. Donne et al. (2018) found men only labelled their experience as sexually violent upon informal disclosure or when they were unable to cope alone. It was only upon naming their experience that they sought professional help.

### *Impact on Help Seeking*

Sexual violence inflicts a profound devastation on the lives of victim/survivors. This has implications for the mental health of victim/survivors who are trying to seek help in the aftermath of sexual violence. According to the literature, victim/survivors struggle to seek

psychological support for sexual violence (Campbell et al., 2009). Navigating help seeking from this position can be difficult as victim/survivors struggle to cope with the psychological sequelae. Victim/survivors ability to seek help is compromised as they are prevented from seeking help in a timely manner as their mental health is exacerbated by the impact of sexual violence across several aspects of their life. The impact on mental health is particularly salient for seeking help. Participants describe being unable to both seek and engage with support, particularly in the immediate aftermath of sexual violence. The distress of self-blame and anticipating the blaming of others hindered disclosure and help seeking. This was the experience of many participants who found their ability to seek help delayed by the trauma incurred, particularly soon after the assault. For other participants the significant impact and emotional trauma of the experience galvanized them to seek help almost immediately. This demonstrates the emotional trauma of sexual violence to be both a barrier and facilitator to seeking help, particularly in the immediate aftermath of sexual violence.

### Section 5.3: Microsystem

The microsystem refers to the interactions between the individual and informal sources of support such as friends and family. Understanding the experience of disclosing to informal sources of support resides in the microsystem. Most victim/survivors disclose for the first time to informal sources of support rather than formal supports (Ahrens et al., 2007). This was the case for participants in the current study. For some this was immediately after their experience as they were overwhelmed by the trauma incurred. For most it was delayed for a period of time, often for years. The reactions of those participants chose to disclose to had significant impact on participant's wellbeing and continued help seeking. Therefore, the role of the disclosure recipient was significant in their help seeking journey. The theme of 'informal disclosure' will be discussed within this level of EST (Bronfenbrenner, 1979).

### *Choosing Who to Disclose to*

Informal supports response to disclosures were integral to the participants ability to continue disclosing in order to seek help. According to Ahrens et al, (2007) victim/survivors will disclose to informal sources of support before seeking professional help. This was demonstrated by participants in the current thesis who tended to disclose to an informal source of support initially. The decision of who to disclose to was a seriously considered process. Victim/survivors decision to disclose is often contingent on the expected reaction to a disclosure. If they anticipate a rape myth laden, victim blaming response, they will resist disclosing (Paul et al., 2009). There is a relationship between rape myth acceptance and decreased support for victim/survivors (Moor & Farchi, 2011). Considering this, some participants gave a veiled disclosure, not fully revealing their experience, when attempting to seek help. This was replicated in DeLovah et al., (2017) where participants covertly sought informal support without making disclosures. It is understandable that victim/survivors are conscious of maintaining their confidentiality as a result of the shame and stigma society inflicts on them. Victim/survivors often receive a lot of blame for their experience. Blaming the victim/survivor has implications for experiencing secondary victimization and preventing recovery (Grauerholz, 2000).

Participants received both positive and negative responses to disclosures. Positive responses were delivered in the form of empathy, support, validation and tangible aid. Participants espoused the positive impact disclosure recipients had when they responded in such a way. Participants were often probed rather than initiated the disclosure themselves. Ahrens et al., (2007) commented on this phenomenon in which victim/survivors did not choose to disclose but disclosed when probed compared to the typical process of deliberation engaged in by

victim/survivors as they assess whether it is safe to disclose (Liang et al., 2005). A reluctance to disclose stemmed from participants desire to preserve their lives and avoid the disruption acknowledging sexual violence would bring. Participants were also motivated to protect others from learning such distressing information about them. Being believed by disclosure recipients in the absence of judgement provided comfort and support to participants.

Disclosure beget disclosure as participants found the more disclosures they made the more they received, highlighting the pernicious and endemic nature of sexual violence.

### *Response to Disclosures*

The impact of being believed is best demonstrated through its absence. Negative social reactions are replete with rape myths which only serve to blame the victim/survivor and absolve the perpetrator. As all participants were raped or sexually assaulted by someone they knew, this deviated from stereotypic rape and sexual assaults and elicited more negative, victim blaming responses to disclosures. Participants had their experiences dismissed by others as a misunderstanding on the perpetrators part, particularly when sexually violated by a romantic partner. These responses were informed by rape myths. Rape myth acceptance (RMA) refers to the degree to which an individual agrees with rape myths about the causes of sexual violence such as women are 'asking for it' or 'men who are raped must be gay' (Paul et al., 2009). These beliefs may be derived from responses from others but may also be held by the victim/survivor, derived from the environment they inhabit through which victim blaming is perpetuated. This can have inhibitory effects on disclosure and help seeking. These responses inflict blame on victim/survivors causing them to self-blame. Self-blame is a product of the internalized stigma and shame of sexual violence which is communicated to them via negative social reactions to disclosures. Victim/survivors who had internalized the rape myths perpetuated throughout our culture had them confirmed by the negative reactions



that communicated victim blaming beliefs. Victim/survivors can withhold disclosing or seeking help as they anticipate receiving victim blaming responses (Paul et al., 2009).

Being selective about who to disclose to was a solution adopted by participants to avoid receiving negative reactions. Participants censored their experience for others, making partial disclosures, hoping to protect them or wary of potential negative reactions. Informal disclosures regularly received negative social reactions including disbelief or questioning the victim/survivors role in their experience. Avoiding these unhelpful responses was a protective mechanism against damage to their mental health. Being believed is hugely important for victim/survivors. One participant found not being believed by an informal source of support as traumatic as her experience of sexual violence as she grappled with this breach of trust. Participants avoided disclosure as a defense against being seen as tainted. This fear is attached to the shame victim/survivors feel as a result of their assault which has been found to impede help seeking as victim/survivors do not want others to know (DeLovah et al., 2017). Considering the impact of these reactions on victim/survivors psychological sequelae and subsequent help seeking, being discriminatory as to who to tell was conducive to victim/survivors wellbeing.

Participants had their disclosures denied, minimized or ignored by others, particularly children disclosing to adults. Participants abused as children described being unable to name it in the absence of knowledge or language. Being aware that something untoward happened but unable to identify it as sexual violence prevented disclosures being made and heard. Children don't typically have the language to identify sexual violence and make a disclosure (Reitsema & Grietens, 2016). Disclosures made may not have been understood by the disclosure recipient as was the case in the current study for several participants who were

abused as children. As such help seeking didn't begin until adulthood as is common among victim/survivors of child abuse (Ullman, 1996). Like adult disclosures, the response of the recipient is hugely important for the victim/survivors ability to seek help.

Participants recognized a reluctance of others to receive a disclosure of sexual violence. A lack of education and information in society renders it ill equipped to handle a disclosure of sexual violence. Similarly, participants were reluctant to disclose to certain people to protect the disclosure recipient from the distressing information of their experience. Other participants found themselves managing the emotions of others which became exhausting for participants. These egocentric reactions are common in rape disclosures (Ullman & Filipas, 2001). Disclosure recipients were unintentionally unsupportive in the absence of awareness of how to respond to a disclosure, particularly as people typically endorse rape myths that suggest victim/survivors are responsible for their rape or sexual assault. Encouraging non-disclosure to protect the victim/survivor was a well-intentioned negative response to disclosures received by participants. Sources of support believe they are protecting victim/survivors from experiencing shame or being stigmatized by others but this merely reinforces their self-blame. This is significant as research has found that the more self-blame a victim/survivor has, the more likely they are to receive negative social reactions (Ullman & Najdowski, 2011). Low self-esteem as a consequence of self-blame may invite negative responses from disclosure recipients.

Those receiving a disclosure have a significant role in determining the outcomes of the disclosure including whether or not a victim/survivor seeks professional help. Not only does receiving negative responses to disclosures prevent further disclosures, but anticipating negative responses prevents initial disclosures. Response received to these informal

disclosures are salient to victim/survivors continued help seeking. Participants tendency to focus on the negative responses of others is reflective of findings in the extant literature which suggests that it is not the presence of a positive reaction to a disclosure that facilitates help seeking, but rather the absence of a negative (Ahrens et al., 2007; Ullman, 2010).

#### Section 5.4 Exosystem

Exosystem refers to the service providers victim/survivors seek to attain support from. They include counselors, legal and medical services. The theme of formal help seeking will be discussed within this level of Bronfenbrenner's EST (1979). Participants recovery was also facilitated or hindered by these services and so the theme of recovery will be discussed within the exosystem.

While a significant number of victim/survivors disclose to informal sources of support (Ahrens et al., 2007), significantly less disclose to formal sources of support (Patterson et al., 2009; Walsh et al., 2010). Patterson et al., (2009) suggest victim/survivors do not seek help because they don't believe services can or will help and they do not want to be harmed further.

#### *Perceptions of Formal Services*

Participants were prevented from contacting a specialist service like the DRCC because they did not identify their experience as rape. Perceptions of ineligibility may be why rape crisis services are vastly underutilized by victim/survivors (Campbell et al., 2001). This is regrettable considering the overwhelmingly positive experience of DRCC service users in the current study. A misperception of who the service caters to seems to fuel this underutilization among participants. Questioning the legitimacy of their experience was common among

participants. Victim/survivors are inculcated with messages that make them question their experience including victim blaming responses from others and rape myths that suggest they provoked their attack. This is consistent with the literature which finds that victim/survivors do not consider themselves worthy of seeking help as their experience does not meet the criteria for rape or sexual assault (Patterson et al., 2009). The non-adherence of participants experiences of sexual violence to rape myths also prevented participants from seeking help. Victim/survivors of non-stranger rapes struggle more to obtain support (Fischer et al., 2003). This is particularly relevant to the current sample who all experienced sexual violence at the hands of someone they knew. Participants believed because it was not a stranger or they had no obvious injuries they delayed seeking help, if at all, for fear they would not be taken seriously.

#### *Perceived Need for Help*

Victim/survivors must perceive a need for support in order to seek it. Some participants describe not believing they need specific support for sexual violence because they haven't attributed their psychological symptoms to their experience of sexual violence, because they believed they could cope alone or because they don't believe in the idea of therapy. Another participant suggested that the word 'therapy' may be ill perceived in society as nebulous, excluding some victim/survivors from seeking it. This is particularly relevant to men where gender norms suggest men cannot be raped and if they are they should be able to cope alone (Turchik & Edwards, 2012).

Many participants placed their experience on a hierarchy, believing they weren't 'raped enough' to justify seeking support. Participant's felt guilty about taking the place of someone who was 'more raped' than they were and therefore needed the support of somewhere like the DRCC more. Contributing to this was the moniker Dublin Rape Crisis Centre which hindered

participants help seeking from the particular service as they did not perceive themselves as ‘raped’ or in ‘crisis.’ Perceptions of the service as designated for those with severe experiences of sexual violence or suffering from acute distress delayed or prevented participants from accessing the service. This finding is echoed in Logan et al., (2005) who found that words like ‘crisis’ conveyed the message that the service was intended for only those in the immediate aftermath of sexual violence. For this reason, some participants felt more comfortable seeking the support of private counselling, leaving the DRCC available for those more severe or economically deprived circumstances than them. This perception is consistent with research that has found that race and socioeconomic status reduce a victim/survivors access to services (Liang et al., 2005; Kennedy et al., 2012). Donne et al., (2018) found cost a barrier for male victim/survivors seeking help for sexual violence. Gender also influenced some participants decisions to seek professional help. Male participants particularly felt the effects of gender on their ability to seek help. One participant alluded to perceiving the DRCC as a female only service. Another feared the Guards would not take his complaint seriously because he was male and queer. This intersection of gender identity, sexual identity and seeking help for sexual violence created extra barriers for participants facing multiple stigmatizations. Described as a victim/survivors ‘social location’ factors such as race, socioeconomic status and gender intersect to influence the likelihood of gaining access to services (Kennedy et al., 2012). Donne et al., (2018) describes the fraught experience of seeking support for sexual violence as a gay man and the potential for stigmatizing responses from service providers.

### *Unknown Expectations*

Participants battled with uncertainty when seeking help and describe not knowing what to expect when seeking help. Expectations around how much they would have to disclose was

particularly salient for participants who were reluctant to relive the experience particularly over the phone to a stranger. Participants embarked on covert help seeking journeys in which they sought formal help without disclosing their experience. One participant ‘tested the water’ by making a micro-disclosure at a domestic violence training event. This micro-disclosure allowed the participant to assess whether making a disclosure was safe, uncertain the response of others could be trusted. Another participant engaged in regular STI testing as a means of regaining control over her body and the situation. This phenomenon of covert help seeking was demonstrated in DeLovah et al. (2017) where participants, reluctant to disclose, sought help without doing so.

A lack of knowledge about what services provide, what qualifies eligibility and what engagement involves all acted as barriers for participants reaching out to services like the DRCC for help. For example, participants often assumed that by reaching out to counselling services like the DRCC they would be obliged to report the crime to the Guards. This delayed help seeking from psychological support services for some participants who had no interest in legal recourse. This phenomenon has been recognized in the literature as an over-reaction to a disclosure. Contrary to an under-reaction of dismissal or minimization of disclosures, victim/survivors fear being forced to engage with legal services upon seeking psychological support which prevents help seeking (Patterson et al., 2009; DeLovah et al., 2017).

While there is no statute of limitations on psychological help seeking, participants were concerned that they had left it too long to seek support from support services. Participants were conscious they would be rendered ineligible by the significant delay in help seeking. This is significant as timely interventions have been found to promote healing and recovery (Kline et al., 2018).

### *The Second Rape*

Societies response to victim/survivors of sexual violence can greatly impact the psychological sequelae experienced. Negative experiences during the help seeking process which left help seekers feeling blamed and not believed can compound the experience of sexual violence. This can be devastating, almost as devastating as the rape or sexual assault itself. One participant suggested seeking help was equally as traumatizing as the rape. Another commented that most of the harm of sexual violence is done in the aftermath including how it is responded to by others. This demonstrates the potential for help seeking to negatively affect victim/survivors on their path to recovery. This is consistent with research on the effects of help seeking on the mental health of victim/survivors and the phenomenon of the 'second rape' also known as 'secondary victimization' (Madigan & Gamble, 1991; Campbell et al., 2001). Secondary victimization refers to the victim blaming approach of formal support services that add to the trauma of victim/survivors (Allen, Ridgeway & Swan, 2015). Participants experienced secondary victimization from the Guards, medical personnel and legal providers (Parsons et al., 2010; Campbell, 2005). The effects of these reactions from people whose role in society is to provide support for those that request is particularly devastating to help seekers. While some participants deliberated over their decision to seek help other's describe seeking help as an automatic decision in the immediate aftermath. Unable to contain their emotions, participants were operating on autopilot, not consciously aware of the decisions they were making. On the other hand, participants psychological state delayed them seeking help as they struggled to cope, particularly in the immediate aftermath where they were suspended in a state of psychological fugue.

The mental health of victim/survivors seeking help can be exacerbated by formal support services (Campbell et al., 2009). This was demonstrated in the current study where participants describe feeling ‘crazy’ as they were dismissed, treated insensitively or had their experience minimized. One participant engaged with legal services in the pursuit of justice. Despite successfully prosecuting her perpetrator and getting a guilty verdict, the participant would not seek legal justice again due to the exhausting, devastating nature of the experience. Poor treatment of victim/survivors by legal professionals may be a result of the incongruous needs of both parties (Martin & Powell, 1994). Another participant sought support of a priest, the morning after she was drug raped. Support came in the form of religious instruction to say ten Hail Mary’s to absolve herself of the sins she may have committed, placing the blame firmly on the victim/survivor. The reactions of service professionals have implications for recovery including poorer health outcomes (Campbell et al., 2001) as well as fostering self-blame which only serves to silence victim/survivors (Ahrens, 2006).

### *The Antidote to the Second Rape*

This phenomenon was experienced across participants in all services but one; the Dublin Rape Crisis Centre. Participants who sought support from the Dublin Rape Crisis Centre were met with positive reactions to disclosures. There was an overwhelming consensus, particularly at the point of engagement where participants were relieved of the blame they had ascribed themselves for their experience of sexual violence. The therapist assuaged service users of any guilt they felt for not reporting the crime as the safety of others was a huge concern echoed across participants. This specialist service is well equipped to deal with disclosures of sexual violence and is well versed in responding appropriately to a disclosure. As such many participants had positive experience seeking formal support. What is specific to participants who sought support from the DRCC is the recovery experienced from a



specialized service. Participants recognized the expert nature of the therapy received as crucial to their healing. It is this training of staff at the DRCC that prevents secondary victimization of service users and fosters recovery. Campbell (2006) established the utility of rape crisis advocates when interacting with legal and medical professionals. Continuing to advocate for the increased inclusion of rape crisis services in the prevention of secondary victimization of victim/survivors is vital (Campbell et al., 2001). However, there were aspects to accessing the service that were difficult. Burdened by a lack of funding and under resourcing, the DRCC must place service users on a waiting list. For victim/survivors who have managed to make the daunting phone call to the service, learning that they now must wait for a period of time before they can actually receive treatment can be devastating. However, it seems the wait is worth it as participants describe the lifesaving experience they had in the service.

Victim/survivors are confronted with navigating help seeking within multiple hostile environments. While there are opportunities for victim/survivors to get help and many participants did, there are several obstacles. Overcoming these obstacles seemed largely facilitated by social supports. The presence of positive social support was vital for participants in the service user cohort of this study who accessed the DRCC. Nearly all participants in this cohort had someone accompany them, contact on their behalf or recommend they contact the service. The presence of social support helped participants overcome the barriers preventing them from accessing services. For service users of the DRCC, access was regularly facilitated by friends and family who contacted the service on behalf of the participant. Social supports suggested contacting the DRCC and accompanied them to the service all of which facilitated participants accessing the service. The importance of social supports cannot be underestimated. It is apparent from the current study that social

supports were vital to victim/survivors accessing services when making contact and accessing the service. Social support has been demonstrated as a galvanizing force in assisting victim/survivors with help seeking for sexual violence (Littleton, 2010; Ullman, 1999). Social supports were the vehicle for access for participants in the study

### Section 5.5 Macrosystem

The participant was situated in a specific context to fully understand their experience of help seeking from formal support services. To gain insight into the context and its influence on them, participants were asked to comment on being a victim/survivor of sexual violence in Irish culture and the experience of seeking help within it. Findings formed the theme of ‘navigating help seeking within the Irish context’ and is discussed in the macrosystem level of EST (Bronfenbrenner, 1979). The macrosystem represents the cultural influences exerted on the victim/survivor as they attempt to seek help. This includes factors such as rape myths, gender norms, cultural events and how they combine to help or hinder help seeking.

#### *Silencing of Victims*

A culture of silence was reiterated among participants who felt shamed into silence. Low reporting rates and help seeking among victim/survivors of sexual violence in society can be attributed to this silence. Victim/survivors of sexual violence seek help at typically low rates (Campbell, 2008; Ullman & Filipas, 2001). This culture of silence is particularly pervasive when the abuse was perpetrated within families. Five participants experienced sexual violence within the family. When three of the participants disclosed as children, none of these disclosures were adequately addressed; rather they were minimized or ignored. Participants were forced to carry their experiences alone into adulthood where it continues to impact aspects of their lives. One participant described the culture of silence in the gay community

as they remain eager to continue their emancipation after decades of oppression. Pressure from within the community to not ‘rock the boat’ by disclosing instances of sexual violence encourages silence among its members. Javaid (2017) found that gay male victim/survivors are eager remain ‘in the closet’ about their experience in the context of already stigmatized same sex relations. Preexisting myths about gay men as promiscuous invites blaming responses to male sexual violence. Their suffering is taken less seriously by society, making men particularly vulnerable to negative social reactions that prevents them from seeking help (Javaid, 2017).

### *Rape Myths*

The main mechanism for maintaining victim/survivors silence is rape myths. Rape myths cultivate a culture of silence that serve to blame the victim/survivor for the violence visited upon them. Lonsway and Fitzgerald (1994) describe rape myths as false beliefs that deny or minimized rape and blame the victim/survivor (Allen et al., 2015). Myths, stereotypes and norms have been distilled down through society, informing our beliefs and attitudes that have been inculcated into us as individuals. One of the most enduring rape myths is that rape is perpetrated by a stranger. This was internalized by most participants and manifested in an inability to identify their experience as rape when perpetrated by someone they knew.

Participants blamed themselves for what happened to them perceiving themselves as foolish and irresponsible for putting themselves in a vulnerable position. These thoughts and beliefs are induced by rape myths which suggest that one’s behaviour provokes rape. This can invite a specific type of self-blame on victim/survivors called behavioural self-blame (Janoff-Bulman, 1979). Behavioural self-blame arises when victim/survivors blame their behaviour for their experience. Characterological self-blame is a product of blaming one’s personality

or traits for the sexual violence visited upon them (Ullman & Najdowski, 2011). Greater characterological self-blame but not behavioural self-blame is related to fewer positive reactions to disclosures (Ullman & Najdowski, 2011). This has implications for victim/survivors help seeking as receiving negative responses to disclosures can have a deleterious effect on relationships (Ahrens & Aldana, 2012) which can reduce opportunities for victim/survivors to seek help. Therefore, addressing characterological self-blame (e.g. I was raped because I am a bad person) could positively impact victim/survivors help seeking and attainment.

Rape myths suggest that rape is a women's issue that doesn't concern men (Allen et al., 2015). Rape is normalized for women as a result, there are fewer cultural, social and physical supports for men (Donnelly & Kenyon, 1996). Services are perceived to be more directed at female victim/survivors (Allen et al., 2015) a finding echoed among male service users of the DRCC in the current study. Rape myths directed at men don't allow them to be victimized. Acceptance of rape myths that men cannot be raped mean men do not conceive of themselves as vulnerable to rape (Kassing, Beesley & Frey, 2005). As men are subject to rape myths that suggest men cannot be raped, they are prevented from seeking help. This is reflected in the current study of which only one quarter were male. Allen et al., (2015) found that gender is more likely to impact male help seeking for sexual violence than female help seeking. Gender norms within society may affect men's ability to seek help. Gender norms posit that men cannot be both a victim/survivor *and* a man as rape defies definitions of masculinity such as strength and invulnerability (Turchik & Edwards, 2012). Gender norms that suggest men must be strong, aggressive and in control make it difficult for men to admit needing help (Donnelly & Kenyon, 1996). Masculinity is compromised as a result of victimization, leaving men conflicted about their identity as men (Turchik & Edwards, 2012). Rape myths were

endorsed by male participants who felt their sexuality and masculinity were threatened by their experience of sexual violence. The stigma surrounding sexual violence doesn't exist within other crimes suggesting rape is different.

### *Cultural Moments*

Recent events in society have opened up a discourse in Irish society. These events emerged naturally in the course of the interview with participants. Of particular interest was the Belfast rape trial which saw prominent rugby players acquitted of rape charges despite considerable evidence. Participants could not but be privy to this court case which was disseminated hourly across every medium and discussed in almost every public and private space. Participants were impacted by its outcomes with many feeling relieved they didn't report their experience whilst others used it as a motivator to seek help. These were critical moments for some participants in their help seeking journey. Through witnessing this court case participants were oriented to seek help as they reflected on their own experience. Seeing similarities in their own experience and the victim/survivor in the Belfast trial galvanized one participant to seek psychological support. Others were relieved they didn't seek legal recourse upon learning the outcomes of the trial. Participant's decried the legal system in which it seems victim/survivors receive no justice and within which rape myths are reproduced to defame the victim/survivor. This was decried at a societal level through protests at the treatment of victim/survivors and generated the hashtag #ibelieveher in support of the victim/survivor of the trial. According to Liang et al. (2005) having faith in services to provide support is necessary for victim/survivors to seek help. This faith was absent in participants who felt they could not trust legal services due to the outcomes of others who engaged with such services.

Social media movements like #metoo opened up a space for victim/survivors to speak about sexual violence, increasing visibility of the existence of rape and its victim/survivors in our culture. Hashtag feminism such as this is an effective vehicle for change in the digital age (Mendes et al. 2018). It has the ability to foster solidarity among victim/survivors who disclose their experience of sexual violence. There is potential in the movement and its 'mainstreaming' of feminism that could effect real social change (Mendes et al., 2018, p. 239). One participant commented that #metoo has normalized the experience of sexual violence and promoting disclosures. This is important as it is obvious the current culture isn't conducive to disclosing an experience of sexual violence either formally or informally. As Campbell et al. (2009) observed victim/survivors 'must navigate help seeking within multiple hostile environments' (p. 226). Interventions that create less hostile environments in which victim/survivors can disclose their experience could foster help seeking for victim/survivors. However, male participants were less impressed by the movement, seeing it as a female movement.

#### Section 5.6 Reconceptualizing EST (Bronfenbrenner, 1979)

In his original model, Bronfenbrenner distinctly categorized the influences on human development into the micro- exo- and macrosystem and their interaction with the individual (1979). Within each of these systems resides the multiple factors specific to each system. The current these organized the impact of sexual violence and the process of naming the experience at the individual level. Informal disclosure was categorized at the microsystem level. Seeking formal support from various professional support services was categorized at the exosystem level and the influence of culture including activity in the environment, rape myths and gender norms at the macrosystem level. However, it is clear that multiple factors

including rape myths and gender norms permeated several levels of the ecological framework. Campbell et al., (2009) recognized a similar phenomenon when identifying the factors that impact victim/survivors psychological sequelae using Bronfenbrenner's ecological framework (1979). Campbell et al., (2009) described self-blame as a meta construct, present at each level, influencing victim/survivors psychological sequelae. Another recent reconceptualization of the model suggests that the macrosystem which includes cultural and societal beliefs, norms and attitudes should be reassigned to the microsystem due to the influence it exerts on the individual. Vélez-Agosto et al. (2017) believe relegating culture to the macrolevel is 'problematic' as it is significantly influential on the life of the individual (p. 900). They conceptualize culture as central to human development and therefore should be at the centre of the ecological system.

In the current study, the influence of culture at each stage of the victim/survivor's help seeking journey was inescapable, permeating participants belief about themselves in the aftermath of sexual violence, informing the responses they received at micro- and exosystemic levels. The culture we exist in also exists in us as beliefs and practices of that culture become internalized (Vélez-Agosto et al., 2017) and is enacted across the ecological system. Victim/survivors are subjected to rape myths at each level of the ecological system. Rape myths are produced and reproduced at the cultural level, delivered through victim blaming responses at the exosystem and microsystem and internalized through self-blame at the individual level. The influence of gender was present at each level of the ecosystem, impacting participants decision to seek help, particularly for men who felt ashamed of their victimization as a result of gender norms that imply men should be able to resist physical threats. As a result, men experience shame for not achieving this masculine ideal (Donne et al., 2018). This prevented them from disclosing to friends and family in the microsystem and

seeking professional help at the exosystem level. This is a result of victim/survivors adherence to gender norms that are perpetuated throughout society at the macrosystem level.

The influence of gender norms is present at the exosystem where participants, particularly male, described an unawareness of sexual assault services like the DRCC. This is a product of the rape myth that rape is predominantly a women's issue that does not affect men, therefore sexual assault services are considered unnecessary for men (Turchik & Edwards, 2016).

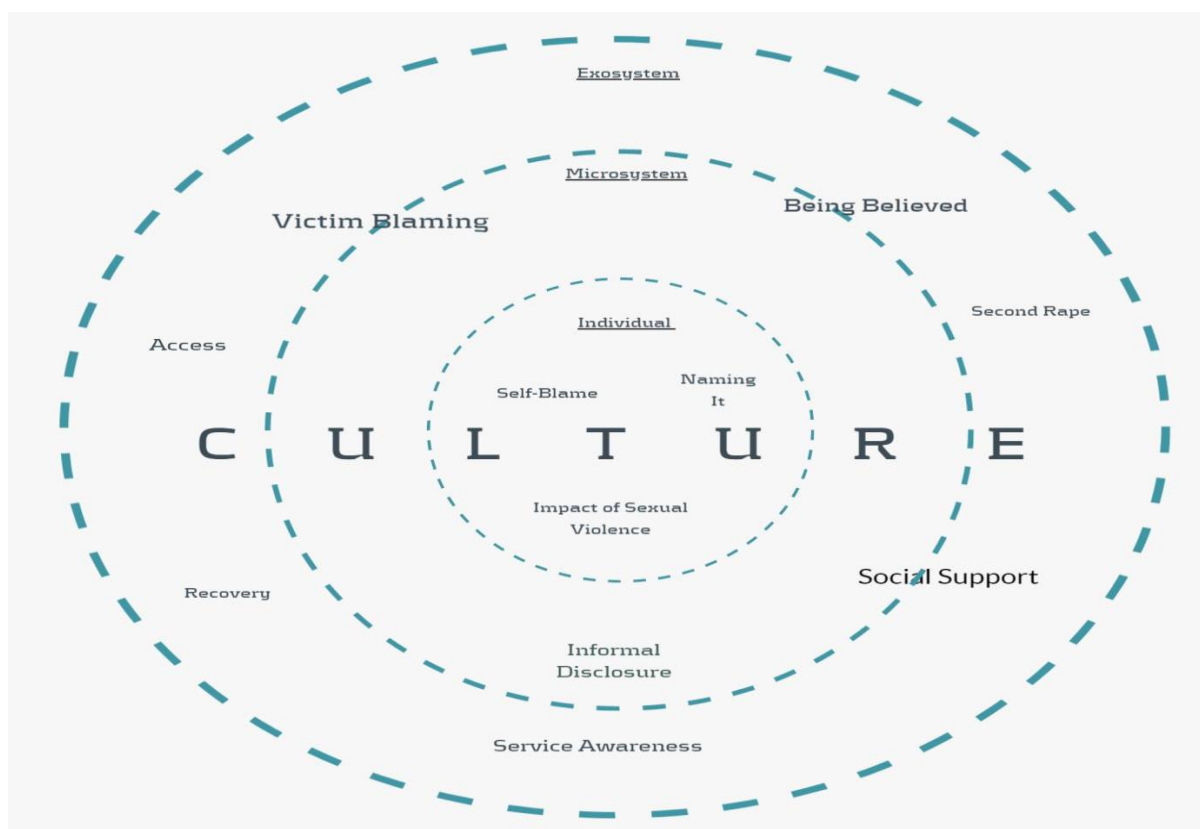
Cultural influence of rape myths is further demonstrated through participants experience of secondary victimization or the 'second rape' when they received insensitive, victim blaming responses from formal services (Campbell et al., 2001). The culture actively discourages disclosures by producing and reproducing rape myths which are communicated to victim/survivors through negative responses (Ullman et al., 2007). Recovery for participants involved assuaging the impact of rape myths by validating their experience of sexual violence and removing the responsibility they carried.

A reconceptualization of the ecosystem reflecting Vélez-Agosto et al., (2017) model is outlined below in Fig. 2. Rather than considering the macrosystem as distinct and hierarchical, it transcends and influences each level of the ecosystem. The culture within which a victim/survivor seeks help dictates the outcomes at the microsystem and exosystem level. It also dictates how they perceive themselves; whether or not they ascribe blame to themselves for their experience, perceive themselves as weak or strong or victim/survivors or survivors. This aligns with the social constructivist approach of the thesis which states that meaning is created through our interactions with the world around us (Crotty, 1998).



A visual representation describes the EST as described with the macrosystem permeating each system. The concentric design represents the levels of the ecosystem. At the centre resides the individual, followed by the microsystem and the exosystem. The broken lines represent the interaction of variables that may be present at more than one level. For example, the impact of social support was seen across many levels of the ecosystem. At the microsystem, participants reiterated the impact social supports had on disclosure whether positive or negative, depending on the social response received. At the exosystem, participants described the assistance received from social supports in accessing formal supports. Underpinning the systems are the factors specific to the culture the model is being applied that shape the victim/survivors experience in the aftermath of sexual violence (Kennedy & Prock, 2016).

Fig. 2: Culturally underpinned EST framework



### Section 5.7 Policy and Practice Implications

There is a growing trend in Ireland towards addressing issues of sexual violence in Irish society. For example, the legal definition of consent was introduced into law (Sexual Offences Act, 2017) and Irish school's relationship and sexuality education (RSE) is under review with a view to updating the national curriculum. These changes come as a result of public disquiet over the prevalence of sexual violence in society. With the advent of such change there is an opportunity to address issues of help seeking in the aftermath of sexual violence. Policy is increasingly being informed by recent and relevant research, bridging the gap between the two and ensuring policy is applicable and appropriate. Conducting implementation research with the aim of producing findings that are applicable to practice lends itself to the current section which outlines recommendations for change. As such, participants were asked to comment on this as experts in help seeking for sexual violence, providing recommendations for improving the process of seeking and accessing support for victim/survivors of sexual violence. This section discusses these recommendations and their potential implications for policy and practice as derived from the final theme 'recommendations for change.' Recommendations are: (1) Prioritizing Victim/Survivor Wellbeing (2) Facilitating and Handling Disclosures (3) Reconsidering the Language of Sexual Violence (4) Improving Access to Services (5) Increasing Awareness (6) Ending the Silence of Sexual Violence.

### Section 5.8. Prioritizing Victim/Survivor Wellbeing

Participants advocate prioritizing psychological wellbeing in the aftermath of sexual violence. Addressing the psychological impact of sexual violence is crucial for healing.

Participants described a wish for life to continue on as normal after sexual violence and engaged in denial or minimization tactics to ensure this happens. However, as evidenced by participants, repression isn't conducive to wellbeing. Recommendations for victim/survivors to seek psychological support may increase help seeking of sexual violence specific services. Victim/survivors who engage with rape crisis services are less likely to experience 'the second rape' which has been found to have deleterious effects of wellbeing (Grauerholz, 2000; Campbell et al., 2001). Indeed, preventing the 'second rape' of victim/survivors is crucial for formal support services. Training on how to respond to disclosure can mitigate the devastating impact formal support services can have on victim/survivors.

#### Section 5.9: Facilitating and Handling Disclosures

Disclosure recipients have an opportunity to effect real change in the lives of victim/survivors. For victim/survivors to engage with the help seeking process and successfully attain support it is important that they feel able to disclose and trust that these disclosures are handled appropriately. Participants mentioned how it sometimes felt like those they were disclosing to did not want to receive it. Conveying a willingness to discuss sexual violence is important for encouraging disclosures (Allen et al., 2015). Similarly, anticipating negative responses is a significant barrier to victim/survivors disclosing (Paul et al., 2009). Assuaging this fear by adequately training people to respond to a disclosure appropriately can facilitate help seeking.

Believing a disclosure is crucial. Responding with victim blaming questions that imply the victim/survivor provoked their experience of sexual violence can be extremely detrimental to their ability to seek help. Developing and disseminating literature on how to appropriately

handle a disclosure for both formal and informal sources of support will reduce incidences of negative social reactions to disclosures.

Speaking about their experience is extremely difficult for victim/survivors and something they often struggle to do. Minimizing the number of disclosures victim/survivors must make in order to attain help would facilitate help seeking. Participants were consumed with doubt about their experience as they question their reactions, wondering were they really raped or are they being ‘dramatic?’ Services can assuage some of these anxieties, facilitating access to services by reducing the amount of information victim/survivors are obliged to disclose particularly when seeking access to services. Requiring victim/survivors to relate their experience in order to successfully access a support service will hinder help seeking, as victim/survivors struggle to describe the incredible trauma they have incurred. As one participant states “not everyone needs to know your story.” Repeating their experience to different sources of support exhausted participants. The accompanying bureaucracy of accessing a service also acted as a barrier

#### Section 5.10 Reconsidering the Language of Sexual Violence

There is an aversion to the word rape in society as it is a stigmatized term, preventing people from using it. The word rape is like a ‘slap in the face’ for one participant and may be quite alienating and inaccessible for others. The word excludes other forms of sexual violence from the conversation. It may exclude people who do not describe their experience as one of rape but rather sexual assault or abuse. Participant’s described feeling ineligible for the DRCC because they did not consider themselves raped or in ‘crisis.’ Victim/survivors may not consider themselves eligible for a service such as the Dublin Rape Crisis Centre and decide not to access it. Moving from restrictive language to more inclusive terminology such as

‘sexual violence’ may increase help seeking as more people consider themselves eligible for support as their experience meets the criteria for sexual violence. Research has found using words like ‘rape’ results in lower levels of reporting. Using behaviour specific words such as ‘being forced to have sex against your will’ increase disclosures (Dartnall & Jewkes, 2013).

#### Section 5.11 Improving Access to Services

Participants suggest multiple ways in which accessing support could be improved for victim/survivors. Contributing to the anxiety of seeking help from support services is not knowing what to expect. Participants suggest providing a ‘how to’ guide explaining what to expect when accessing sexual assault services including clear guidelines on each aspect of the help seeking process including what information victim/survivors will be asked to disclose when they make that first phone call. Providing as much information as possible online so that potential service users know exactly what to expect when they reach out to services would assuage some of the uncertainty victim/survivors feel when seeking help. Support services should consider providing advice on how to manage professional situations such as requesting time off work or school to attend appointments.

Providing alternatives to a phone service would be useful to people less comfortable discussing their experience of sexual violence over the phone. Some participants described being uncomfortable disclosing to a stranger, particularly one they couldn’t see and would find a walk-in service more accessible.

Ensuring the environment of the service accessed is pleasant for participants who are vulnerable particularly at the beginning of service engagement is important. Services could consider playing music rather than the radio that is often laden with negative news stories.

Providing a gender-neutral space for service users to await their appointments creates an atmosphere of inclusion. This can be done by providing reading materials aimed at men and women.

Economic needs of victim/survivors of sexual violence as they struggle to attend work or cannot afford to access private psychological support services can be mitigated by the provision of low cost or free counselling. This can be difficult with funding and resources of sexual assault services already constrained. Offering a negotiable fee based on what is affordable for the service user is a potential solution to this issue.

Increasing awareness about what services provide and who is eligible to receive support could counter the misperceptions of sexual assault services elucidated in the current study including misperceptions about what constitutes sexual violence, how distressed or in 'crisis' a victim/survivor must be or the recency of the violence occurred in order to access rape crisis services. Indeed, participants disclosed a fear of being obliged to report to legal services if they sought psychological help from the DRCC. This fear may act as a barrier to victim/survivors. There is a need to highlight that there is no obligation to engage with legal services should they seek the support of the DRCC or any counselling service. Allaying fears around these issues by clarifying them could facilitate help seeking from these services.

Coordinating care services would be a significant step towards the wellbeing and recovery of victim/survivors of sexual violence. Streamlining the help seeking process was mentioned by multiple participants as facilitating help seeking. Intervention teams consisting of member of the Guards, social workers, medical and legal professionals and counsellors managing service users on a case by case basis would alleviate the responsibility on the victim/survivor to

navigate the various help seeking avenues on their own. This model of intervention is advocated in the literature and implemented in parts of the US (Campbell et al., 2001). Providing a victim/survivor centred approach in a gender sensitive manner is advocated by EU directives and should be adhered to as much as possible (Walby et al., 2013).

Protocols particularly for first responders such as GP's, the Guards and other professionals could be developed. Victim/survivors are more likely to disclose when asked if they have had an experience of sexual violence (Ahrens et al., 2007). Screening for sexual violence may be a useful way to facilitate disclosure and remove some of the pressure from those considering disclosing. This may be particularly useful for first responders such as GP's, teachers and other professionals who are more likely to come into contact with victim/survivors before specific sexual violence support services.

Rape crisis centres are continually plagued with financial issues (Maier, 2011). There is a scarcity and competition for funding for rape crisis centres that affects service provision (Ullman & Townsend, 2007). The DRCC is regularly petitioning for increased funding so that services can continue to exist and expand. Forcing service users onto waiting lists is not ideal and increased funding can attenuate this issue. Funding of sexual violence services should reflect need (Walby et al., 2013) and the DRCC's need is demonstrated by their waiting list. Continued advocacy for increased funding as well as government recognition of the need for increased services in society to address the endemic nature of sexual violence is needed. By investing more in specialized sexual violence services, the costs incurred during the aftermath (work absenteeism, service provision) could be mitigated (Walby & Olive, 2014).

### Section 5.12: Increasing Awareness

Increasing awareness of the impact of sexual violence was deemed important by participants. By increasing awareness of how significant the impact is, participants believed it would be taken more seriously by society. By educating people about the realities of sexual violence and dispelling rape myths about the perpetration of rape people will be able to recognize sexual violence more readily. This could facilitate help seeking as not identifying sexual violence is a contributing factor in victim/survivors not seeking help. Particularly targeting rape myths around male sexual violence is important as they act as a significant barrier for men seeking help (Turchik & Edwards, 2012). Better educated people demonstrate less adherence to rape myths (Burt, 1980). Therefore, increasing people's awareness through education can attenuate the effects of rape myths on help seeking.

Rape myths are regularly invoked in courts of law in an attempt to ascribe blame to the victim/survivor and absolve the perpetrator (Smith & Skinner, 2017). The provision of training for judges and juries who must exact justice in cases of sexual violence could reduce the risk of biased outcomes in such cases. Participants expressed little faith in receiving legal justice which prevented them from seeking legal support. This decision was informed by learning of the outcomes of prominent rape trials. Conviction rates are low due to rape myths perpetuated in society rather than poor law making (Leahy, 2014). Escaping the influence of rape myths is difficult considering they are embedded in our law, media and policy and even education (Turchick & Edwards, 2012). Interrupting the perpetuation of rape myths could break this cycle, removing the shame and facilitating disclosures of victim/survivors to medical, legal and psychological supports.



There is a reliance on media and social media in society for information (Franiuk, Seefeldt, & Vandello, 2008). Therefore, the media has a social responsibility to provide unbiased reports, void of rape myths and also provide accurate depictions of fictionalized sexual violence (Turchik & Edwards, 2012). Ensuring the media practices fair reporting and representation has significant implications for changing culturally held beliefs and attitudes as even subtle language choice like using the term ‘the accuser’ rather than ‘alleged victim’ can shift the blame onto the victim/survivor (Franiuk et al., 2008). Exposure to rape myths through the media can both teach rape myths to those that don’t hold them and reinforce them in those that do (Franiuk et al., 2008).

Increasing representation of victim/survivors particularly male victim/survivors who do not feel represented in society may facilitate victim/survivors seeking help. Participants, both male and female describe a lack of representation due to the silence around sexual violence. Bringing victim/survivor narratives into the foreground of society is important for increasing awareness and reducing the isolation felt by victim/survivors. Male victim/survivors are particularly vulnerable to being excluded from narratives of sexual violence. Increasing efforts to include men in informational resources and awareness raising campaigns is important for facilitating help seeking within this population.

### Section 5.13: Ending the Silence of Sexual Violence

Opening up a discourse around sexual violence and changing the narrative is crucial for victim/survivors. It is because of the stigma surrounding sexual violence that victim/survivors feel ashamed and unable to disclose their experience. Curating an atmosphere supportive of victim/survivors by changing attitudes to sexual violence and correcting misperceptions in society can facilitate help seeking. Rape myths and victim blaming perpetuate

victim/survivors shame and continue the atmosphere of secrecy around sexual violence. By becoming more comfortable discussing sexual violence and confronting myths in which victim/survivors are responsible for the sexual violence visited upon them, society can create an atmosphere in which victim/survivors can speak about their experience. The media is a powerful tool in changing attitudes in society. Harnessing that power to change people's attitudes towards sexual violence as well as increasing representation and awareness could facilitate discourse of sexual violence.

#### Section 5.14: Study Limitations, Challenges and Future Directions

Qualitative research offers an in-depth insight into a phenomenon. It is a useful tool for understanding the experiences and meaning of a phenomenon. However, with this piece of research, there are limitations that are worthy of consideration. Participants who participated in the current research are a unique group of people who volunteered to speak about their experience of sexual violence and subsequent help seeking. They were a self-selecting group who were willing to discuss this typically taboo subject. Participants therefore could be considered not representative of the victim/survivors experience of help seeking, as a cohort of victim/survivors who are not willing to speak about their experience are excluded.

However, it is important to remember that this piece of research offers one perspective on the phenomenon of help seeking in the aftermath of sexual violence. It does not seek to explain the phenomenon or generalize it to all victim/survivors. The findings of this research are unique to these participants. The specific context of the study and the cultural aspects of it may not be relevant beyond this context.

Future research could seek to access victim/survivors who have never disclosed their experience of sexual violence using more anonymized methods. For example, the SAVI

Report (McGee et al., 2002) conducted anonymized research into Irish citizens attitudes and beliefs around sexual violence which provided useful insights into the culturally held attitudes and beliefs. Similarly, in the US, the NIPSV Survey elucidates beliefs and attitudes among other variables in relation to intimate partner and sexual violence. However, anonymized telephone surveys such as these cannot conduct such in depth interviews and therefore may miss valuable information captured in the current research. Finding new ways of accessing hidden populations is crucial to informing our understanding of seeking help for sexual violence. Strategies were employed in the current study to access these hidden populations by attempting to recruit people who have experienced sexual violence but did not seek support. While ten participants were recruited for this cohort, some had sought and attained support. Two participants were in private counselling as a result of their experience of sexual violence. Another had sought and engaged support in the past for her experience of sexual violence but was not currently in counselling at the point of participation. Another participant had sought and engaged several forms of support including the Guards, GP's and multiple therapists, most to no avail. DeLovah refers to this as the cyclical nature of help seeking (2017) and suggests help seekers should not be dichotomized into help seekers and non-help seekers. Instead, help seeking should be considered an iterative process. The participants in the current study certainly reflect this as the sample comprised of people who sought help from different sources, at different time points including the DRCC but also legal, medical and other psychological supports. These participants lend an even greater understanding to the help seeking journey as their experience offers insight into other services. Indeed, some participants considered participating in this study as a form of help seeking. It seems the interview environment facilitated one participant naming her experience as rape for the first time. The wealth of experience within and across these interviews contribute to our understanding of help seeking for sexual violence. However, there is still

significant work to be done to understand the differences between those that seek and attain support and those that do not.

While the study was open to men and women, the majority of the sample comprised of female victim/survivors. A greater insight into the male experience could have been attained in the presence of more male participants. It is clear from the findings that men and women have a different experience of being victim/survivors of sexual violence and seeking help for same. For example, the dearth of male participants particularly in the non-service user cohort is perhaps a result of the greater stigma male victim/survivors experience which prevents them from speaking about their experience. Male participants comprised of 25% of participants. This almost mirrors the 28% of men who experienced sexual violence in Ireland according to the SAVI (2002) report. Similarly, this percentage is just above the 21% of male callers who reached out to the DRCC in 2018. Therefore, it can be assumed that men were represented in the current study. Recruiting participants for such a sensitive subject was anticipated to be challenging, irrespective of gender, so the current sample is considered a success. Opportunities to study intersectionality among participants was limited due to the white western sample recruited. However, two participants identified as queer offering the opportunity to examine the influence of sexual orientation on help seeking. Future research could employ recruitment strategies to study the effect of race on help seeking for sexual violence.

Participants recruited from the DRCC could be particularly vulnerable to participant bias. As they were recruited by their therapist and interviews were conducted in house in the DRCC, service users may have felt obliged to participate. This risk was mitigated by keeping the therapist blind as to whether their client participated in the study as all communication past

the point of recommendation was between the service user and the researcher. However, this could not completely remove the risk which may have manifested as service user participants extolling the virtues of the counselling they received by the DRCC. This tendency towards pleasing the researcher or indeed their therapist, known as social desirability bias is not uncommon in research (Fisher, 1993). It was useful to be mindful of this potential for bias. The presence of non-service users countered this bias as participants could speak honestly about what was preventing them seeking help from the DRCC and any negative experiences they were having on their help seeking journey. Similarly, service users of the DRCC appeared to speak honestly as they commented on opportunities for improvement. Participant engagement with the DRCC is one aspect of many topics they were interviewed on as the research is not solely concerned with their experience in therapy. Therefore, the current research is not compromised by participant bias. Future research could look into previous service users of the DRCC to gain another perhaps more balanced perspective on the service to ensure a robust understanding has been gained. Exclusion criteria mandated that participants were not in a vulnerable psychological state as dictated by their therapist in the DRCC. While this was a necessary ethical criteria, it may have influenced findings.

Participants were asked to reflect on a range of aspects of their help seeking journey including the impact of sexual violence on their lives; making those initial disclosures and the reactions they received; seeking help from formal support services; the experience of navigating help seeking in Ireland and; recommendations for change to improve access to support services. This broad range of topics was deemed appropriate to capture the range of factors affecting victim/survivors as they attempt to seek help. By leading participants to reflect on certain topics this may have limited the opportunity for participants to express aspects of help seeking pertinent to them. However, gaining an ecological understanding of

help seeking aligned with the aims of the research and also with the deliverables set out by the DRCC who were eager to understand the service user experience and how this can be improved. Indeed, ecological models such as this one are increasingly being used in health research to capture a range of factors influencing a variety of issues and are advocated by the World Health Organization among others.

As is common with qualitative research, the participants sample was small. Participants recruited were of a narrow demographic that were based in Dublin. Dublin is Ireland's capital city with over one million inhabitants. The help seeking experience of victim/survivors based here may not be representative of the more nuanced experience of seeking help in the smaller, more rural towns that characterize Ireland. Differences in urban and rural help seeking for victim/survivors of sexual violence has been demonstrating the importance of context in seeking help (Logan et al., 2005). Future research could look at this experience and perhaps compare it to help seeking in larger, more anonymous cities. Conducting research with more diverse populations including differently abled people, the elderly and children and young people is important to understand their experience of help seeking for sexual violence.

## **Chapter 6: Conclusion**

### Section 6.0: Chapter Overview

This chapter concludes the thesis by summarizing the outcomes of the study. The factors that affect help seeking for victim/survivors are synthesized along with recommendations for change as described by participants of the study. The implications of the study for victim/survivors of sexual violence and service providers are discussed.

## Section 6.1: Overview of Study

The aim of the current thesis was to identify the factors that affect accessing support services for sexual violence. Analysis of the findings suggest that the barriers and facilitators to seeking help for sexual violence stem from multiple factors that extend beyond the individual. Participant's discussed accessing support services including psychological, medical and legal services. The intention of the thesis was to generate findings that will be applicable to any service that provides support for victim/survivors of sexual violence. The factors obtained are intended to relate to all services that may be sought by victim/survivors of sexual violence.

The help seeking experience of the victim/survivor was central to the thesis. This perspective was integral to elucidating the factors that affected help seeking for sexual violence and therefore was the focus of the thesis. To obtain a robust understanding of these factors service users of the DRCC, a psychological support and advocacy service for victim/survivors of SV were recruited as well as a cohort of victim/survivors who were unable to seek or attain adequate support from any service. By privileging the experiences of these participants, significant insight into the help seeking experience for sexual violence was gained.

As such, a sufficiently varied group of participants reflecting a range of experiences with a range of services including the Guards, legal services and psychological services were recruited. An equally wide range of outcomes including successfully attained support, actively seeking support and never sought support were described.

According to Tudge et al. (2009), theory is applied to findings to provide a framework for understanding and explaining phenomena and possibly find new insights or conceptualizations. Ecological Systems Theory (Bronfenbrenner, 1979) was applied to the

current findings to assess its applicability to the phenomenon of help seeking in the aftermath of sexual violence. This theory was chosen as it allowed the findings to be interpreted in a culturally relevant framework. According to this theory, the individual's development is influenced by their environment and the reciprocity between the two. 'Systems' or 'levels' describe the various environments in which the individual interacts. For the victim/survivor this includes the individual level where the impact of sexual violence is incurred; the microsystem containing the close friends and family to whom the victim/survivors may disclose; the exosystem containing formal support services that may be engaged with and; the macrosystem which dictates the ideology of the society including the cultural beliefs and attitudes supported within it such as rape myths and gender norms. By observing the phenomenon of help seeking through a culturally informed lens more robust findings can be generated. While the individual experience of help seeking for sexual violence is important, focusing on it alone may make us blind to other factors affecting this phenomenon. By seeking to understand the experience of navigating help seeking within the Irish culture, the opportunity for blindness was mitigated.

The attitudes and beliefs that are instilled in society through the macrosystem exerted a significant influence at all other levels of the EST (Bronfenbrenner, 1979). At the individual level rape myths and gender norms informed victim/survivors self-blame and shame as they believed they provoked their attack through their behaviours or characteristics. Rape myths were reproduced at the micro- and exosystem level through responses by formal and informal sources of support that blamed or disbelieved the victim/survivor. As a result of the findings of the current study, EST was reconceptualized to reflect the influence of the macrosystem across all other systems as the participants sought help. The macrosystem was reconceptualized as underpinning the framework rather than a distinct system (Tudge et al., 2009). Macrosystemic factors such as rape myths and gender norms influenced the



participants feelings of self-blame as they took responsibility for the violence visited upon them; it influenced the negative responses often received at the microsystem level as participants disclosed to friends and family and were not believed and; it influenced the insensitive and victim-blaming responses of professional supports, all salient factors in participants help seeking journeys.

An antidote to these barriers to help seeking is the presence of social support. Social support is recognized in the literature as an aid in help seeking for mental health generally (Gulliver, Griffiths & Christensen, 2010) and sexual violence support seeking specifically (Campbell et al., 2001). Indeed, social support is a protective factor against the deleterious psychological sequelae by promoting disclosure, help seeking and help attainment. Social support was a powerful antidote to the barriers to help seeking in the current study. Social support when void of victim blaming attitudes and wholly supportive in nature could was able to facilitate help seeking in many participants, particularly those who accessed the DRCC.

## Section 6.2: The Factors Affecting Help Seeking for Sexual Violence

The aim of this study was to identify the factors influencing victim/survivors ability to seek help from sexual violence support services. These factors were described by participants and synthesized by the researcher with the intention of being implemented by support services into policy for service provision. Borne directly out of interviews with victim/survivors of sexual violence these factors and recommendations are identified below.

Table 6: Factors Affecting Help Seeking

EST Level	Factors	Description	Recommendations

I N D I V I D U A L	Emotional Response	<ul style="list-style-type: none"> <li>• Emotional overwhelm and automatic reactions can trigger a disclosure</li> <li>• Emotional and mental health may prevent help seeking in the immediate aftermath</li> <li>• Shame and self-blame and can delay or prevent disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the message to victim/survivors that the shame is not theirs to carry.</li> <li>• Distilling this message through informational and educational resources, sexual violence awareness campaigns etc</li> <li>• Encourage victim/survivors to prioritize and seek support for psychological wellbeing</li> </ul>
	Naming the Experience	<ul style="list-style-type: none"> <li>• Victim/survivors put themselves on a hierarchy of rape, believing they were not 'raped enough' to justify seeking help.</li> <li>• Non-adherence to rape myths of the 'ideal rape' (perpetrated by a stranger, isolated but public location)</li> <li>• Minimization or denial of experience can remove victim/survivors perceived need for help, preventing them from seeking support</li> </ul>	<ul style="list-style-type: none"> <li>• Educate society on the multiple forms sexual violence can take. People may struggle to identify an experience of sexual violence because of their perceptions of what sexual violence is.</li> <li>• Using language that is more accessible for victim/survivors who may struggle to identify as victim/survivors of sexual violence.</li> </ul>
M I C R O S Y S	Social Support	<ul style="list-style-type: none"> <li>• Positive social reactions such as believing the victim/survivor and providing tangible supports such as information on support services as well as facilitating access to such services by accompanying the victim/survivor when making</li> </ul>	<ul style="list-style-type: none"> <li>• Educate society on how to receive disclosures of sexual violence. Positive social reactions can improve victim/survivors wellbeing and encourage continued help seeking.</li> </ul>

T E M		<p>contact or accessing the service facilitate help seeking.</p> <ul style="list-style-type: none"> <li>Negative responses such as disbelief, dismissal or blaming the victim/survivor silence them and can completely arrest help seeking as victim/survivors anticipate similar negative reactions from others.</li> </ul>	
E X O S Y S T E M	<p>Service Knowledge, Awareness and Perceptions</p>	<ul style="list-style-type: none"> <li>A lack of awareness of existing services or who services cater to e.g. the belief that the DRCC is female only service or the belief that you are obliged to report to the Guards upon accessing the DRCC</li> <li>Unknown expectations of how to access services, what is required of service users act as a barrier to potential service users</li> </ul>	<ul style="list-style-type: none"> <li>Services that provide support to victim/survivors can increase their presence in society through active advertisement.</li> <li>Provide more comprehensive information that is very specific on the process of accessing a sexual assault service.</li> <li>Ensure service caters to the needs of all service users, regardless of gender</li> </ul>
	<p>Accessing Services</p>	<ul style="list-style-type: none"> <li>Reliving the experience through multiple disclosures is distressing</li> <li>Disclosing to a stranger when accessing a service is uncomfortable for victim/survivors.</li> <li>Eager to maintain confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the number of times a victim/survivor must describe their experience in order to receive support.</li> <li>Dilute the language used that may be distressing for victim/survivors to articulate</li> <li>Provide alternative means of accessing the service to remove obligation to disclose over the phone to a stranger</li> </ul>

	Response of Formal Supports	<ul style="list-style-type: none"> <li>• The response of formal supports to victim/survivors who disclose an experience of sexual violence including disbelief, insensitive treatment, inadequate support impedes recovery.</li> <li>• Responding to a disclosure with empathy, validating a victim/survivors experience by believing them and assuaging the guilt and blame they carry facilitates recovery.</li> </ul>	<ul style="list-style-type: none"> <li>• Training first responders in how to respond to a disclosure of sexual violence including believing the victim/survivor, empathizing with them and reassuring them that it was not their fault.</li> </ul>
M A C R O S Y S T E M	Cultural Attitudes and Beliefs	<ul style="list-style-type: none"> <li>• Rape myths that blame victim/survivors for their experience by suggesting they provoked it are internalized by society and manifest as self-blame in victim/survivors and victim-blaming responses of others. This deters disclosures.</li> <li>• Gender norms around the role of men that suggest they cannot be raped and if they are they should be able to cope alone prevent men from seeking help.</li> </ul>	<ul style="list-style-type: none"> <li>• Dispelling myths around sexual violence through awareness campaigns of the realities of rape and sexual violence.</li> <li>• Increasing representation of male victim/survivors of sexual violence in society through media.</li> </ul>
	Silencing of Victim/Survivors	<ul style="list-style-type: none"> <li>• The stigma attached to victim/survivors of sexual violence silences them.</li> <li>• Victim/survivors are silenced by rape myths and gender norms that forbids victimization in some</li> </ul>	<ul style="list-style-type: none"> <li>• Removing the stigma will remove victim/survivors fear of judgement that stigma carries by opening up discourses at all levels of society.</li> </ul>

		<p>people, and blame others for their victimization.</p> <ul style="list-style-type: none"> <li>• Discussing sexual violence can facilitate disclosures as victim/survivors feel more comfortable revealing their experience</li> </ul>	<ul style="list-style-type: none"> <li>• An openness around sexual violence at a societal level will distill down to the individual level.</li> <li>• Fostering an atmosphere of openness to discussing sexual violence can facilitate disclosures of sexual violence.</li> </ul>
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### *Emotional Response of Victim/Survivors*

Participants were deeply impacted by their experience of sexual violence. The impact transcended any demographic variables that may have been thought to mitigate or exacerbate psychological sequelae incurred such as the type of violence experienced, the relationship to the perpetrator, their age or gender. Participants describe the pernicious impact of sexual violence as each aspect of their lives were disrupted by their experience. Underpinning this ripple effect was shame and self-blame which delayed or prevented help seeking. Shame and self-blame were informed by rape myths and gender norms that have become internalized by victim/survivors (Kennedy & Prock, 2016). While rape myths and gender norms were generally gender specific, they caused similar distress to the individual and impeded their help seeking. Participant's tried to avoid these overwhelming negative feelings by repressing or denying the experience as they tried to continue life as normal. This was unsustainable and a disclosure ensued. For other participants, minimizing their experience influenced their perceived need for help and enabled them to cope alone.

Due to the significant shame victim/survivors should be encouraged to focus on healing psychologically through organizations like the DRCC who are specially trained to respond

appropriately to victim/survivors and can facilitate reporting to the Guards and attending SATU should they wish to pursue these avenues.

### *Naming the Event*

A victim/survivors ability to name their experience as one of sexual violence is integral to the seeking help from sexual violence support services (Liang et al., 2005). Victim/survivors need to define their experience as one of sexual violence and attribute their sequelae to the event in order to seek appropriate services. This process can be interrupted by participants minimizing or denying their experience. As a result believe they are ineligible for sexual assault services. Minimization and denial are informed by rape myths that suggest it is not rape unless it is perpetrated by a stranger or is violent (Koss et al., 1988). Similarly, rape myths serve to blame the victim/survivor, suggesting their behaviour provoked the attack by wearing certain clothes or engaging with the perpetrator (Payne et al., 1999). As most rapes are perpetrated in private by someone known to the victim/survivor it can disrupt the naming process.

It is recommended that awareness is spread on the different forms sexual violence takes in an attempt to dispel the rape myth of the 'ideal rape' (Turchik & Edwards, 2012). This can facilitate individuals recognizing their non-consensual sexual experience.

### *Social Support*

Social support emerged as a significant indicator of victim/survivor's ability to seek and obtain formal support. Most victim/survivors initially disclose to informal sources of support (Ahrens et al., 2007). The response of disclosure recipients had a significant influence on

participants wellbeing. The reactions of informal sources of support were particularly salient by virtue of the close relationship they shared with the participant. Responses vacillated between positive and negative across participants. Negative responses included victim blaming, disbelief, dismissive reactions. Indeed, the betrayal of loved ones who choose not to believe victim/survivors almost mirrored the betrayal experienced in the rape. Negative responses silenced victim/survivors and compounded their feelings of self-blame, constraining their ability to continue seeking help.

Positive responses and support were received in the form of believing the victim/survivor and providing tangible support such as encouragement to seek professional support. Social support was instrumental in facilitating participant's access to services. Almost all participants who were engaged with the DRCC accessed the service with the assistance of informal social support such as a friend or family member. Participants describe being unable to seek or engage with these services without this support. Social support was crucial for participants who successfully achieved formal support.

Recommendations to educate people about how to respond to a disclosure of sexual violence could foster more positive disclosure experiences among victim/survivors who decide to reach out to informal sources of support. Considering informal sources of support are typically approached first by victim/survivors (Ahrens et al., 2007), educating society is vital to ensure victim/survivors continue seeking help.

### *Service Knowledge, Awareness and Perceptions*

There is a disconnect between victim/survivors and the services available to them.

Participants related beliefs about services such as the DRCC as being for women only, therefore excluding male victim/survivors. A perceived ineligibility derived from the service

name Dublin Rape Crisis Centre. Terms such as ‘raped’ or in ‘crisis’ may be alienating for victim/survivors who do not consider themselves as either of these things. Other factors that prevented participants from seeking formal support was the belief that too much time had passed since they experienced sexual violence, disqualifying them from engaging with the service. Participants ruminated over unknown expectations of how to access the service; does their nuanced experience entitle them to support; what is the process of accessing the service all of which prevented them from seeking help for significant periods of time, if indeed they did seek help.

Providing more information that addresses the concerns of potential service users in highly specified detail would reassure victim/survivors of what lies ahead as they begin their help seeking journey and assuage their many fears.

### *Accessing Services*

Participants articulated the difficult process of making multiple disclosures in order to seek help. This requirement of victim/survivors to hold on to their trauma and relive it through each disclosure acts as a barrier to seeking help. An eagerness to maintain confidentiality also made reaching out difficult as participants were reluctant to officially disclose their experience. This was compounded by having to disclose over the phone to a stranger which made a lot of participants uncomfortable.

Recommendations to reduce the number of disclosures that need to be made could facilitate disclosures as victim/survivors dread reliving their experience through disclosure. Diluting the language could facilitate services assessment of victim/survivors facilitating their appraisal of the victim/survivor without distressing them with overwhelming questions relating to their experience. Providing alternative means of accessing a service such as



employing a walk-in service could address victim/survivors discomfort disclosing their experience over the phone, as described by multiple participants in the current study.

### *Response of Formal Supports*

The DRCC are specifically trained to respond appropriately and empathetically to victim/survivors of sexual violence; many support services are not. Encouraging people to disclose their experience of sexual violence and seek professional help seems unethical in light of the extant literature which suggests they are likely to receive negative reactions that will impact their wellbeing (Ahrens et al., 2007; Campbell et al., 2009). These findings are echoed in the current thesis in which participants related their often negative experiences seeking help from services other than the DRCC. As the trauma incurred by sexual violence extends beyond the physical assault, victim/survivors have multiple post assault needs and may disclose to several sources of support. Help seekers are vulnerable to receiving victim blaming responses informal sources of support and experiencing the ‘second rape’ while accessing formal support services. In this context, making a disclosure of sexual violence can be considered a very brave act. To mitigate this, it is vitally important that the education of people at all levels of society commences immediately to foster an atmosphere in which disclosures can be facilitated and help seeking encouraged. Inspiration for improving access for victim/survivors can be obtained from the DRCC’s response to help seekers that validates their experience.

### *Attitudes and Beliefs*

Rape and its consequences are culturally specific. A person exists within an environment which exerts influence on the individual’s development. Rape myths are produced and

reproduced across society and evoke dangerous attitudes and beliefs in those that subscribe to them. Similarly, gender norms of masculinity forbid men from being victim/survivors of sexual violence and make them vulnerable to ridicule and disbelief when they are. Rape myths and gender norms become internalized and manifest as self-blame which is compounded by victim blaming responses of disclosure recipients who question the victim/survivors role in their experience or disbelieve it altogether. Eradicating these beliefs from society is pertinent to victim/survivor recovery and wellbeing. To foster this eradication, education about rape myths should permeate each level of society. From schools to medical services, to legal services, to media outlets and so on so that rape myths can be replaced with rape realities.

### *Ending the Silence*

Research regularly advocates for increased awareness of rape myths (Baugher, Elhai, Monroe & Gray, 2010). Yet, sexual violence is increasing and its victim/survivors continue to be silenced. It is this silence of sexual violence that ultimately allows it to continue. As a society, greater steps must be taken to end this silence; this responsibility cannot rest with victim/survivors alone. Society is colluding with perpetrators of sexual violence by remaining silent on the issue. Society's silence manifests in many ways including low conviction rates of accused rapists; government's refusal to increase funding for sexual assault support services; media's reproduction of rape myths in narratives and; ongoing victim blaming of victim/survivors (Walby et al., 2013; Franiuk et al., 2008).

Events in society such as rape trials provided an opportunity to discuss issues like sexual violence in Irish society. Bringing issues like sexual violence to the fore affords us opportunity to learn about issues and change attitudes. Social media movements like #metoo

can encourage conversations around sexual violence, dismantle rape myths and develop a greater understanding of the needs of victim/survivors. Fostering and encouraging atmospheres of openness around sexual violence can remove the stigma and taboo as society becomes more comfortable discussing such issues. Extending this atmosphere of openness to victim/survivors may facilitate disclosures and aid recovery.

### Section 6.3: Implications of Findings

This thesis provides an opportunity for organizations that provide support to victim/survivors of sexual violence to improve service access and provision. Applying changes informed by service users aligns with the goal of implementation research to improve service delivery.

The current research is intended to inform policy and practice to effect real change in the lives of victim/survivors by improving treatment access and outcomes. Research into sexual violence, generally, is inadequate (Jordan et al., 2010), reflecting the ‘youth’ of the field (p. 14). Complexities in both the perpetration and presentation of sexual violence as well as the differences in the impact across victim/survivors make it a difficult phenomenon to research and theorize. Jordan et al. (2010) propose psychology as the most appropriate discipline to take the lead on understanding the phenomenon and ultimately ending it. Continued research into the area of help seeking for sexual violence is important due to the low rates of help seeking within this population despite the devastating sequelae experienced (Campbell, 2008). Assessing the efficacy of services provided to victim/survivors is important to ensure recovery is being facilitated in the most appropriate way. While the current thesis was interested in the outcomes of engaging with formal supports such as the DRCC, it was not the focus of investigation. Future research could dedicate more interest to this aspect of seeking

help for sexual violence, as advocated across the sexual violence literature (Kennedy et al., 2012).

It is important to state that the findings of the current thesis do not reflect the experience of all victim/survivors of sexual violence, particularly male victim/survivors who represented a small portion of the sample. Women continue to be the focus of sexual violence in research. The focus on female victim/survivors of sexual violence denies the experience of male rape. Including male victim/survivors does not exclude female victim/survivors or indeed deny that women are the overwhelming majority of victim/survivors (Turchik et al., 2016). Including men is intended to provide more comprehensive findings and solutions for victim/survivors rather than reduce them.

Victim/survivors deserve to be able to access and obtain support in the aftermath of sexual violence. Their suffering should end with the rape and healing should begin in the immediate aftermath as they begin their help seeking journey in an atmosphere void of stigma and shame and filled with empathy and understanding. By enacting recommendations for change society can facilitate the help seeking process for victim/survivors so they can begin their recovery.

#### Section 6.4: Chapter Summary

This chapter concludes the thesis by condensing the findings into an overall summary. It describes the theoretical outcomes of the study and provides a detailed description of the overall factors that affect help seeking and the recommendations for change derived from data collected from participants. The thesis concludes with the implications of these were discussed in relation to services and victim/survivors alike.



Appendix A: Participant Information Sheet (Non-SU)

**Title: Breaking the Silence of Sexual Violence: Identifying the gender specific barriers and facilitators to accessing sexual assault services.**

Doctoral Researcher: Catherine Walshe, CONTEXT Fellow, Marie Skłodowska-Curie Actions, School of Psychology, University of Ulster, Magee campus, Londonderry, BT46 7JL. Email; [c.walshe@ulster.ac.uk](mailto:c.walshe@ulster.ac.uk)

Chief investigator / Supervisor. Professor Mark Shevlin, School of Psychology, University of Ulster, Coleraine campus, Londonderry, BT52 1SA. E-mail: m.shevlin

**What is being asked of you?**

You are being asked to participate in a research project that is being undertaken as part of a PhD at Ulster University. Before you decide to take part, it is important that you understand why this study is being conducted. Therefore, it is necessary that you read the following information and if you have any queries regarding the study please contact Catherine Walshe (Email: [c.walshe@ulster.ac.uk](mailto:c.walshe@ulster.ac.uk)) or Professor Mark Shevlin (Email: [m.shevlin@ulster.ac.uk](mailto:m.shevlin@ulster.ac.uk)).

The study has been approved by the Ulster Research Ethics Committee (UREC).

**What is the aim of this research?**

The aim of this research is to identify the barriers and facilitators to accessing sexual assault services such as Rape Crisis Services for men and women. Individuals who have experienced sexual assault including childhood sexual abuse, rape or sexual assault or violence but who

**have not sought professional help** in the form of counselling are being invited to participate.

By understanding the experience of those who have not sought professional help and the barriers experienced by these individuals, it is hoped that recommendations can be made to make sexual assault services more accessible.

### **Why is this research being conducted?**

Sexual assault can have a large impact on a person and their mental health and wellbeing. People who have been sexually assaulted are more vulnerable to mental health issues such as anxiety and depression. Despite this, people who experience sexual violence often don't seek professional help. This research hopes to understand why this is and provide recommendations to make seeking help easier.

### **What will be required of me if I agree to participate?**

You are eligible to take part if you are over 18 years of age and if you **have not sought** professional help for a sexual assault. In other words, the current research is interested in the unique and much needed contribution that could be made by people who have not sought professional help for a sexual assault. You will be interviewed on your perception of the barriers and facilitators to accessing sexual assault services in Ireland. Interviews will take place at the Centre for Global Health, Trinity College Dublin, or at a venue convenient to both the participant and researcher.

With your consent, interviews will be audio recorded to ensure accurate transcription of data by the researchers and to avoid misinterpretation of the data. Interviews will be conducted on a one-to-one basis with the researcher. Time needed to complete the interview is estimated to be 45-60 minutes.

### **What are the benefits of participating in this study?**

Should you choose to participate you would be contributing to research that has real world implications for people who have experienced sexual violence. Individuals who **have not sought** professional help for sexual assault will provide a unique perspective on the experience of help seeking and contribute to recommendations to make sexual assault services more accessible.

### **How will my privacy be protected?**

Your interview transcript will be anonymised as no names will be used in the recordings. The recording will be transcribed into written text after which all audio files will be deleted. Publications or reports produced will not contain any identifiable information.

### **Who can access my data?**

Two people will have access to the data, researcher Catherine Walshe and her supervisor Professor Mark Shevlin. Both are trained in data management and governance and will ensure that confidentiality and anonymity are protected at all times.



### **How will the data be used and subsequently disposed of?**

Data will be used in the researcher's PhD thesis. Data including quotations may also be included in conference presentations and may be published in peer-reviewed scientific journals. At no time will your identity be disclosed. All of your data that has been transcribed into non-identifiable written text will be kept for a maximum of ten years. After this time, this information will be disposed of according to the guidelines set forth by the Data Protection Commissioner.

### **Can I change my mind and withdraw from the study at any time?**

You may withdraw at any time and without giving any reasons for your withdrawal. Withdrawal will not result in penalization of any kind. Participating in the study is entirely voluntary. You may withdraw at any time by letting the researcher know your wishes, even if this is during the course of the interview.

### **What are the risks associated with this study?**

You will be interviewed on the barriers and facilitators to accessing sexual assault services. Some people may find this uncomfortable or distressing. This may also be a trigger for some distressing emotions or memories. A debriefing form with the name and contact details of relevant support services such as the Dublin Rape Crisis Centre and the Samaritans and will be provided. If any aspect of the study makes you feel unduly uncomfortable or upset at any stage and you wish to withdraw you may do so.

**How can I find out the outcomes of the study?**

If you wish to find out the outcomes of the study, you can contact the research team using the contact details provided to request information on the outcomes of the PhD, any conference proceedings or any published academic papers.

## Appendix B: Invitation to Participate

### INVITATION TO PARTICIPATE

BREAKING THE SILENCE OF SEXUAL VIOLENCE: IDENTIFYING THE BARRIERS TO ACCESSING SEXUAL ASSAULT SERVICES.

Supported By



## RESEARCH OVERVIEW

The aim of this research is to understand the barriers to accessing sexual assault services. Through identifying these barriers, recommendations will be made for these services to make them more accessible. This research is being conducted as part of a PhD.

### WHO SHOULD PARTICIPATE?

This research is interested in the views and attitudes of people, particularly those who have experienced sexual violence but have NOT sought professional help from counselling or a rape crisis service.

The aim is to learn from people affected by sexual violence -- including rape, sexual assault and childhood sexual abuse -- and the experiences of looking for professional support from a counsellor or therapist.

### WHAT'S INVOLVED ?

- Participation in the study will take place in the form of a conversation that will last approximately 1 hour in Trinity College Dublin.
- Participation will involve answering questions around your perceptions of seeking help and accessing support services after experiencing sexual violence.
- Participants may choose not to answer any question with which they are uncomfortable.
- Participants may withdraw from the interview at any point, and may choose to withdraw from the study at any stage.
- Interviews are completely anonymous and every measure is taken to ensure confidentiality.

## Appendix B (cont): Invitation to Participate

### About CONTEXT



## CONTEXT

The COLlaborative Network for Training and EXcellence in psychoTraumatology (CONTEXT) is a three-year doctoral training programme. The goal of CONTEXT is to conduct high quality, innovative research, build capacity and expertise, and foster innovative practice in the area of global psychotraumatology.

CONTEXT fellows will graduate with an advanced knowledge of how to translate psychotraumatology research into practice, thereby contributing to mitigating the impact of psychotrauma in the EU.

For more information, visit  
<http://www.psychotraumanetwork.com/>

CONTEXT has received funding from the European Union's Horizon 2020 research and innovation programme, under the Marie Skłodowska-Curie Grant Agreement No. 722523

### CONTACT

Catherine Walshe, BSc, MSc  
 Doctoral Researcher  
 Marie Skłodowska-Curie Actions  
 CONTEXT Fellow  
 E: [C.Walshe@ulster.ac.uk](mailto:C.Walshe@ulster.ac.uk)  
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THE AIM OF THIS RESEARCH IS TO  
 IMPROVE ACCESS TO RAPE AND  
 SEXUAL ASSAULT SERVICES.

YOUR PARTICIPATION WILL HELP  
 VICTIMS OF SEXUAL VIOLENCE  
 ACCESS THE HELP AND SUPPORT  
 THEY NEED.

Catherine Walshe, Doctoral Researcher

## **Appendix C: DRCC Participant Information Sheet**

**Title: Breaking the Silence of Sexual Violence: Identifying the gender specific barriers and facilitators to accessing sexual assault services.**

Doctoral Researcher: Catherine Walshe, CONTEXT Fellow, Marie Skłodowska-Curie Actions, School of Psychology, University of Ulster, Magee campus, Londonderry, BT46 7JL. Email; [c.walshe@ulster.ac.uk](mailto:c.walshe@ulster.ac.uk)

Chief investigator / Supervisor. Professor Mark Shevlin, School of Psychology, University of Ulster, Coleraine campus, Londonderry, BT52 1SA. E-mail: [c.armour1@ulster.ac.uk](mailto:c.armour1@ulster.ac.uk).

### **What is being asked of you?**

You have been asked to participate in a research project that is being undertaken as part of a PhD at Ulster University. Before you decide to take part, it is important that you understand why this study is being conducted. Therefore, it is necessary that you read the following information and if you have any queries regarding the study please contact Catherine Walshe (Email: [c.walshe@ulster.ac.uk](mailto:c.walshe@ulster.ac.uk)) or Professor Mark Shevlin (Email: [m.shevlin@ulster.ac.uk](mailto:m.shevlin@ulster.ac.uk)).

The study has been approved by the Ulster Research Ethics Committee (UREC).

### **What is the aim of this research?**

The aim of this research is to identify the barriers and facilitators to accessing sexual assault services such as Rape Crisis Services for men and women. It is hoped that in doing this, recommendations can be made to make sexual assault services more accessible.

### **Why is this research being conducted?**

Sexual assault can have a significant impact on a person and their mental health and well-being. People who have been sexually assaulted are more vulnerable to experiencing mental health difficulties as a result of the assault. Rape Crisis Services can offer support to those experiencing these difficulties. However, people who have experienced sexual violence often don't seek help for these difficulties. This research seeks to understand why this is and hopes to provide recommendations that will encourage people to seek the help of sexual assault services in the aftermath of a sexual assault.

### **What will be required of me if I agree to participate?**

You are eligible to take part if you are currently engaged in therapy at the Dublin Rape Crisis Centre. Participants must be over 18 years of age. If you agree to take part in this study you will be interviewed on the various factors that influence a person's ability to seek help and access sexual assault services. Interviews will be audio recorded to ensure accurate transcription of data by the researchers and to avoid misinterpretation of the data. If you wish, you will be able to access your transcripts upon request. Interviews will be conducted at the DRCC on a one to one basis with researcher Catherine Walshe. Time needed to complete the interview is estimated to be 45-60 minutes.

### **How will my privacy be protected?**

Your interview transcript will be anonymised as no names will be used in the recordings. The recording will be transcribed into written text after which all audio files will be deleted. In the study and any publications or reports all participants will be referred to as a code number rather than by any information that could lead to them being identified.

### **Who can access my data?**

Only two people will have access to the data and that will be the primary investigator Catherine Walshe and her supervisor Professor Mark Shevlin. Both are trained in data management and governance and will ensure that confidentiality and anonymity are protected at all times.

### **How will the data be used and subsequently disposed of?**

Data will be used in the researcher's PhD thesis. Data may also be included in conference presentations and may be published in peer-reviewed scientific journals. At no time will a participant's identity be disclosed. All of your data that has been transcribed into non-identifiable written text will be kept for a maximum of ten years. After this time, this information will be disposed of by Professor Mark Shevlin.

### **Can I change my mind and withdraw from the study at any time?**

You may withdraw at any time and without giving any reasons for your withdrawal. Withdrawal will not result in penalization of any kind. Participating in the study is entirely voluntary and will not affect your engagement with the DRCC. You may withdraw at any

time by letting the researcher know your wishes, even if this is during the course of the interview.

### **What are the risks associated with this project?**

You will be asked to reflect on the experience of seeking professional help after a sexual assault. Some people may find this uncomfortable or distressing. This may also be a trigger for some distressing emotions or memories. Should this happen, your wellbeing will be protected by the provision of a trained councillor that participants can avail of. Every effort will also be made to schedule the interview prior to your scheduled counselling appointment at the DRCC so that any issues that arise during the interview can be discussed with your counsellor. A debriefing form with the name and contact details of relevant support services will also be provided. If any aspect of the study makes you feel unduly uncomfortable or upset at any stage and you wish to withdraw, you may do so without prejudice.

### **What are the benefits of participating in the study?**

Should you choose to participate, you would be contributing to research that has real world implications for people who have experienced sexual assault. Information gathered will contribute to recommendations to make sexual assault services more accessible.

### **How can I find out the outcomes of the study?**



If you wish to find out the outcomes of the study, you can contact the research team using the contact details provided to request a copy of the PhD, any conference proceedings or any published academic papers.

**Appendix D: Therapist Recommendation Form**

**Preferred Contact Method:** Please indicate if you would like the researcher to contact you or if you would like to contact the researcher yourself.

---

**I wish to be contacted by the researcher**

**Contact Details** (If you wish to be contacted by the researcher, please leave the contact details through which you wish to be contacted e.g. email address, phone number):

**Time / date you wish to be contacted at:**

---

**I will contact researcher** (\*Please keep this sheet)

**Researcher Contact Details**

Catherine Walshe

[c.walshe@ulster.ac.uk](mailto:c.walshe@ulster.ac.uk)

086 7 946887

---

Note: By agreeing to contact / be contacted the researcher is aware you are not agreeing to participate in the study and there is no expectation of further contact if you do not wish.

## **Appendix E: Information Leaflet DRCC**

### **Would you like to take part in an interview about help seeking after a sexual assault?**

What is this research about?

- This research is interested in learning about the experience of looking for professional help after experiencing sexual violence including rape, sexual assault and childhood sexual abuse.

Who should take part?

- Individuals who have experienced sexual violence in the form of sexual assault, rape or childhood sexual abuse and are in counselling at the Dublin Rape Crisis Centre.

What's involved in taking part?

- Participating in this research will involve answering questions around your experience of accessing the Dublin Rape Crisis Centre.
- You don't have to discuss or answer any questions you do not want to.
- You have the right to withdraw from the study and may end the interview at any point.
- Participation will take around one hour of your time.
- Interviews are completely anonymous and every measure is taken to ensure your confidentiality.
- For further details please contact doctoral researcher Catherine Walshe using the contact details below.

Contact Details

Catherine Walshe; [c.walshe@ulster.ac.uk](mailto:c.walshe@ulster.ac.uk) / 0864650087

Doctoral Researcher, CONTEXT Fellow, Marie Skłodowska-Curie Actions, School of Psychology, University of Ulster, Magee campus, Londonderry, BT46 7JL.



## Appendix F: Debriefing Form

Thank you for participating in this study. You have just contributed to a very important area of research that has real world implications for survivors of sexual assault. The study will be complete in February 2020. The conclusions and recommendations made by this study can be found by contacting the researcher (see contact details below).

If you found any aspect of the interview distressing and would like to speak to a professional about your experience, here are a list of organizations that you may wish to contact:

1. Dublin Rape Crisis Centre, 70 Leeson Street Lower, Dublin 2. Contact number: 1800778888. Website: [www.drcc.ie](http://www.drcc.ie).



2. Transgender Equality Network Ireland. Contact number: (01) 873 3575. Website: [www.teni.ie](http://www.teni.ie).



3. Samaritans: Website: [www.Samaritans.org](http://www.Samaritans.org). Contact number: 116123



4. AMEN. Website: [www.Amen.ie](http://www.Amen.ie). Contact number: 0818222240



5. Women's Aid. Website: [www.womensaid.ie](http://www.womensaid.ie). Contact number: 1800341900.



If you have any questions about the study or your participation in the study please contact the researcher Catherine Walshe or her supervisor Prof Mark Shevlin.

Researcher contact:

Principle Investigator: Catherine Walshe ([c.walshe@ulster.ac.uk](mailto:c.walshe@ulster.ac.uk))

Primary Supervisor: Professor Mark Shevlin ([m.shevlin@ulster.ac.uk](mailto:m.shevlin@ulster.ac.uk))

## Appendix G: Distress Protocol

- In the case that a participant becomes distressed the therapist would interrupt the interview and check in with the participant. Tea, coffee and water will be offered along with the chance have some time alone or alternatively discuss any issues with the researcher in an effort to return the participant to a calm state.
- If a participant becomes distressed during the interview the researcher can extend the session to help the participant return to a calm state. The researcher will also provide access to a phone so that the participant can contact the Dublin Rape Crisis Centre helpline and speak to a helpline volunteer. Total privacy will be offered to the participant for the duration of this phone call. Helpline volunteers offer a free, confidential listening and support service for women and men who have been raped, sexually assaulted, sexually harassed or sexually abused at any time in their lives.
- If a participant experiences extreme distress, and the researcher does not deem the participant fit to leave the building (i.e. if there is a risk that the participant may cause harm to themselves or someone else) the emergency services are contacted.



## **Appendix H: Interview Schedule (Non-Service User)**

### **Sexual Assault and Seeking Professional Help**

#### **Identifying the Barriers and Facilitators to Accessing Sexual Assault Services**

Interview schedule for victim/survivors of sexual assault who have not sought professional help

Centre for Global Health, TCD

Catherine Walshe

October 2018

#### **Introduction**

Thanks for taking the time to meet with me today. As you know, I'm interested in your perceptions of accessing sexual assault services victim/survivors of sexual violence in Ireland. If it's ok with you, we'll begin with some general questions about yourself and feel free to divulge as much or as little as you are comfortable with. If it's okay with you, I might take some notes throughout the course of the discussion of points I'd like to come back to later in our discussion. This interview should take about an hour / hour and a half. We can take breaks as needed. Just raise your hand or let me know if you need to stop.

#### **Ice Breaker**

- Before we go into the interview, I'd like to ask how you are feeling about being here today?

I am very grateful for you being here today. I'm doing interviews with individuals who have not sought professional help for their experience of sexual violence, be it childhood sexual abuse, rape or sexual assault. I am hoping to use the information gathered from these interviews to provide recommendations for sexual assault services to make their service easier to access for those that need it. So thank you again for helping me do this.

I just want to remind you again that I won't be asking you about any experiences of sexual violence or abuse you may have had, so you don't need to discuss that with me today.

If at any point I use language or words that you don't understand or make you feel uncomfortable please let me know.

### **The Event**

If it's ok with you, I'd now like to take you back to the time when you experienced the sexual assault. Just to remind you I'm not asking you to discuss the event itself, I'm more interested in what life was like for you around that time, where you were at in life, what was going on for you.

- If we go back to that time what was life like at the time of the event?
  - Were you working / where?
  - Who was around you?
  - Who were you living with?
  - What was your situation

### **Aftermath**

Thank you for sharing that with me. If you're okay to continue, I'd now like to ask you to refer back to the time after the event?

- How would you describe the time after the event?
  - Could you tell me how you felt / feelings you were having / thoughts you were carrying?
  - How did you cope with these thoughts and feelings?
  - How would you compare your life before and after the event?
  - Was there anyone around you who you could turn to for support? / What support did you feel was available to you at the time?

### **Disclosure / Support**

I'm interested in your experience of telling people such as friends and family about what happened to you and how that may have influenced your decision to seek help.

- Can you tell about the time you first talked about your assault? Why do you think you chose to tell this person? At this time?
- What was it like to talk about what had happened?
- What reaction did you receive? / What were people's reactions when you told them?
- Was there anything about your interactions or their reaction that made it easier or more difficult?
- Who else did you speak to?

### **Decision to Not Seek Help**

- Why did you decide to not seek help?
- What made it difficult for you to seek help?
- Was there anything in particular that made you decide to not come to the DRCC?
- If you were to consider the reasons why you chose not to seek help at that time, what would they be?
- What were the things that made you feel unable to seek help? / that you couldn't seek help?
- When you were seeking help, was there anyone who influenced you / helped you / supported you / prevented you, discouraged you.
- Was there anything that made you consider seeking help or made you think that maybe you could?
- Did your relationship to the perpetrator effect your decision to seek help?

### **Accessing Services**

- Did you consider seeking help or accessing services?
- Did you approach any organizations, why did/didn't you go there?
- What kind of information did you have about sexual assault services?
- Did you attempt to make contact with any of these service?
  - How was it contacting the service / making the phone call / arranging an appointment / walking into the service?
  - Was there anything difficult / easy in this process?
  - Was there anything you found useful or liked or alternatively was there anything difficult or disliked at this point of your journey / anything you would change / would have made it easier?

- Overall, did you feel you had you a positive experience or negative?
- Before this time had you sought professional help before? Would you say this played a role in your decision to not seek help this time? Did that experience play a role in your decision to seek help, can you tell me about that?

At this point, I'm going to turn to ask some broader questions, and move away from your personal experience. Questions will revolve around sexual violence in society in general as well as the experience of sexual violence for men and women generally. This will be the last topic of the interview today. We should be finished in the next 10-15 minutes.

Before I move on, is there anything else that hasn't come up that you think is important to raise?

#### Culture

- How are persons who experience sexual assault treated by society?
- How would you say the experiences of sexual assault differ for men and women? At what point are these differences seen most clearly? At disclosure, accessing services?
- I'm curious about the influence of social media. Would you say media including social media, pornography has a role to play in sexual assault in Ireland? Would you say media including tv, movies, influences the behaviour of men and women in relation to sex and relationships? What about in the aftermath of an

assault? Would you say these media influence a person's beliefs about themselves, the event, and their ability to seek help or not?

- Would you say being a male victim/survivor of sexual assault is different from being a female victim/survivor of sexual assault in terms of how society treats victim/survivors,
  - Service provision?
  - Do you think it's different for men and women accessing services?
- If you could, what would you change or like to see different about society in relation to victim/survivors of sexual assault? What do you think the DRCC could do differently to make their service more accessible? What could DRCC do to make a difference to those who experience sexual violence?

We have come to the end of the interview. Before we finish up is there anything you would like to mention? Is there anything you feel we didn't talk about and you feel we should have talked about? Are there any other areas you feel would be worthwhile talking about in this interview?

Thank you so much for your time today. I hope you found this experience pleasant.

## **Appendix I: Interview Schedule (Service User)**

### **Sexual Assault and Seeking Professional Help**

#### **Identifying the Barriers and Facilitators to Accessing Sexual Assault Services**

Interview Schedule for Service Users of the Dublin Rape Crisis Centre

Catherine Walshe

October 2018

#### **Introduction**

Thanks for taking the time to meet with me today. As you know, I'm interested in your perceptions of accessing sexual assault services in Ireland. If it's ok with you, we'll begin with some general questions about yourself and feel free to divulge as much or as little as you are comfortable with. If it's okay with you, I might take some notes throughout the course of the discussion of points I'd like to come back to later in our discussion. This interview should take about an hour / hour and a half. We can take breaks as needed. Just raise your hand or let me know if you need to stop. I just want to mention to again that I won't be asking you about any experiences of sexual violence or abuse you may have had, so you don't need to discuss that with me today. I'm aware that that's between you and your therapist and it's very confidential.

Speaking of confidentiality, I want to remind you that everything we speak of here today is confidential. Any names / addresses or other identifiable information you mention will not be recorded and this audio tape will be deleted as soon as I have transcribed its contents. Your privacy is paramount and is protected.

### **Ice Breaker**

- Before we go into the interview, I'd like to ask how you are feeling about being here today?

I am very grateful for you being here today. I'm doing interviews with service users of the DRCC as part of my PhD. I am hoping to use the information gathered from these interviews to provide recommendations to the DRCC to make their service easier to access for those that need it. So thank you again for helping me do this.

### **The Event**

If it's ok with you, I'd now like to take you back to the time when you experienced the sexual assault. Just to remind you I'm not asking you to discuss the event itself, I'm more interested in what life was like for you around that time, where you were at in life, what was going on for you.

- If we go back to that time what was life like at the time of the event?
  - Were you working / where?
  - Who was around you?
  - Who were you living with?



- What was your situation

### **Aftermath**

Thank you for sharing that with me. If you're okay to continue, I'd now like to ask you to refer back to the time after the event?

- How would you describe the time after the event?
  - Could you tell me how you felt / feelings you were having / thoughts you were carrying?
  - How did you cope with these thoughts and feelings?
  - How would you compare your life before and after the event?
  - Did your behaviors change?
  - Did your day to day life change?
  - Was there anyone around you who you could turn to for support? / What support did you feel was available to you at the time?

### **Disclosure / Support**

I'm interested in your experience of telling people such as friends and family about what happened to you and how that may have influenced your decision to seek help.

- Can you tell about the time you first talked about your assault? Why do you think you chose to tell this person? At this time?
- What was it like to talk about what had happened?
- What reaction did you receive? / What were people's reactions when you told them?

- Was there anything about your interactions or their reaction that made it easier or more difficult?
- Who else did you speak to?

### **Decision to Seek Help**

- Why did you decide to seek help?
- What made it easy for you to seek help?
- What made it difficult for you to seek help?
- Why did you decide to not come to the DRCC?
- How long did you wait before seeking help?
  - If you were to consider the reasons why you chose not to seek help at that time, what would they be?
- What were the things that made you feel ready to seek help? / that you could seek help?
- Did your relationship to the perpetrator influence your decision to seek help?

When you were seeking help, who influenced you / helped you / supported you / prevented you, discouraged you.

### **Accessing Services**

- How did you find out about the DRCC? What information did you have about the service?
- How was it contacting the service / making the phone call / arranging an appointment / walking into the service? Was there anything difficult / easy in this process? Was there anything you found useful or liked or alternatively was there

anything difficult or disliked at this point of your journey / anything you would change / would have made it easier?

- What was it like for you accessing this service / how was it approaching these services / how would you describe the experience of accessing these services / what worked well / went well, was difficult / is there anything you wish would've been different? Was there anything particularly useful or helpful or not useful/helpful?
- Overall, did you feel you had you a positive experience or negative?
- When you first started thinking about accessing services, did you approach any other organizations, why did/didn't you go there? Did the your relationship to the perpetrator influence this decision?
  - Guards
  - Medical (SATU)
- Before this time had you sought help before, would you say this played a role in your decision to seek help this time? Did that experience play a role in your decision to seek help, can you tell me about that?

### **Service Engagement**

- What services have you engaged with while in the DRCC? Helpline, Garda accompaniment, counselling
- How did you find the DRCC in relation to your recovery?
- How long have you been engaged with the service?
- Were there aspects of the service you liked / didn't like?
- How is the environment in the DRCC?

- How do you feel at this point in your recovery journey?

At this point, I'm going to turn to ask some broader questions, and move away from your personal experience. Questions will revolve around sexual violence in society in general as well as the experience of sexual violence for men and women generally. This will be the last topic of the interview today. We should be finished in the next 10-15 minutes.

Before I move on, is there anything else that hasn't come up that you think is important to raise?

### **Macrosystem**

Thinking about everything we've talked about here today, I'd like to ask you about / how you think rape and sexual assault is viewed in society.

- How are persons who experience sexual assault treated by society?
- Would you say being a male victim/survivor of sexual assault is different from being a female victim/survivor of sexual assault in terms of how society treats victim/survivors,
  - Service provision?
  - Do you think it's different for men and women accessing services?
  - At what point are these differences seen most clearly? At disclosure, accessing services?
- If you could, what would you change or like to see different about society in relation to victim/survivors of sexual assault? What do you think the DRCC could do differently to make their service more accessible? What could DRCC do to make a difference to those who experience sexual violence?

There seems to be a cultural shift happen regarding sexual violence. There is more discussion of it, people seem more open to discussing it.

- Do you think its different reporting / disclosing sexual assault now than it was in previous years?
  - Has social media movements made a difference?
  - High profile court cases
  - Does the current climate around sexual violence changed reporting / disclosure for men and women?
  - Are victim/survivors viewed differently or the same?
  - Has it made it easier or more difficult?

We have come to the end of the interview. Before we finish up is there anything you would like to mention? Is there anything you feel we didn't talk about and you feel we should have talked about? Are there any other areas you feel would be worthwhile talking about in this interview?

Thank you so much for your time today. I hope you found this experience pleasant. I know you have an appointment with your therapist now so feel free to use that time to discuss what we talked about here today. Alternatively, you can call the helpline if you'd like more support in between appointments. The helpline is available to you any time. I'd like to encourage you to do something nice for yourself after sharing that with me here today.

How are you? How did you find the interview?

## Appendix J: University Ethical Approval



Ulster University  
Shore Road  
Newtownabbey  
County Antrim  
BT37 0QB  
Northern Ireland  
T: +44 (0)28 9036 6552/6518/6629  
[ulster.ac.uk](http://ulster.ac.uk)

Our Ref: NC:GOV

14 January 2019

Professor C Armour  
Room H153  
School of Psychology  
Ulster University  
Coleraine Campus

Dear Professor Armour

**Research Ethics Committee Application Number: REC/18/0101**

**Study Title: Gender Specific Barriers and Facilitators to Accessing Rape and Sexual Assault Services**

Thank you for your recent response to matters raised by the committee. This has been considered and the decision of the committee is that the research should proceed.

Please also note the additional documentation relating to research governance and indemnity matters, including the requirements placed upon you as Chief Investigator.

The committee's decision is valid for a period of three years from today's date (this means that the study should be completed by that date). If you require this period to be extended, please contact the Research Governance section.

- 1. Please complete and return the Chief Investigator Statement of Compliance prior to commencing the study and keep a copy for your file.**
- 2. Please retain all other documents.**

Further details of the University's policy along with guidance notes, procedures, terms of reference and forms are available on the Ulster University Portal.



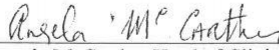
If you need any further information or clarification of any points, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Curry'.

Handwritten initials 'NC' in black ink.  
Nick Curry  
Head of Research Governance  
028 9036 6629  
[n.curry@ulster.ac.uk](mailto:n.curry@ulster.ac.uk)

## Appendix K: DRCC Ethical Approval

<b>The Dublin Rape Crisis Centre</b>	
<p>McGonnell House 70 Lower Leeson Street Dublin 2 D02VW13 Telephone: 01 661 4911 Fax: 01 661 0873 e-mail: <a href="mailto:info@rcc.ie">info@rcc.ie</a> website: <a href="http://www.drcc.ie">www.drcc.ie</a> National 24 Hour Helpline: 1800 77 88 88</p>	 <p style="font-size: small; margin-top: 10px;"><i>Preventing and healing the trauma of rape and sexual abuse</i></p>
<p>Catherine Walshe Doctoral Researcher CONTEXT Fellow, Marie Skłodowska-Curie Actions School of Psychology University of Ulster Magee campus Londonderry BT46 7JL Email; <a href="mailto:c.walshe@ulster.ac.uk">c.walshe@ulster.ac.uk</a></p>	
<p><b><u>Evidence of Approval</u></b></p>	
<p>We hereby give Catherine Walshe approval to carry out research in our centre, as part of a PhD at the University of Ulster.</p>	
<p>We are aware that this research involves contact with clients and will need to be approved by the Ethics committee at University of Ulster and Trinity College Dublin prior to commencement. The approval by Dublin Rape Crisis Centre (DRCC) is given subject to the granting of ethical approval by the Ethics Committee at University of Ulster and Trinity College Dublin.</p>	
<p>The Head of Clinical Services, Angela McCarthy, has seen and agreed the documentation (terms, conditions re ethical aspects and data protection, storage of interview material, client confidentiality, interview protocol and process etc) in advance of any research being undertaken or contact with DRCC clients.</p>	
<p>In addition, as the involvement of DRCC clients is required, the researcher will need to provide a short input to our therapy team, in advance, to explain the research and methodology so that appropriate clients can be selected. The information leaflets for clients, questionnaire and agreed process of the interview, including follow- up care will need to be seen in advance by the therapy team.</p>	
<p>Signed: <u></u> Noeline Blackwell, CEO</p>	
<p><u></u> Angela McCarthy, Head of Clinical Services</p>	
<p>Date: <u>29th March, 2018.</u></p>	
<p><small>Directors Ann Marie Gill (Chair), Keith Herman, Anne Marie James, Helen Jones, Neasa Kane-Fine, Carol Keane, Aibhlín McCrann, Cathy O'Donohoe, Grace O'Malley. Charity No. 8529</small></p>	

## Appendix L: Activelink Email Thread

**AI** Activelink Info <info@activelink.ie> Tue 25/06/2019 11:54  
Walshe, Catherine

Hi Catherine,

I've put the request on Activelink here: <https://www.activelink.ie/content/community-exchange/services-requests/45303>

It will also go in the relevant email bulletin:



- Jobs / Volunteering Opportunities e-bulletin has approx 21,000 readers.
- Community Exchange e-bulletin has approx 13,000 readers.

Warm Regards,

Damien

=====  
Hyperlink Ltd t/a **activelink**  
<http://www.activelink.ie>  
*The online resource for the Irish community sector.*  
2-4 Merville Road, Stillorgan, Co. Dublin, A94 E3F8  
Phone: +353-1-6677326  
Fax: +353-1-6677377

**WC** Walshe, Catherine Thu 14/02/2019 12:34  
Activelink Info <info@activelink.ie>

 Invitation to Participate in Res... 243 KB
  Participant Information Sheet... 16 KB

2 attachments (259 KB) Download all Save all to OneDrive - Ulster University

Hello, I hope you're well. I am submitting an ad. Please find attached an invitation to participate (PDF) which I would like to be the ad itself and a Participant Information Sheet (Word) which I'd like to be included as an attachment. Thanks in advance.

Kind regards,  
Catherine Walshe  
Doctoral Researcher  
CONTEXT Fellow, Marie Skłodowska-Curie Actions  
School of Psychology  
University of Ulster  
Magee campus  
Londonderry  
BT46 7JL  
Email; c.walshe@ulster.ac.uk



## Appendix M: NVivo Phase Two Coding Sample

Name	Files	References	Created On	Created By	Modified On	Modified By
Aftermath is Worse		3	06/12/2019 23:41	CW	11/12/2019 11:03	CW
Circumstances		3	12 19/11/2019 22:37	CW	11/12/2019 10:55	CW
Confidentiality		6	17 29/11/2019 14:44	CW	18/12/2019 16:57	CW
Connecting DRCC with Courts		3	06/12/2019 14:37	CW	02/01/2020 16:05	CW
Cost		4	03/12/2019 22:20	CW	11/12/2019 00:19	CW
Cultural Beliefs and Attitudes		22	145 23/10/2019 09:44	CW	07/01/2020 11:34	CW
Disclosure		22	100 20/10/2019 22:59	CW	01/01/2020 18:06	CW
DRCC		0	0 21/10/2019 16:53	CW	29/11/2019 15:27	CW
Excluded from Services		3	4 11/12/2019 09:57	CW	11/12/2019 10:18	CW
Expectations		9	18 14/11/2019 01:38	CW	17/12/2019 21:25	CW
Experience of Help Seeking		7	17 11/12/2019 09:47	CW	01/01/2020 17:29	CW
Experience of Therapy		12	36 06/12/2019 16:38	CW	18/12/2019 17:00	CW
Faith in Services		5	7 11/12/2019 10:00	CW	16/12/2019 18:38	CW
Gender Discourse		12	72 24/10/2019 21:36	CW	09/01/2020 17:40	CW
Gendered Nature of Seeking Help		6	13 23/10/2019 09:40	CW	16/12/2019 18:39	CW
GP_Medical		2	2 11/12/2019 09:28	CW	11/12/2019 10:04	CW
Healing		14	66 23/10/2019 15:26	CW	12/12/2019 23:07	CW
Hierarchy of Rape		15	38 23/10/2019 15:16	CW	17/12/2019 22:07	CW
Impact on Life		1	2 14/09/2019 21:13	CW	10/12/2019 22:38	CW
Incorrect Information		1	5 10/12/2019 23:22	CW	11/12/2019 10:36	CW
Judgement		3	5 10/12/2019 23:24	CW	13/12/2019 11:43	CW
Logistics		2	2 06/12/2019 11:41	CW	06/12/2019 12:14	CW
Maintaining the Status Quo		3	4 02/12/2019 12:24	CW	07/12/2019 01:42	CW
Naming the Event		17	95 30/11/2019 22:50	CW	13/12/2019 16:37	CW
Not Alone		6	7 07/12/2019 20:08	CW	10/01/2020 11:14	CW
Participating in Study		9	24 23/10/2019 16:14	CW	12/12/2019 23:05	CW
Perpetrator		22	76 22/10/2019 23:06	CW	01/01/2020 17:59	CW
Protection		12	35 10/11/2019 15:14	CW	12/12/2019 14:47	CW
Rape is Different		6	9 13/11/2019 12:23	CW	09/12/2019 23:09	CW
Seeing Others Accessing Service		4	7 06/12/2019 12:10	CW	11/12/2019 12:43	CW
Seeking Help		0	0 14/09/2019 21:08	CW	06/12/2019 23:46	CW
Self Concept		19	60 21/10/2019 16:35	CW	01/01/2020 17:59	CW
Sex Education		3	6 17/11/2019 16:08	CW	07/12/2019 12:27	CW

## Appendix N: Context Deliverables

### Project 11

#### GENDER-SPECIFIC FACILITATORS AND BARRIERS TO ACCESSING RAPE AND SEXUAL ASSAULT SERVICES

**Background:** A meta-analysis of data from 22 countries found that exposure to childhood sexual abuse is common and that females (19.7%) are more likely than males (7.9%) to experience such abuse. However, 66% of adults and 80% of children and adolescents suffering from mental health disorders never access psychological treatment services.

**Objective:** To identify gender-specific barriers and facilitators to accessing freely available rape and sexual assault support services.

**Methods:** Rooted in gender-theory, key-informant interviews, observations, and phenomenological approaches will be employed.

**Secondments:** The fellow will register in Ulster University from January 2017-March 2018 and conduct their non-academic placement in the Dublin Rape Crisis Centre from April 2018-January 2020. The PhD degree will be awarded from Ulster University.

**Innovation:** Research Project 11 will identify the facilitators and barriers to accessing mental health support services among the victims of sexual violence. Findings will inform the restructuring of service awareness campaigns, promoting earlier interventions for victims of sexual trauma.

**Deliverables:** (6.5) Specific recommendations to restructure existing services, counselling services, and service awareness campaigns (6.6) Context sensitive informational resources on sexual assault and sexual assault support services across the gender spectrum

[Apply for Project 11 here](#)

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## Appendix O: Sample Transcript with Annotations (NVivo 12)

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Search Project

**DRCC Interviews**

Name	Codes	References
DRCC01Ca	168	745
DRCC02Ch	115	345
DRCC03Pa	213	653
DRCC04Sa	150	428
DRCC05Dy	136	352
DRCC06Ru	157	467
DRCC07Ch	155	411
DRCC08Ha	127	272
DRCC09Da	125	463
DRCC10Ma	103	182
DRCC10Ma2	83	201

DRCC03Pa DRCC06Ru DRCC10Ma DRCC09Da DRCC01Ca

[Click to edit](#)

me and it felt like i was naving my insides snoweied out thats do you know that sort of a way and i think i was so confused about what i had expected and maybe i had misinterpreted it then i felt bad because i felt mark was outside this man had been all over me too yeno that sort of a way and my ex partner as i said had had an affair when my daughter when my youngest was a couple of months so he was gone when she was 11 months so i would be very funny fussy about not fussy it would be one of my just not i dont believe in affairs i think theres a right and a wrong way to end relationships and thats it and cheating is certainly not in my realm and never has been em and so when i came out mark was kind of kind of he went down i paid him as well and then em he kinda wanted me to go and have a shower and i wasnt sure was it with him and i was like no i i was there for over two hours like and i kinda got dressed really quickly and he was almost kinda thick with me do you know that sort of a way and so went down the stairs and went out and he blew a kiss after me when i left like and i got into the car mark was like how was it i was like awh it was great well i dont know i feel yeno so i didnt say a word like and em the next morning the guy texted me to say how are you and are you feminine and something else and i wrote back and this is so typical of me was so typical of me was just like what he wanted to hear story of my life dya know that sort of a way and em so i had said yeah and thank you for the safe space and i was able to communicate with my everything i kinda went for i wanted to sound like it was fixed dya know that kind of a way so i em was due to go to em prague with a friend of mine for a friends wedding or her friends wedding and we were going for a few days and i think was it before i went there was probably a week or two so i didnt say anything but my own mental health was just my head was just all over the place yeno and eventually we were waiting for results from mark he was after having em there was a fear that he had prostate cancer and so we were waiting for those results so i didnt say it to him cos i was waiting for that to there was enough going on sort of a way and then the following week he got the results and they were clear and we were driving and i just sort of said to him em cos he'd had a tantric massage once before and eh it was procedural it was done properly dya know that sort of a way which is what i was expecting and em so i kinda just sort of said to him is there anything tell me how it was for you and he talked about it and em i was saying did she ever kiss ya and he was saying no god no so i sort of said to him then i said well this guy did then you can imagine he was like what dya mean he kissed ya and i was sitting and then he said well maybe its part of it maybe we're wrong maybe same as what i had done dya know but there was a forum that he was on its called tantra not trauma and he would read this for practitioners and he would have checked i suppose he would have checked that out and i did i look at it i think i joined it before i went no i didnt it was only that night i joined but i had seen it on his thing cos he was trying to say to me this is these are practitioners and this is whats ok this isnt this is whats not ok so when we went home he was quite stunned i think and he said we'll put up something and ask the question so he put down he wrote it em cos i was quite upset really em and eh he said dya know my partner has gone for her first tantra massage and this person started to kiss her and cos he'd cos i didnt hell him well he'd actually bitten me and stuff as well em so course all the answers kept coming in absolutely not this is off yeno

## Appendix P: NVivo 12 Sample Memo

Home Import Create Explore Share Memo

Quick Access

- Files
- Memos
- Nodes

RCC Interviews

CD Interviews

Classifications

Nodes

Phase 2 - Generating Initial C

Phase 3 - Searching for Them

Phase 4 - Reviewing Themes (

Phase 5 - Defining and Nami

Phase 6 - Creating the Report

Relationships

Relationship Types

Classifications

Nodes

Network Matrices

Annotations

Also Links

Queries

Query Results

Query Matrices

Query Folders

Memos Search Project

Name	Codes	Reference
Gendered Nature of Help Seeking	0	0
Gendered Nature of Help Seeking	0	0
Hierarchy of Rape	0	0
Protecting Others	14	18
Rape is Different	0	0
Shame	17	21
Shame (2)	17	21
Social Acknowledgement	0	0
Trust	4	4
Victim Empowerment	0	0
Victim Empowerment (2)	0	0

Shame (2) X

Click to edit

Relationship to perpetrator significant in outcomes - one participant who was sexually assaulted by father engaged in self blame:

I would definitely felt there was something wrong with me. I would have focused particularly as a child I think you tend to just kind of like internalize everything rather than actually look at the person who has done it. sometimes for kids it feels like it's easier to blame yourself and I definitely would have thought that I was like there is something really wrong with me I was very ashamed about it

As a result, participant feels quite ashamed of her experience despite not being responsible for what happened to her. This shame acted as a barrier to disclosure:

at the same time like my experience like feels still a bit like still a taboo. I'm going to disclose something again. so in my experience it was actually my father that did it. so for that, for the whole metoo campaign I could see how that helped a lot of people when it was, not to say that it's any easier, but when it is a stranger I feel like it's a bit like, it's not someone who's related to you and for me I felt a bit like I felt like I couldn't say anything. while it was really helpful for a lot of people it actually scared me. it terrified me because of the idea of like if I disclose something people are going to question into it then eventually they'll find out. and it is something that even to this day I still feel ashamed because it's someone who is related to me, who's close to me. So I felt maybe like in some ways I felt like I couldn't really join in on that which was quite upsetting, it's a difficult one because at that time when it happened my sister didn't know and a lot of people in my life don't know what has happened to me. like if they have an idea they don't know who. so it was kind of like am I ready to disclose something? I don't actually really want to. and at the same time I know that it would help people to do it. and I've read stories about people who it's been there brother, fathers, they come out and they've made a big blog about it on Tumblr and i'm just be like how are they able to talk about it so openly. its an absolute traumatizing experience.

## Appendix Q: NVivo 12 Sample Annotation

Home Import Create Explore Share Document

Search Project

Shame (2) DRCC01Ca

Click to edit

Annotations

File Name	Number
DRCC01Ca	1
DRCC01Ca	10
DRCC01Ca	11
DRCC01Ca	12
DRCC01Ca	13
DRCC01Ca	14
DRCC01Ca	15
DRCC01Ca	16
DRCC01Ca	17
DRCC01Ca	18
DRCC01Ca	19
DRCC01Ca	2
DRCC01Ca	20
DRCC01Ca	21
DRCC01Ca	22
DRCC01Ca	23
DRCC01Ca	24
DRCC01Ca	25
DRCC01Ca	26
DRCC01Ca	27
DRCC01Ca	3
DRCC01Ca	4
DRCC01Ca	5
DRCC01Ca	6
DRCC01Ca	7
DRCC01Ca	8
DRCC01Ca	9
DRCC02Ch	1
DRCC02Ch	10
DRCC02Ch	11
DRCC02Ch	12

somebody might see me outside you know the big banner they have outside for volunteers I kinda thought anyone sitting in traffic this is the way your mind is working and you're feeling like you're different to everybody else at that time there's something really (makes gagging noise) around you. There's just that sense that you're not clean anymore because my sister was pregnant at the time and we'd be close and I couldn't talk to her I felt like I was polluting and even when she had the baby and I would normally have been there for her other two I couldn't I just felt like I was just bad energy it's the only way I can describe it but when I came in here, the fact that (partner) was with me made it a lot easier and he was 100% supportive and I'm sure he was in as much shock as I was. After I told him about the kissing I had written the guy an email saying you asked was I ok, no I'm not ok and I went through the whole thing, this was supposed to be safe, you are a practitioner, you were the person with the trust you were the person that held the power but the only thing I mentioned in the email was the kissing because I hadn't told (partner) or anybody the rest of it and he wrote back and he just said I'm so sorry that you feel like that about our beautiful and my only intention was to heal and I want to apologise to you although I don't think you'll hear it judging by the tone of your email if you want me to meet you to talk about it I can do that I hope that if anything this will make you stronger and Mark and I weren't talking at this stage I had written this myself I was out for a walk in Dun Laoghaire with my daughter on the peer and she just kept saying mum what's wrong with you she's 26 she's older what's wrong with you what's wrong with you and I was saying awh look I was at something and it didn't go the way I wanted and I'm just hurt and sad about it but then she was pushing and pushing and she said what happened and I said look don't worry about it it's nothing serious it's fine and then I was going away anyway so. And I thought that's all I need

Item	Content
1	Blaming self, personality, couldn't say no
2	as participant remembers event, continues to blame self
3	imagining the assaulter was her partner to make it less traumatic
4	felt guilt as if she had cheated - self blame
5	cheating is incongruous with ppt self concept
6	pretending everything was fine



## Appendix S: Consent Form

**Title: Breaking the Silence of Sexual Violence: Identifying the gender specific barriers and facilitators to accessing sexual assault services.**

**Researchers:** Research will be conducted by Catherine Walshe, doctoral researcher at Ulster University. Catherine will be based at the Dublin Rape Crisis Centre during the data collection period from May 2018 until February 2020. The project is supervised by Prof Mark Shevlin (Ulster University), Dr Frederique Vallieres (Trinity College Dublin), Dr Philip Hyland (National College of Ireland), and Angela McCarthy (Dublin Rape Crisis Centre).

**Details of Participation:** Participation involves being interviewed by researcher Catherine Walshe on what you believe are the barriers and facilitators to accessing rape and sexual assault services. Interviews should last 45-60 minutes and will be audio recorded. Audio recording will then be transcribed by Catherine Walshe. You will have full access to these transcripts and can read them upon request.

**Reasons for Research:** This research is being conducted to identify the barriers and facilitators to accessing sexual assault services.

### Consent Statement:

Please read the following statements and tick box as appropriate:

I have fully read the participant information sheet and I understand what my participation will involve	
---	--

I have been given an opportunity to ask questions about the research and these have been answered satisfactorily	
I understand that the researchers will hold all information and data collected securely	
I understand that all efforts will be made to ensure that I cannot be identified as a participant in the study	
I understand that if I make a disclosure of sexual abuse or violence that occurred when I was under 18, the researcher must report this to Tusla, the child and family agency.	
I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I understand that I may withdraw from the study at any time and I have received a copy of this agreement.	

**Participant Signature:**

**Date:**

**Researcher Statement**

I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that might be involved. I have offered to answer any question and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.	
---	--



**Researcher Signature:**

**Date:**

**Appendix T: 15 Item Checklist (Braun & Clarke, 2006, p. 96)**

**Table 2** A 15-point checklist of criteria for good thematic analysis

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
Overall	10	A good balance between analytic narrative and illustrative extracts is provided.
	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as <i>active</i> in the research process; themes do not just 'emerge'.

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