THE PERCEIVED IMPACTS OF WOMAN-TO-WOMAN RAPE AND SEXUAL ASSAULT, AND THE SUBSEQUENT EXPERIENCE OF DISCLOSURE, REACTION, AND SUPPORT ON VICTIM/SURVIVORS' SUBJECTIVE EXPERIENCE OF OCCUPATION

By

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A thesis submitted to Plymouth University

in partial fulfilment for the degree of

DOCTOR OF PHILOSOPHY

School of Health Professions

Faculty of Health and Human Sciences

February 2016

Acknowledgements

First and foremost, my sincere thanks to the people who responded to the web-based survey. To those who also shared their stories with me, as you know, I have contacted each of you to express my thanks on a more private basis than this public acknowledgement allows. For each of you, I hope your involvement in this research was helpful in what I appreciate is a constant struggle to find people willing and/or able to listen, let alone understand. I hope these words from Thoreau (1849) resonate for you: 'It takes two to speak the truth – one to speak, and another to hear'.

Thank you to the reader of this. My personal aim was that through this research I could promote awareness of woman-to-woman sexual offending. More than anything, I hope this work prompts people to consider the way in which they respond to victim/survivors who have made the difficult, yet courageous decision to disclose their sexual victimisation. When a person reports or discloses the experience of any unwanted sexual activity (contact or noncontact), I hope the person they disclose to responds supportively and responsively, whilst considering that anyone can be a perpetrator, just as anyone can be a victim/survivor.

Thank you to all the organisations that helped me to promote the survey. This includes: Dr Caroline Yorston; the Lesbian and Gay Foundation; Faye Davies and the Diva team; and to all the Twitter groups and individuals who sent out my 'RT' request - you helped share knowledge of this study around the UK and beyond.

To those people who have personally or professionally supported me; I have individually thanked you in a way that this acknowledgement does not allow. You know who you are (Gayle Letherby, Anita Slade, QC [Mel Joyner], Graham Sewell, Alyss, Luka, Julie Parsons, the BSA Auto/Biography Study Group members, S. Caroline

Taylor, Marj Dawson, my occupational therapy friends and colleagues, and, naturally, my wife).

Lastly, to the person who frowned and said: *“You should be over it by now”* - please read my findings and then reconsider the detrimental effect such a remark might have upon someone; underestimating or belittling the impact of being sexually victimised is equally as harmful as any expression of denial or disbelief. Nevertheless, thank you, your comment became one of the key motivational factors to guarantee I would complete this piece of emotion work.

Author's Declaration

At no time during the registration for the degree of Doctor of Philosophy have I been registered for any other University award.

Work submitted for this research degree at Plymouth University has not formed part of any other degree, either at Plymouth University or at another establishment.

Relevant seminars and conferences were regularly attended at which work was often presented; related papers have been prepared for publication and published. An external institution was visited for training purposes.

Publications:

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Word count of main body of thesis (including headings, tables, and figures):

90,929

Signed: ……..

Date: …….

Rebecca Twinley

The perceived impacts of woman-to-woman rape and sexual assault, and the subsequent experience of disclosure, reaction, and support on victim/survivors' subjective experience of occupation

Abstract

The traditional and universal assumption that rape and sexual assault are gendered in nature - perpetrated by men upon women in order to control, oppress, or subordinate them - has implications for victim/survivors of every other form of unwanted sexual contact and non-contact. The historical focus upon male-to-female rape has overlooked the fact that – regardless of gender – children and adults are sexually victimised by people of all ages and genders. In my thesis, I explore the experiences of a group of victim/survivors who national and international research, and anti-sexual-victimisation efforts, have essentially ignored: women who have been sexually victimised by another woman, or women.

From my reading, my thesis constitutes the first documented primary research endeavour to create a methodology that combines an auto/biographical approach with an occupational science perspective. This supports my belief that I cannot divorce myself from any aspect of my research, whilst ensuring my perspective remained occupation-focused. I used a web-based survey to generate data regarding the experience and awareness of woman-to-woman rape and sexual assault amongst those members of the general public who responded. One-hundred and fifty-nine surveys were used for analysis. Twenty countries were recorded to describe the

respondents' nationalities, with the large majority from the United Kingdom (UK). Respondents who are victim/survivors of female-perpetrated rape and sexual assault totalled n=59 (37.3%). These are people who identified as a woman and were over 16 years old (the UK age of sexual consent) at the time of their victimisation. No respondents indicated they do not believe woman-to-woman rape and sexual assault is possible.

Used as a sampling tool, survey respondents interested in sharing their story in more depth provided a contact email address. I interviewed 10 respondents face-to-face, in various UK locations. An eleventh respondent shared her story through correspondence with me. As intended, hearing and reading these stories enabled me to conduct a deep exploration of the respondents' victimisations, and their subsequent experience of disclosure, reaction, and support. Four key themes emerged: Identity; Emotion; Survival; and Occupation. Specifically, the victim/survivors expressed the emotional and deleterious impacts which influenced their subjective experience of occupation. Hence, the daily activities, tasks, and things they need or want to do (occupation), that contribute to who they are, their sense of self, their relationship to others (identity), and their experience of health and wellbeing, was affected.

Considered in the social and cultural context within which it occurs, my thesis contributes new and unique evidence regarding woman-to-woman rape and sexual assault; this has significance for relevant disciplines and service providers, including criminal justice, health, and sexual victimisation support services. Woman-to-woman rape and sexual assault is a complex form of sexual offending which has an equally complex impact upon victim/survivors; for my respondents, this has remained largely unaddressed and, for many, unresolved. I contend it is unacceptable to perceive rape and sexual assault as only committed by men against women; these are not solely gendered perpetrations and should not, therefore, be exclusively understood and addressed as gendered crimes.

Contents

Preface

Woman-to-woman sexual victimisation can be experienced as a traumatic life event; therefore, reading this thesis may well be difficult, uncomfortable, painful, distressing, sickening, shocking, and emotionally triggering. Certainly, as victim/survivor, insider-researcher, and as the author of this work, I have endured my own challenging journey. Informed by this, and the response of my audience thus far, I therefore include this Preface as a cautionary notice that the content of this thesis may be disturbing to read. However, the accounts are, of course, genuine stories about a form of sexual victimisation that has been overlooked; as you will read, an aim of my research was to contribute to shattering the silence and ignorance surrounding woman-to-woman rape and sexual assault.

This thesis has, in truth, now been over 20 years in the making. I have been on a continuum, in terms of my involvement in wanting to do this research; this started the very instant I was being raped by another woman. I remain on this continuum, both as someone who has survived woman-to-woman rape, and as someone who has conducted a study in order to generate evidence of its occurrence, and its impact.

Along my continuum of involvement in researching this silenced and largely ignored issue, I have learnt that shattering silence is more subtle than it sounds; I recognise there are some people that know about my research yet would rather not engage in a discussion, or talk about it. Still - and this is the important part - they now know about it: they have awareness. I know other people, however, who have spoken to others about women as perpetrators of sexual offences against other women; although the extent to which each person is informed about my findings differs, they are no longer oblivious to the fact that woman-to-woman rape and sexual assault occurs. My experience up to now has taught me that this is how silence is gradually shattered; people talk and,

when conversations open up, people share stories. Amongst those people who have mentioned my research to others, it has been fed back to me that they have sometimes then been told stories about that person's experience, or their knowledge of another woman's experience, of woman-to-woman rape or sexual assault. This, to me, is the power of story-telling; it stimulates conversations that might not have otherwise taken place. So, in reading the stories – the life story accounts – of my respondents, and of my involvement in the research on which this thesis is based, you will, quite possibly, talk about this with others. Therefore, thank you.

Bex.

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List of acronyms and abbreviations

ASA	Adult Sexual Assault
C	Chapter
CJS	Criminal Justice System
CSA	Child Sexual Abuse
IPV	Intimate Partner Violence
MDSA	Mother-Daughter Sexual Abuse
MPD	Multiple Personality Disorder
NISVS	National Intimate partner and Sexual Violence Survey
PTSD	Posttraumatic Stress Disorder
R	Respondent
R1/s	First phase respondent/s
R2/s	Second phase respondent/s
RA	Research Assistant

RR-PTSD	Rape-Related Posttraumatic Stress Disorder
UK	United Kingdom
US	United States (of America)
WSSA	Women/woman with Same Sex Attraction
WSW	Women who have Sex with Women
WTWRSA	Woman-to-Woman Rape and Sexual Assault

Chapter One
Introduction

1.1: Setting the scene

Rape and sexual assault[1] affects individuals, groups, and communities on a global scale. Many people live with an awareness of the risk of its occurrence and, on a daily basis, an incalculable high number of people are sexually victimised. It is impossible to measure the prevalence of sexual offending amongst the worldwide population due to various factors, including the under-reporting of the crime to police and healthcare providers, and the exclusion of vulnerable populations in most large-scale studies (Linden, 2011).

Universally, the complexity of the problem of sexual offending is caused by the combination of its multifaceted features and deleterious ramifications. Namely, these are: behavioural; health-related; developmental; emotional; cognitive; financial; legal; medical; interpersonal; political; psychological; physical; silence; spiritual; social; trauma (Center for Substance Abuse Treatment (US), 2014; Boyd, 2011; Rumney, 2010; Campbell and Wasco, 2005; Davies, 2002; Scarce, 1997). Irrefutably, sexual offending is one of the major serious social and public health problems all societies face (World Health Organization (WHO), 2015a; Bonnar-Kidd, 2010; Morrison et al., 2007). In the UK, the Cross Government Action Plan on Sexual Violence and Abuse (HM Government, 2007: i) asserts sexual offences are:

> … the most serious and damaging crimes in our society. For victims, these crimes represent a violation which can have significant and ongoing consequences for health and wellbeing. These individuals deserve to be supported, to be treated with dignity and respect, and to see their offenders brought to justice.

[1] Please refer to 'Appendix 10.2: Definitions and explanation of terms' which describes my reasons for my choice and use of key terms throughout this thesis.

Globally however, current service-provision does not adequately meet the multifarious needs of victim/survivors[2] (WHO, 2015a). There is widespread acknowledgement and understanding of the harmful range of effects being sexually victimised has upon a person. Nevertheless, public attitudes – including that of health, care, and criminal justice service providers – continue to hinder positive change, as they commonly either reinforce rape myths and stereotypes, attribute blame to, or disbelieve, the victim/survivor (Payne, 2009).

1.2: Rationale, purpose, and approach

Everything written so far predominantly pertains to the sexual victimisation of women (perpetrated by men) and, albeit to a lesser extent, to male-to-male rape or female-to-male sexual assault. That is because the former is the most commonly documented and discussed (WHO, 2012), and the latter two have seen a contemporary increase in public debate and scholarly examination (Rumney, 2008; Crome, 2006). In contrast, woman-to-woman sexual offending remains a largely hidden, silent, under-reported, and rarely documented phenomenon (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). The reason for this is not because woman-to-woman sexual offending does not occur, as my discussion of the literature, and of the findings from the research on which this thesis is based, elucidate.

There are various implications of this lack of recognition. In particular, currently in the UK if a woman reported to the police that she had been raped by another woman, her report would not be recorded as rape, and so her perpetrator would not face the (potential) conviction of rape. Furthermore, findings from the research reviewed in Chapter Two (C2) of this thesis, by researchers who have researched woman-to-woman sexual offending, concur with the traumatic and damaging effects of being sexually victimised as aforementioned in the introduction to this chapter (Walters, 2011;

[2] Please see section 1.2.2 for my discussion regarding use of the term ‘victim/survivor’.

Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). Additionally, this thesis adds a new perspective of rape and sexual assault; I affirm (Twinley, 2015; Twinley, 2012a) and advise that woman-to-woman rape and sexual assault (WTWRSA) victim/survivors endure traumatic biographical disruption, as they experience a range of issues that alienate, disrupt, or deprive them from being able to engage in and perform some of their daily occupations. Hence, the data reported here exposes the types of impact (as perceived by the respondents) WTWRSA has on victim/survivors' subjective experiences of occupation.

As an occupational therapist and occupational scientist, I was astounded and dismayed to discover a lack of respective profession and discipline specific research regarding the adult experience of rape or sexual assault, and its impacts upon a person's subjective experience of occupation. One of the pioneers in occupational science, Wilcock (2005: 8), defines occupation as:

> … all that people need, want or have to do. This definition includes doing, being, and becoming for functional purposes; social, physical, mental and spiritual reasons (much of which is at a subconscious level) for survival; for health; for meeting obligations; for choice or habit, as well as for finding meaning and purpose.

Occupation therefore comprises the tasks and activities people do, and the roles they perform on a daily basis. Participating and performing in everyday occupations is considered essential to create a satisfying and healthy life (Larson, 2012). I propose that generating an understanding of how a victim/survivor's subjective experience of occupation is affected, in the sequelae of being sexually victimised, is crucial for occupational therapy and occupational science. Specifically, I contend occupational therapists need this understanding so long as they practise contemporary occupational therapy - a profession that remains committed to being responsive to people's occupational needs by relying on individual therapists to challenge service delivery that lacks an occupation focus (College of Occupational Therapists (COT), 2002). Likewise,

occupational scientists have a duty to contribute to enhancing this understanding, considering occupational science is a discipline that claims to have social relevance, aiming to provide the scientific evidence to inform occupational therapy practice, as well as other disciplines that influence occupation (Rudman, 2015).

In terms of my approach to this work, I have been able to offer this new perspective of rape and sexual assault because I created my methodology by combining use of a sociologically-informed auto/biographical approach with an occupational science perspective. This is methodologically innovative and – as I have increasingly come to appreciate - was obvious and necessary; auto/biography compels researchers to insert the position of 'I' in their exploration of people's lived experiences that other methods require the researcher to eliminate as best they can (Stanley, 1992). Auto/biography has, therefore, afforded me the rationale for writing from the first-person perspective of 'I' and, in doing so, stating my position in this work, and including my story and my own self as I re-present the stories and selves of my respondents. I discuss how auto/biography enabled me to engage in a continuous process of identifying, analysing, and critically reflecting upon where I am in this work. Working auto/biographically entailed me conducting an exploration of the lives of the researched (my respondents) and the researcher (myself).

As an occupational scientist I am committed to advancing the discipline's research-based contribution that evidences the relationship between people's subjective experience of occupation and their health (Wilcock, 2005). At its inception, occupational science was intended to contribute to occupational therapy by providing the profession with its own science to support its philosophical foundations regarding occupation and health (Blanche and Henny-Kohler, 2000). Today, occupational science is regarded as a discipline that can contribute to other disciplines, policies, and practices that value the centrality of occupation in people's lives (Riley, 2012). Contemporary (UK) occupational therapy practice has received criticism for losing its

focus upon the significance and scope of occupation (COT, 2002). In 2014 I was asked to co-author an Editorial for the *British Journal of Occupational Therapy* on this very issue; titled: 'Are we achieving occupation-focused practice?'. Karen Morris and I (2014: 275) asserted that: '… occupation-focused practice demands that we continue to expand our understanding of how people's various occupations shape and impact upon their lifestyle, health, and wellbeing'. Equally, I believe that occupation-focused research demands that occupational scientists enhance the understanding of how people's subjective experiences of occupation can be impacted by events that interrupt their daily lives, health, and wellbeing. An occupational science perspective ensured that as I worked through the research process, conducting my research, I maintained and appreciated the value of its occupational focus.

1.2.1: My research

My research question is:

What are the perceived impacts of woman-to-woman rape and sexual assault, and the subsequent experience of disclosure, reaction, and support, on victim/survivors' subjective experience of occupation?

And my aim:

To explore the perceived impacts of WTWRSA, the subsequent experience of disclosure, reaction and support, and the consequences for victim/survivors' subjective experience of occupation.

My objectives are:

- To explore the experience of WTWRSA from the victim/survivor perspective.
- To elucidate reasons as to why victim/survivors may not disclose and/or report woman-to-woman rape or sexual assault.

- To explore the impact of current health and criminal justice policies and/or service provisions from the perspective of victim/survivors of woman-to-woman rape or sexual assault (and to provide recommendations).
- To identify the impact of enduring and surviving WTWRSA on health, wellbeing, and upon everyday occupations.
- To add to theoretical and practice understanding in the areas of occupational therapy, occupational science, and social science.

1.2.2: Use of terms

I have provided an explanation of my use of terms in Appendix 10.2: 'Definitions and explanation of terms'. With regard to my use of 'victim/survivor', there is ample debate present within the literature and on web-based forums regarding use of any combination of these terms (i.e. 'victim', 'survivor', or 'victim/survivor'). On their website, Clark University (2014) explain their use of the term 'survivor' as being used '… in place of "victim" to describe someone who has survived sexual abuse or assault. The term "survivor" honors and empowers the strength of an individual to heal'. I agree with the importance of recognising people who have been sexually victimised as survivors. However, this could be seen to negate the experience of those people who are being victimised at the time they read resources, or take part in research. Rather, the term 'victim/survivor' is used as a term generally accepted as respectful when referring to victims of sexual assault and other forms of assault (Hester et al., 2007).

As I began to collect data through face-to-face interviews, I felt growingly comfortable with my use of this term. I now strongly feel it is important to acknowledge that each person who has been sexually perpetrated was once a victim; victimised by their perpetrator/s and forced into situations they did not want to happen. However, each person is also a survivor; having survived their victimisation to live on. Additionally - as

with the respondents in the research on which this thesis is based – some are able to talk about their experience. Another consideration that occurred to me was that use of the term 'victim/survivor' allowed for any person who was considering being interviewed, and who was at that time being sexually victimised, being able to feel they could take part, because the term acknowledges a person might currently be being victimised, and that if they are, they are also surviving this on a daily basis.

1.3: My auto/biographical motivation

The reflections on my auto/biographical positions that follow are intended to elucidate my auto/biographical motivation for conducting the research on which this thesis is based.

As a victim/survivor

I was raped by a woman; an attack that was extremely forceful and violent in both a physical and sexual way. Today I live with the aftermath of this traumatic event, often remembering, reliving, and/or experiencing the various effects it has had upon me, and my life, on a daily basis. The impact has been considerable and, in many ways, insurmountable. That is not to say I have not survived this victimisation, but its effects have proven to be complex and varied, with some becoming engrained to the point I have not been able to completely overcome them. Instead, I see myself as a victim/survivor who has had to find strategies to be able to live with the sequelae of being raped by another woman.

As a woman with same sex attraction[3]

Growing up as a woman with same sex attraction (WSSA) has presented countless challenges. For many years I lived with the guilt and fear of family discovering that I was gay. This fear was exacerbated after I was raped by a woman and, I believe, was

[3] Please refer to 'Appendix 10.2: Definitions and explanation of terms'

the main factor that prevented me from disclosing or reporting this victimisation. I have first-hand experience of prejudice, discrimination, verbal, and physical abuse because I am a WSSA. This motivated me to conduct my MSc research project on the topic of sexual orientation and occupation, exploring the lived experience of participating in occupation for gay men and women. In this research I found that, for some gay people, coming out to friends and family can lead to rejection and isolation (Bergan-Gander and von Kürthy, 2006).

In the initial time after my rape, I began to feel at odds with some of the lesbian feminist literature I had read whilst studying for my sociology degree. As Barnes (2011) explains, lesbian feminism was established through the vision of a 'lesbian utopia', in which relationships between women are understood as being incapable of being unequal, exploitative, or violent. As I discuss in C2, the notion of woman-to-woman violence (in whatever form) presents a threat to the dominant feminist ideology, which firmly established violence against women as being attributed to the historical context of patriarchy and misogyny (Weissman, 2009). However, contrary to such beliefs, I have personally experienced the way in which a woman can use force and have control over another woman in order to be violent, threatening, and aggressive in a verbal, physical, and sexual way. Consequently, my position as a WSSA researcher of WTWRSA is grounded within my first-hand experience and subsequent realisation that women are as capable of being violent toward women (and others) as men.

As a feminist

In her review of the historical background to women's actual autobiographies, Stanley (1992) discusses how texts such as *Women's Autobiography* by Jelinek (1980) were amongst the first feminist academic publications to theorise autobiographical writing. Importantly, such texts aimed '… to insist upon the re-evaluation of women's lives and experiences as important and worthy of serious study' (Stanley, 1992, 91). I feel this accurately reflects the motivation for, and intention of, my research: to explore an

aspect of some women's lives and experiences that has received very limited recognition, but which I believe is extremely important and worthy of serious academic study. This stems from my auto/biographical position as a woman who strongly appreciates that women's lives and experiences are important to scrutinise and understand.

Even though I am a feminist who recognises women can be capable of all forms of violence against other people, this understanding does not challenge my feminist values and principles. I fully support the rights and equality of women across all societies. However, I am at odds with the feminist perspective that justifies women's violence as solely being a reaction to their historical experience of oppression and/or abuse (Fitzroy, 2001). Such a viewpoint has the potential to prevent women that have been violent to others from being held accountable for their own actions.

Many women continue to experience inequality of opportunity available to them (United Nations Population Fund, 2014). However, although I acknowledge the historical debate about 'sameness' not necessarily being considered 'equality' (Wajcman, 1998), there needs to be more discussion about the ability of women to act autonomously. By perceiving a woman's will or ability to act as being influenced by (the domination of) men, some feminist theorists appear to be suggesting that women are incapable of acting against such domination and oppression in order to be able to make their own decisions (have independent thought), and choose their own actions (to act autonomously). This poses implications when considering the role of criminal justice services in establishing responsibility for the commitment of criminally offensive acts. One potential implication is the continued invisibility of the reality that women can be violent (Chesney-Lind and Eliason, 2006).

As a feminist, my study aimed to re-present victim/survivor's lives, stories, identities, and experience of occupation that have largely remained silent, and to make visible a

type of sexual offending experienced by these people that has remained hidden. Often, researchers refer to this as ‘giving voice’. This is an interesting aspect of the research because, using the auto/biographical approach, I was aware of just how loud my own voice is. Letherby (2002) acknowledged this in a discussion of her doctoral work, describing how she consequently strived to be sensitive to issues of power and control throughout the process of conducting her research. With respect to approaching the research as a feminist, I remained mindful that power takes on a new meaning in my research, specifically because the respondents shared their stories about being sexually assaulted by a woman. Hence, whilst some of their silence could be understood from the feminist criminological perspective as being attributed to the invisibility of their perpetrators within capitalist and patriarchal criminal justice systems (Renzetti, 2013), it must also be explored from the perspective which accepts women (and their actions) have the power to silence other women (people).

As an activist

I do not proclaim my study to be a piece of social justice research, predominantly because I do not understand woman-to-woman sexual offending as purely being a problem of social justice. However, one of my reasons for wanting to conduct the research was to promote some acknowledgement of the reality of WTWRSA in order to provoke some positive change. Ultimately, my hope was that small projects such as mine will contribute to developing an evidence base - one that clearly identifies the need for change to how relevant services are designed to respond to, and support, WTWRSA victim/survivors. Such change is about enhancing the opportunity of justice for victim/survivors and reducing their experience of isolation (as identified by Girshick, 2002).

As such, I saw myself as an activist conducting what could be deemed, in part, as activist research. This sits comfortably alongside my use of an auto/biographical approach, as both acknowledge the bias researchers bring to what they research (Fine

and Vanderslice, 1992), and embrace the aim to disseminate the respondent's story they tell about their lives. As an auto/biographical activist researcher, I could be explicit about the fact that I wrote with a political agenda. In this thesis I highlight how there is an absence of the issue of WTWRSA in the UK criminal justice system (CJS) (see C2). I am aware that bringing my own political agenda to the research could be criticised as being a source of bias. However, no source of criticism can deny the dearth of literature and research regarding WTWRSA as a criminal offence. Irrefutably, my identification of this gap is in no way biased: it is based upon the absence of robust empirical evidence.

Activist researchers are aware that a single research study can never be final (Fine and Vanderslice, 1992). This is especially important to understand and emphasise when researching relatively unknown and under-researched topics. However, this is not to undermine my activist goal of challenging the widespread lack of acknowledgement of the reality of woman-to-woman sexual offending. Without acknowledgement there can be no change. Regarding this, in relation to woman-to-woman physical and/or psychological violence, Renzetti (1992: 131) states:

> Acknowledging that lesbian battering is a serious problem may indeed be unpleasant, even painful, for the lesbian community. But until such acknowledgment is made, until victims' needs are effectively and sensitively met, and until batterers are challenged and held accountable for their behavior, all lesbians are unsafe and the struggle for the creation of a peaceful, egalitarian community of women is violently betrayed.

This concluding statement from Renzetti's book excludes the experience of women who have experienced other forms of woman-to-woman violence. This conflicts with my activist perspective, whereby I believe there is a need to be inclusive of the diversity of the nature of experiencing woman-to-woman violence. Instead, I would revise this statement in the following way, which also offers further explanation for why I felt this research was so important, and something that I not only wanted, but needed to do:

> Acknowledging that women can be capable of all forms and levels of violence, assault, and abuse may be difficult and challenging for all communities. However, until both the risk (the possibility that it can occur) and reality (the actuality that is has occurred) of these types of perpetration is acknowledged, there will be no change. Without change, the experiences of victim/survivors, and the impact of these experiences, will continue to remain largely silent, invisible, and unknown. Therefore, their needs will never be understood, respected, or met. The perpetrators of this violence, assault, and abuse will continue to go unchallenged, meaning they will never be publicly blamed and answerable for their offending behaviour. We are all at risk of experiencing violence, assault, and abuse perpetrated by other people; all people across all communities are at risk of a woman being violent, abusive, and/or committing assault against them.

In order to challenge the dominant stories told about women (particularly WSSA), and the absence of stories about woman-to-woman sexual offending, I strived to listen to and re-present victim/survivor's stories about this experience, and its associated impact upon their lives.

1.4: Overview of the thesis

Owing to the nature of this topic and the dearth of previously published and accessible literature, I critically review that which was available at the time I conducted the literature search in turn, in C2. This examination of each resource significantly contributed to developing my knowledge and understanding (at an early stage in this work) of several of the key issues my exploration of this topic demanded and deserved. I discuss the applicability, as well as the limitations, of these resources to the development and performance of my research work. I have organised the Methodology Chapter (C3) around the following key topics that explain the reasoning behind my research practice: auto/biography; occupational science; researching a traumatic life experience; the data collection methods; respondent characteristics (including demographic data) and biographies; and emotion.

Next, the data chapters are ordered under each of the four key themes identified: Identity (C4); Emotion (C5); Survival (C6); and Occupation (C7). However, these themes are not separate from one another; indeed, the boundaries between them are

fluid. This is because the findings within these themes represent each respondent's lived experience; the complexity of which cannot be compartmentalised, nor should it be. The themes that emerged from my analysis (see C3) of the first phase respondent (R1) and second phase respondent (R2) data indicate the experience of WTWRSA has complex and detrimental effects for the victim/survivor. Perhaps owing to the multifaceted nature of emotion, and its presence in a person's daily interactions, C5 is the larger of the data chapters.

In terms of their subjective experiences of occupation, it appears that victim/survivors experience a range of issues that alienate, disrupt, or deprive them from being able to engage in and perform some of their daily occupations. Issues and events, such as other people's reactions to the disclosure of being raped or sexually assaulted by another woman, were experienced in different ways; this impacted on many victim/survivors' self-perceived ability to identify as a victim/survivor (see C4: Identity) which, in turn, and in addition to having their experience invalidated, was experienced as having a long-lasting emotional impact (see C5: Emotion).

The findings from the research on which this thesis is based have elicited that rape and sexual assault against a woman (who identifies as a woman at the time of the victimisation) is a complex form of sexual offending; equally, its impact upon the victim/survivor is multidimensional, problematic, and, for many of my respondents, largely unaddressed and/or unresolved. This was clearly palpable from the R2 accounts of how they have survived (see C6: Survival). In C8 I reflect not only upon my key findings, and their implications, but upon other significant factors that relate to my auto/biographical research journey. I therefore found it important to conclude this work by: further scrutinising my chosen methodological approach; highlighting my appreciation of the process my respondents engaged in, through sharing their stories, and the meaning of this; considering the findings from my research by suggesting

things I will never do, reflecting on my auto/biographical engagement in this work; and by making recommendations for future work and positive change.

Chapter 2
Background

2.1: Introduction

Since my research topic has previously never been explored, the literature I review is selected from a wide and varied range, following extensive searching to retrieve relevant resources. In this chapter, I seek to provide an analysis of the relevant background to the topic explored. Out of respect for the contributions made by other researchers, and an appreciation of the legacy of their work, the review is largely conceptual and, as a whole, leads to critique of the lack of research in this area. I have organised the analytical review of this literature under two core umbrella topics of: 1) woman-to-woman rape and sexual assault (section 2.4), and 2) occupation and occupational science (section 2.7). I summarise by demonstrating how the gap in the literature - regarding the impact (of *any form*) of rape and sexual assault upon victim/survivors' subjective experience of occupation - indicates the occupational therapy profession is likely to be ill-equipped to respond to meeting their associated occupational needs. In consideration of the finding that there is a similar dearth of literature regarding woman-to-woman sexual offending, I propose that the occupational needs of WTWRSA victim/survivors are currently unknown and, ultimately, are therefore possibly unmet.

2.2: Literature search strategy

I utilised an extensive search strategy to retrieve literature pertaining to: WTWRSA; occupational science; the subjective experience of occupation, and the role of occupational therapists working with victim/survivors of sexual assault. The literature retrieved derived from a variety of sources, disciplines, and perspectives. The literature search strategy is outlined in full in Appendix 10.13. Five resources collected primary data regarding WTWRSA (see Table 2.1). This does not include my own article, an

occupational profile (Twinley, 2012a), which I have reflected upon writing in Appendix 10.14. In addition, six other discussion pieces were retrieved in the form of a critical review, a training manual, and internet-based resources (see Table 2.2).

A significant contextual factor to consider early on in this chapter is that each resource I retrieved derived from the United States (US) of America. There are sociocultural, political, economic, and institutional differences - including variances in law, policy, and guidance - between the US and other countries, including the UK. I am mindful study findings need to be considered in the context in which they were conducted (for instance, the geopolitical context). Consequently, there may be very genuine and significant differences to reflect upon when considering the UK context.

Table 2.1. A summary of the research included in this review which collected *primary data* solely or partially regarding WTWRSA

Author/s	Type of resource	Content and/or aim of resource	Sample size
Walters (2011)	Research paper in *Journal of Gay and Lesbian Social Services*	A qualitative study of lesbian survivors of intimate partner violence.	4 interview respondents
Wang (2011)	Research paper in *Journal of Lesbian Studies*	To present findings from a case study of a rural lesbian's experience of woman-to-woman sexual violence.	1 case study
Gilroy and Carroll (2009)	Research paper in *Women and Therapy*	To explore therapeutic and treatment issues involved with counselling survivors of woman to woman sexual violence (p. 424).	2 client case studies
Campbell (2008)	Unpublished PhD dissertation thesis	To understand woman-to-woman sexual violence from the perspective of a same-sex sexual assault survivor (p.2).	10 interview respondents
Girshick (2002)	Published book	To explore whether woman-to-woman sexual violence and battering survivors need different interventions from heterosexual male-to-female abuse survivors.	70 survey respondents

Table 2.2. A summary of secondary and tertiary sources, and gray literature included in this review with content specifically relating to WTWRSA.

Author/s	Type of resource	Content and/or aim of resource
Our Bodies Ourselves (2014)	Web page for Massachusetts based non-profit, public interest organisation	➢ Page title: Sexual Assault by a Woman ➢ Gives an overview of woman-to-woman sexual assault (unreferenced) ➢ Signposts to organisations offering support
Rape Crisis Information Pathfinder (RCIP) (2011)	US based web page providing information and research about crisis, rape, and sexual assault	➢ Page title: Woman on woman sexual assault ➢ Very brief overview of woman on woman sexual assault ➢ Provides five facts (unreferenced) ➢ Provides links to other relevant pages (some links no longer worked)
Brownworth (2010)	Article on the web page for *Curve* ('The [US] nation's best-selling lesbian magazine)	➢ Page title: Lesbian-on-Lesbian Rape ➢ Article written by Brownworth about her experience as a victim/survivor and discussing other (anonymised) cases of lesbian-on-lesbian rape
King and Evans (2010)	PDF file of a chapter within a training manual	➢ To provide an overview of same-sex sexual assault when considering support for survivors ➢ To suggest considerations for counsellors
Rape Victim Advocates (2008a)	Web page for a Chicago based not-for-profit organization	➢ Page title: Lesbian Survivors: When the survivor is a lesbian ➢ Considers institutional issues and personal challenges for lesbian and bisexual female survivors of male or female perpetrated rape
Waldner-Haugrud (1999)	Critical review in *Aggression and Violent Behaviour* (journal)	➢ Title: Sexual Coercion in Lesbian and Gay Relationships: A Review and Critique.

2.4: The primary evidence

In the literature found, WTWRSA is discussed as a very real phenomenon (Rape Crisis Information Pathfinder (RCIP), 2011; Gilroy and Carroll, 2009; Campbell, 2008; Waldner-Haugrud, 1999). It has been estimated one in three gay women have been sexually assaulted by another woman (San Francisco Women Against Rape, 2011; Sexual Assault Crisis Team, 2011). Merely being an estimate emphasises the uncertainty of the issue due to the paucity of research. It is important to note the websites from which I retrieved these figures have since been disabled.

Evidently, there is a limited amount of evidence, but evidence does exist. Here, I present my analytical discussion of the primary research retrieved specifically pertaining to WTWRSA. I decided to discuss each in turn, so as to present an in-depth appraisal, in consideration of the limited number and their diversity. I discuss them in reverse chronological order of their date of publication, using the language each author chose (for instance, to describe the respondents and their type/s of assault).

Walters, M.L. (2011) 'Straighten Up and Act Like a Lady: A Qualitative Study of Lesbian Survivors of Intimate Partner Violence', *Journal of Gay and Lesbian Social Services*, 23(2): 250-270.

This US-based exploratory study sought to gain an in-depth understanding of the lived experiences of four women who self-identified as lesbian, and as a survivor of intimate partner violence (IPV), perpetrated by their ex-intimate partners. Walters notes the difficulty of working with estimates of the incidence of all forms of lesbian IPV.

In particular, Walters aimed to explore the context to the IPV, the attitudes of other lesbian women, and the survivors' experiences of help-seeking. Walters (2011: 255) is not explicit about the sampling or recruitment process, stating only that the four participants '… were recruited from a large metropolitan community'. The main

drawback to this being that Walters overlooked the opportunity to share an effective recruitment strategy with other scholars interested in conducting research with a similar population. Abrams (2010) reiterates the importance for researchers that have recruited people from 'hard to reach' populations to be explicit about how they did so (including the obstacles they experienced) in any final write-up. Such transparency can enhance the quality of qualitative research (Abrams, 2010).

During an individual face-to-face semi-structured interview, in a location of each participant's choice, Walters asked the women to share their stories of IPV. Two participants (Lynn and Susan) mentioned experiencing female-perpetrated sexual abuse in addition to physical and verbal IPV. Walters (2011: 260) found that the physical violence Susan endured escalated to sexual violence: '… towards the end of the relationship… she would physically force me to have sex. She would rape me'.

Walters also asked about any abuse that occurred in the participants' familial background. She subsequently found that one participant (Lynn) had been sexually abused as a child by her older brother. Regarding Lynn's adult experience of sexual IPV, Walters (2011: 257) states: 'Later, her intimate partner's knowledge of this abuse became justification for perpetrating emotional, physical, and sexual violence against her. Lynn's partner felt the need to "toughen her up" and would use the knowledge to sexually and emotionally abuse her'. Such an experience concurs with the finding that victim/survivors of child sexual abuse (CSA) are at an increased risk of victimisation as adults – victimisation that is often perpetrated by an intimate partner (Han et al., 2013; Filipas and Ullman, 2006; Whitfield et al., 2003). Moreover, compared to heterosexual CSA victim/survivors, non-heterosexual[4] victim/survivors can be at an increased risk of IPV (Koeppel and Bouffard, 2014).

[4] I use this term to maintain some coherence with other publications. I do not use it to reinforce heteronormativity, which is an implication of this term and which '… highlights a shortcoming in our own language around sexual identity' (Wiederman et al., 2004).

Lynn also experienced homophobia from her family – who did not like her being a lesbian - and her own partner, who was perpetrating the sexual abuse, and who was not 'out', nor wanted to be identified as a lesbian. Walters suggests these homophobic reactions contributed to the victim/survivors in her research remaining with their abusive partners. Unfortunately, Walters does not offer any further exploration of the homophobic attitudes held by Lynn's perpetrator, which could have prevented Lynn from leaving the abusive environment and relationship; Lynn's perpetrator's feelings about her own sexual orientation could be understood as internalised homophobia – that is the process of internalising overtly held homophobic and negative heterosexist societal attitudes toward non-heterosexual people (Pachankis and Goldfried, 2013; Rainbow Project, 2012).

In addition to their perceived or actual experiences of homophobia and heterosexism, Walters' participants felt the main barrier to being believed was the widely-held myth that women are not violent, or not as violent as men, toward other women. Consequently, Lynn and Susan were silenced and immobilised from help-seeking. Ahrens (2006) suggests that silencing of rape victim/survivors occurs because many are blamed or disbelieved after their first disclosure, and that this silencing intensifies their feelings of powerlessness. With this in mind, it is not surprising to learn that Lynn and Susan reported feeling helpless, and isolated from their families, friends, and communities. Walters suggests further research should examine the barriers and inequalities lesbian survivors experience when accessing services, such as the police and domestic violence shelters. Walters does not, however, address Lynn and Susan's individual and specific needs that resulted as a direct consequence of being sexually violated. Nor does Walters suggest this as an area for further exploration. I find this disconcerting, particularly as I discovered that Walters is one of the authors of the American National Intimate partner and Sexual Violence Survey (NISVS) (Black et al., 2011), and so would realise the high (reported) numbers of female victim/survivors of all forms of rape and sexual assault (i.e. in Georgia - where Walters appears to be

based - they estimate the lifetime prevalence of rape amongst the population to be n=655,000 [17.6%]. Rape was defined as forced penetration and *did* include that by men or women against men or women. For sexual violence other than rape, the estimated number of victim/survivors was n=1,731,000 [46.4%]).

Wang, Y.W. (2011) 'Voices from the Margin: A Case Study of a Rural Lesbian's Experience with Woman-to-Woman Sexual Violence', *Journal of Lesbian Studies,* 15(2): 166-175.

Wang (2011) researched the traumatic effects for one lesbian survivor of woman-to-woman sexual violence, and the contextual issues she encountered due to living in a rural community in the US. Wang conducted three semi-structured interviews with Judy over a three year period. There are some methodological and ethical implications of the way in which data was collected that warrant discussion. Wang had a graduate research assistant (RA) present to take notes during the first two interviews, and then two other undergraduate RAs transcribed all three interviews.

Methodologically, face-to-face interviews allow for two-way interaction (Kelley et al., 2003); the presence of a second researcher taking notes could impede the level of interaction and flow of conversation. Additionally, when the interviewer takes notes they can highlight key points to explore further with the respondent (King and Horrocks, 2010). The literature, however, is not clear about the researcher-respondent ratio for individual interviews. Campbell et al. (2009) asked victim/survivors their recommendations for interview practice but do not mention the issue of number of researchers present during individual interviews. Ellsberg and Heise's (2005) discussion about researching violence against women appears to assume there will be only one researcher (as interviewer and note-taker) present during face-to-face interviews.

Ethically, the decision to conduct an individual interview on a traumatic topic with two researchers present is open to critique. Researchers, such as Griffin et al. (2003), have certainly found participation in trauma research was valuable to, and well tolerated by, victim/survivors. Moreover, the researcher-respondent relationship is one that should, ideally, be built upon mutual trust and respect, and the researcher should be able to critically reflect on their own role (Holloway and Wheeler, 2010). Wang does not explain her position, her use of reflexivity, nor justify the presence of the second researcher.

Nevertheless, this case study provides some insight into the nature of woman-to-woman rape and its traumatising effects, framed within the sociocultural rural context in which this occurred. For Judy, the difficult process of coming-out as a lesbian was compounded by her ex (abusive) male partner threatening to tell her parents about her lesbian identity, and threatening to kill her. Wang (2011) discovered that in the subsequent years Judy came to believe in the concept of a 'lesbian utopia', whereby women nurture each other, rather than oppress and cause harm (Hassouneh and Glass, 2008). The concept of lesbian utopia stems from 1970s lesbian feminism, which proposed a separatist and woman-centred lesbian nation as a haven from an oppressive, patriarchal, and heterosexist society (Clarke, 2008). Arguably, such a vision excludes women who can be abusively victimised by another woman. It is, therefore, understandable that after Judy's experience of female-perpetrated rape, her perception of other lesbian women was challenged. This was worsened by the negative reactions of others when she finally felt able to disclose. In particular, her female partner at the time minimised the experience and attributed blame toward Judy: a reaction known as victim-blaming, which has been found to characterise wider societal responses to rape disclosures (Ryan, 2011). Such negative reactions serve to uphold rape myths that shift the blame from the perpetrator to the victim/survivor (Suarez and Gadalla, 2010).

Wang minimally explores the actual effects of the culmination of these experiences for Judy. Nonetheless, it is clear that Judy's daily life subsequently became affected by feelings of isolation, fear for personal safety, and self-blame – all of which trauma theorists commonly attribute to being raped (Richmond et al., 2013). Judy also avoided certain social settings. This can be understood as a behavioural avoidance strategy, whereby victim/survivors avoid certain people and/or places that remind them of their experience (Boeschen et al., 2012). As such, Judy experienced occupational injustices, due to not being able to engage in some of her previously meaningful and necessary occupations (Townsend and Wilcock, 2004).

Gilroy, P.J. and Carroll, L. (2009) 'Woman to Woman Sexual Violence', *Women and Therapy,* 32: 423-435.

Gilroy and Carroll (2009) present two client case studies to discuss the issues for counsellors treating survivors of woman-to-woman sexual violence. The data was collected through a combination of their respective work as counsellors with each survivor (Kathleen and Sarah), and journal entries provided by each of the survivors. Kathleen and Sarah also read the paper as Gilroy and Carroll (2009) wrote it, offering their feedback, and so contributing to its development. Kathleen and Sarah were sexually assaulted by women they met within the context of each of them (all four women) being survivors of male-perpetrated sexual violence. Kathleen met her female perpetrator at a support group, and Sarah met hers at a student organisation geared toward preventing violence on campuses.

Gilroy and Carroll (2009) discuss pertinent findings regarding the impact upon the survivors' health and wellbeing; focusing on their symptoms of posttraumatic stress disorder (PTSD), they outline some of the ways in which this impacted upon their daily lives (and, therefore, their occupations). Gilroy and Carroll (2009: 428-9) suggest the core symptom experienced by both women was that of silence, brought about by self-

blame and other feelings conveyed through their use of the acronym for 'SILENT': 'S (shame), I (invisibility), L (loss of trust in others), E (emptiness), N (negation of self), and T (trauma symptoms)'. Initially, both were in a deep state of shock – understood as '… a normal reaction to an abnormal event' (Mason and Lodrick, 2013: 31). Sarah experienced flashbacks and retraumatisation of an earlier assault. Kathleen experienced suicidal ideation. Such trauma-related symptoms impact on people's ability to fulfil their roles and carry out their normal range of activities (that is, their subjective experience of occupation) on a daily basis (Davidson, 2000).

As discussed, there is irrefutable evidence that victim/survivors are at an increased risk of revictimisation (Basile and Smith, 2011). However, no research has examined the perpetration of WTWRSA by victim/survivors of CSA and/or adult rape and sexual assault. Gilroy and Carroll (2009) refer to tentative suggestions made by McPhail et al. (2007: 835) who - whilst acknowledging assumptions should not be gender-based - state: 'Today's male perpetrator was often a childhood victim, and a battered woman may also be an abusive mother'. This highlights a further knowledge gap within the already inadequately explored problem of WTWRSA.

Gilroy and Carroll's focus on help-seeking and the recovery process provided useful insights for my research. Kathleen and Sarah both resumed therapy in response to their revictimisation. Studies have found that few rape victim/survivors seek medical care (Zinzow et al., 2012), or other formal care and support (Orchowski and Gidycz, 2012), specifically in response to being sexually victimised. However, compared to non-assaulted women, victim/survivors have an increased utilisation of healthcare services, owing to their elevated experience of the long-term health consequences of rape and sexual assault (Amstadter et al., 2011). Kathleen and Sarah's sexual orientation is not disclosed. Still, for WSSA it is additionally concerning to reflect on the evidence that non-heterosexual people report increased levels of mental health problems (Chakraborty et al., 2011).

Evidently, Kathleen and Sarah's ability to seek help in the form of counselling is supported by studies that document a relationship between having a history of trauma and related help-seeking (Elhai et al., 2005). Yet, neither responded as well to therapy for the woman-to-woman sexual violence as they previously had for male-perpetrated assaults. That is, until they were encouraged to present their own stories as narrative, some of which Gilroy and Carroll include in their paper. Kathleen and Sarah's gradual recovery through this method of intervention could be explained by an appreciation of the therapeutic significance of disclosure (Farber et al., 2006), and of using writing as therapy (Pennebaker, 1997).

Campbell, P.P. (2008) *Sexual violence in the lives of lesbian rape survivors.* Saint Louis, Mo: Saint Louis University.

Campbell (2008) conducted a phenomenological study for her PhD. She interviewed 10 women in Illinois and Missouri, US, in order to understand the experiences of lesbian rape survivors. Campbell was successful in recruiting 10 people who identified as a lesbian rape survivor through the combined use of purposeful and snowball sampling. This involved advertising in lesbian and gay-friendly social spaces, sexual assault centres, domestic violence agencies and shelters, and the use of gatekeepers, such as rape crisis workers and counsellors. There is, however, some confusion in the dissertation about the respondents' sexual identity/orientation. In the abstract, Campbell states the study has helped to bridge the gap in research specifically about sexual violence against lesbian women. However, in the methodology chapter Campbell explains that, even though the exclusion criteria meant women who did not identify as lesbian would not be selected, she did in fact include one respondent who identified as bisexual, and one as heterosexual. It therefore seems inappropriate that Campbell did not adjust her language and discussion accordingly, in consideration of the fact that two out of 10 respondents did not identify as lesbian. Moreover, it remains

uncertain in Campbell's work whether she was assuming WTWRSA is only experienced and perpetrated by lesbian women.

Still, Campbell is clear to explain her own position as a heterosexual researcher. In the discussion, she reflects on going to lesbian establishments to advertise the study. Campbell describes feeling like she was entering an aspect of women's lives that were different to hers. Campbell (2008: 112) also questions '… whether a researcher who was lesbian might have found that research on lesbian women could only be undertaken by a lesbian to truly understand its depth and magnitude'. While this is presented as an honest critique of her position, this statement could be understood as Campbell's perception that all lesbians similarly identify with, and are characterised by, one (sexual) category. Campbell discusses sexual identity development in her first chapter by drawing upon Cass' (1979) dated theory of *homosexuality identity formation*. The implication of doing so is that such a theory proposes every individual similarly moves through the same six stages during the development of their homosexual identity. To illustrate the de-individualising assumptions Cass (1979: 233) makes, I include an excerpt here of her discussion of Stage 5 (Identity Pride):

> P [Person] enters stage 5 with an awareness of the differences (incongruency) that exist between P's own concept of self as being totally acceptable as a homosexual and society's rejection of this concept. In order to manage this incongruency P uses strategies to devalue the importance of heterosexual others to self, and to revalue homosexual others more positively.

Campbell's reference to Cass' (1979) model to present an analytical discussion of lesbian, gay, bisexual, and transgendered (LGBT) identity is discouraging because the model denies the individual, unique, and subjective experience; a consideration of this individual experience would warrant an exploration of all the other contextual and personal factors that contribute to the formation of a person's identity. Moreover, Cass' (1979) model does not recognize the diversity of experience for those individuals that encounter the coming-out process (Rosario et al., 2008). Hence, I suggest that

Campbell's (2008) statement – as cited from page 112 - appears to disregard appreciating the individuality of people and their lived experiences, including the development of their sexual identities.

The survivors in Campbell's study reported being raped between the ages of 15 to 21. Their young age-range does reflect wider statistics available. For instance, in the US, the aforementioned NISVS (Black et al., 2011) revealed that amongst the 18.3% of women who reported surviving rape or attempted rape, 12.3% were younger than age 12 when they were first raped, and 29.9% were between 11 and 17 years of age. These findings are of interest to me, as I sought to include victim/survivors with experiences that occurred at or after age 16, the age of sexual consent in England and Wales (Great Britain, 2003).

In Campbell's study, five of the survivors were raped by intimate partners and five by acquaintances (whom Campbell terms *opportunistic rapists*), including: dance teacher; neighbour; roommate; college (dorm) friend, and co-worker and the co-worker's partner. For the lesbian survivors, the impact of being raped by a woman led to feelings of denial linked to fear of their families, friends, and communities discovering their lesbian sexual orientation. Ultimately, the survivors in Campbell's study – much like those in each piece of research discussed here – remained silent, could not access help, and consequently were alone in the aftermath of their traumatic experiences.

In terms of the impact upon their lives, nine of the respondents remained silent for a period of between two to 33 years after the rape. Only the heterosexual respondent disclosed her episodes of rape. These occurred over several months and were perpetrated by a friend at a 'Christian college'. After reporting to the school authorities, the respondent said: '"… they did everything they could to make me feel responsible so that I'd never show the confidence to tell anybody else because they didn't want me to tell"' (Campbell, 2008: 78). After making the decision to leave the college, this

respondent reported to the police but no criminal conviction was made. Aside from the barriers the respondent faced because of the gender of her perpetrator, the perpetrator's non-conviction is reflective of the report and conviction rates for all rape cases. For instance, the (UK) Ministry of Justice, Home Office, and the Office for National Statistics (2013: 7) provide a three year overview of conviction rates for rape and sexual offences. At the point of being recorded by police, rape recorded crimes were at 15,670. At the point of conviction, this rate severely reduced to 1,070.

In the sequelae of their experience of being raped, Campbell's respondents all felt their relationships - either with their intimate partner, family, or friends – were affected. Moreover, Campbell states each respondent was sexually and emotionally affected, suggesting this was perhaps owing to their young age. Certainly, regardless of age, the experience of being sexually victimised can lead victim/survivors to feel anxious about their sexuality; either in terms of having consensual sexual contact, or in terms of other people's assumptions about their sexual orientation (NIDirect, 2014a). One respondent also used alcohol to the point of developing an addiction. These after-effects are commonly discussed as the health consequences for women of enduring rape and sexual assault (Jina and Thomas, 2013).

Some respondents felt their Catholic religious beliefs became stronger after their rape, having (re)engaged with this aspect of their spirituality to a far greater extent than they previously had. Though not explored by Campbell, other researchers – such as Dale and Henderson Daniel (2011) – have discussed spirituality and religion as two healing pathways for survivors of sexual victimisation. However, there is a gap in research to explore engagement in spiritual and/or religious occupations for victim/survivors of any type of woman-to-woman abuse. There is certainly scope to explore how the overarching ethos of the Roman Catholic Church might impact on a WSSA's recovery from victimisation, particularly as the Catechism of the Catholic Church suggests non-heterosexual acts are unnatural and disordered (Human Rights Campaign, 2011-2014).

Campbell's study is useful in that it serves as evidence that there are victim/survivors of WTWRSA. While I do not want to condemn other researchers who have achieved researching this unique population of victim/survivors, there are aspects of Campbell's dissertation that are questionable. For instance, Campbell reflects on the fact that none of the respondents reported being raped after the incidences they spoke of in their interviews. Campbell (2008: 101) suggests: 'Perhaps, the women learned valuable lessons and were more careful about who they were in a relationship with for fear of once more being victimised'. Unfortunately, even after discussing crucial issues regarding power, control, and victim blame, it appears Campbell is blaming her respondents for being careless. Here, I would agree with the long-standing feminist perspective that opposes an emphasis on the character and choices of a victim/survivor in order to explain rape. This emphasis serves to undermine the seriousness of rape and, ultimately, permits perpetrators to go unpunished (Doherty and Anderson, 1998). This stresses the importance to me of accurately re-presenting each respondent's story, and the responsibility of doing so without reinforcing already held stigma, myths, and beliefs – all of which have the power to silence victim/survivors.

Girshick, L.B. (2002) *Woman-to Woman Sexual Violence: Does She Call It Rape?* Boston: Northeastern University Press.

The largest study is reported by Girshick (2002) in her book about the research she conducted. This study involved 70 women who told their stories through participating in a nationwide survey, some of whom then consented to an in-depth telephone interview. Girshick anticipated the main outcomes of conducting this research were: to document stories of woman-to-woman sexual violence; to validate each survivor's experience; to initiate acknowledgement amongst lesbian and bisexual people that woman-to-woman sexual violence occurs, and to advocate the need for social service agencies to meet survivor needs.

The respondents were aged 18 to 64. One respondent was living in Canada, the other 69 came from 26 US states. In terms of sampling, it was helpful to learn the most successful method was to advertise through – what Girshick calls – the queer press. In terms of respondent sexual orientation/gender identity, it is difficult to ascertain this due to Girshick's use of percentages. However, after working this out, she states 81% of the 70 women were lesbian (which would equate to 57 women), 16% bisexual (11 women), 1% heterosexual (1 woman) and 1% transgendered (1 person who identified as lesbian at the time of the assault). The majority of non-heterosexual respondents appear to correspond with Girshick's most successful sampling strategy (use of the queer press). Understandably, the use of non-heterosexual-affirmative networks and publications could exclude those non-heterosexual people that are alienated from, or do not access, such resources (Williamson, 2000). In order to enhance opportunities to recruit survivors (including those that might identify as heterosexual), Girshick advertised the study on the internet, in domestic violence and rape crisis centres, bookshops, through mainstream health and women's magazines, and through word of mouth. She does, however, continue to refer to the survivors as 'lesbian and bisexual women' throughout the book. Moreover, Girshick's suggestions for ways to work toward justice, and to eliminate sexual violence, refer to lesbian and bisexual women's needs. The specific needs of heterosexual women and trans[5] people are not included in her recommendations for positive change.

In terms of who the survivors' perpetrators were, I have summarised this information in Table 2.3.

[5] Please refer to 'Appendix 10.2: Definitions and explanation of terms'

Table 2.3. Relationship of the perpetrators to survivors

Perpetrator relationship to survivor	%
Partner/lover/girlfriend	56%
Acquaintance/friend	25%
Professional (therapist, teacher, doctor, mentor, supervisor)	7%
Co-worker	4%
Date	3%
Stranger	2%
Ex-lover	1%
Adopted sister	1%
Sex partner	1%

Similar to Girshick's findings, in cases of male-to-female serious sexual assault, the Crime Survey for England and Wales 2011/12 (Office for National Statistics, 2013) found the most common offender was a partner, at 52%. In the US, the Bureau of Justice Statistics (Berzofsky et al., 2013) found that during 1995 to 2010, 78% of offenders were known to the victim/survivor, either as an intimate partner, family member, friend, or acquaintance. Such statistics demonstrate how the experience of being raped by a stranger - such as Lucy's experience (Twinley, 2012a) - is far less-commonly reported and/or occurring. Moreover, as for the women in Gilroy and Carroll's (2009) paper, the majority of Girshick's respondents had prior history of CSA or rape (71%), and 51% had been raped by a man as an adult. Girshick assumes this prior victimisation meant the survivors in her study were able to recognise their experience of woman-to-woman sexual violence, and therefore felt it important to share their story.

Girshick describes the varied nature of the impact of rape upon survivors, with the support of direct quotations. These include feelings of: disbelief; depression; suicidal

ideation; devastation; shame; worthlessness, and confusion, as well as experiences of: personal injury; flashbacks; nightmares; sexual problems, and either numbing-out or blocking the experience altogether. For example, one respondent – Melanie – described the total impact this had upon her and her daily life, stating she:

> "… immediately had no emotional response. I simply blocked out what had occurred. Years later, the emotional impact was so great I quit a $50,000 a year job, was unemployed, went through two years of therapy, and had to learn a lot of new behaviors, patterns, and emotional responses" (Girshick, 2002: 128).

Consistent with the previously reviewed researchers' findings, Girshick explains the factors impeding her respondents to disclose, report to the police, or seek help included: homophobia; biphobia; transphobia; internalised homophobia; heterosexism; silence; lesbian invisibility; the myth of a lesbian utopia, and the societal opinion that women are not violent. Her discussion then becomes concerned with the term (or label) survivors assign to their experience. This is framed alongside consideration of the barriers Girshick identified to the realisation of woman-to-woman sexual violence. Girshick (2002: 109) found half of the respondents did not use a label; 'rape' was rarely used, and many used single descriptors, including: sexual abuse; sexual coercion; rough foreplay; sexual assault; domestic violence; non-consensual activity; and attack. Although this part of her discussion does not specifically refer to rape myths, Girshick does acknowledge that labelling female survivors of female-perpetration as rape is fraught with challenges because of the association of men with any type of sexual offending.

I would expand upon this by considering the impact of rape myths – which are widely held but untrue beliefs, or stereotypes, about rape and sexual assault, and which serve to downplay the severity of the offense (regardless of gender of perpetrator and victim/survivor). Examples of male-to-female rape myths can include that: women are only raped by strangers; women are only raped in dark, deserted public places; that 'real' rape involves physical injury; or that women claim they have been raped to seek

attention or revenge (Rape Crisis, 2004-2013). The online portrayal of male-to-female rape and the types of rape reported by the media can reinforce stereotypes, such as what constitutes 'real' rape. In the UK, Marhia (2008) found 54% of media reports described rapes committed by strangers (whereas in reality between 8-17% of rapes are committed by strangers). Similarly, 54% of media-reported rapes were committed in public places (whereas this is actually more like 13% of all reported rapes in the UK). I suggest that the reinforcement of these stereotypes is damaging and may continue to negatively impact all victim/survivors. In the majority of all rapes, the victim/survivor knows the attacker, and the incident takes place indoors, such as inside the victim/survivor's home. However, the prevalence of rape myths and stereotypes means that many rape victim/survivors fear they will encounter stigma and disbelief if they report the rape. Ultimately, the reinforcement of rape myths continues to lead to under-reporting and poor prosecution of the crime (Ewing, 2009). For WTWRSA victim/survivors, these myths are a reminder that society does not see women as rapists.

Returning to Girshick's (2002) work, much of her discussion is closely aligned to the issue of domestic violence (or 'lesbian battering'), perhaps owing to the fact that Girshick's previous practice was in this area. Still, Girshick reflects on the emotional work of researching sexual violence, noting how she was left with feelings of pain and vulnerability. In particular, I found her consideration of the impact for the audience helpful; she explains: 'Often, when I present this research at conferences and I share some of the stories, I feel guilt for traumatizing the audience. I see teary eyes and am met with silence. While this reaction is appropriate, it is also difficult to manage' (Girshick, 2002: 20). I can relate to this experience; I recall presenting the topic of woman-to-woman rape at an investigative psychology conference (Twinley, 2012b). The audience asked no questions after my presentation. The female academic after me presented on the topic of male-to-male domestic violence and received a number of questions. However, after the session several people approached me to ask questions.

Some explained they had needed time to digest the content of my presentation. I received comments, such as: *"I never even considered it was possible"* and *"I can't believe women could do such a thing"*. Like Girshick, I do appreciate the initial silence upon first hearing about this type of sexual perpetration could be due to the need to process the realisation of its very existence.

2.5: Secondary and web-based sources

Owing to the evident fact that WTWRSA is an extremely under-researched issue, inclusion of other resources was useful and necessary. My discussion here is organised in terms of the type of resource, beginning with the following webpages for non-profit organisations:

Our Bodies Ourselves (OBO) (2014) *Home > Health Information > Violence & Abuse > Rape & Sexual Assault > Sexual Assault by a Woman*. Available at: http://www.ourbodiesourselves.org/health-info/sexual-assault-by-a-woman/ (Accessed: 30/05/2014).

Rape Crisis Information Pathfinder (RCIP) (2011) *Woman on woman Sexual Assault*. Available at: http://www.ibiblio.org/rcip/lgbtq.html#ww (Accessed: 11/04/11).

Rape Victim Advocates (RVA) (2008a) *Lesbian Survivors: When the survivor is a lesbian*. Available at: http://www.rapevictimadvocates.org/lesbian.asp (Accessed: 22/12/2013).

Each resource appeared to be aimed at raising awareness that women can be raped or sexually assaulted by other women. They also served as a forum to signpost female victim/survivors to sources of support available to them. Although, RCIP's (2011) is the least useful in terms of signposting, owing to outdated links. Under the subheading of *Woman on woman sexual assault*, four out of 13 links worked. Of those four, two were

for sites that relate to non-heterosexual IPV, one of which did not mention sexual assault. Another link was for OBO (2014), as included in my review here. The fourth working link was for Making Daughters Safe Again (2013), a site dedicated to survivors of mother-daughter sexual abuse (MDSA). This organisation is run by voluntary mental health professional staff who aim to support and advocate for survivors of MDSA. They contend this is a topic that receives insufficient attention from researchers, the media, and support services. Indeed, Peter (2006: 284) cites Borden and La Terz (1993) and Elliott (1993), as recognising MDSA as the 'ultimate taboo'.

It is interesting to note the language used across these three resources. In terms of the offence itself, RVA (2008a) use the term 'rape', whereas OBO (2014) and RCIP (2011) use the terms 'rape' and 'sexual assault' interchangeably. With regard to the person who has been raped or sexually assaulted, RVA (2008a) use the terms 'lesbian' and 'bisexual' interchangeably along with 'survivor'. RCIP (2011) are less inclusive of all women, as they refer only to the 'lesbian survivor'. As the most recent resource, OBO (2014) strive to use inclusive language, stating: 'Rape by a woman can happen to any woman, regardless of her sexual orientation'.

Language used can and does have implications for non-heterosexual people (Taylor, no date) who might read such information, and/or try to access support services. In the UK, the Equality Act (Great Britain, 2010) applies to every statutory, private, voluntary, and community sector organisation that provides services to the public (Social Care Institute for Clinical Excellence (SCIE), 2014). As such, people have the right to be protected from discrimination, based upon the protected characteristics of: age; disability; gender re-assignment; pregnancy and maternity; race; religion or belief; sex, and sexual orientation (Great Britain, 2010). However, even with such intentionally affirmative human rights, OBO (2014) recognise the many barriers to help-seeking that WTWRSA victim/survivors can face, including: the use of different definitions of rape and sexual assault between US states; fear of not being believed; fear (for the

heterosexual victim/survivor) of being assumed to be WSSA; fear (for the non-heterosexual victim/survivor) of having to be out in court; fear or transphobia; and fear of homophobia.

RVA's (2008a) article also identifies many of these barriers to reporting and help-seeking as unique to the lesbian or bisexual survivor experience, categorising them as personal and institutional issues. Their article also considers the personal issues encountered when the lesbian or bisexual survivor is raped by a man. On female-perpetrated rape, RVA (2008a) suggest '… this can create a great deal of distrust in other women. A sense of betrayal only complicates what is often a socially isolated experience for lesbians and bisexual women'. With this in mind, the experience of the heterosexual woman-to-woman rape victim/survivor also clearly needs to be addressed.

Brownworth, V.A. (2010) *Lesbian-on-Lesbian Rape*. Available at: http://www.curvemag.com/Curve-Magazine/Web-Articles-2010/Lesbian-on-Lesbian-Rape/ (Accessed: 24/06/2012).

Brownworth wrote this news article for *Curve* magazine in June 2010. It begins by exploring use of the term rape, and the implications of doing so as a woman-to-woman rape victim. Brownworth then describes her own account of being raped and that of two other victims, although it is unclear how she came to hear of these. Still, the article achieves what I imagine Brownworth intended, which is to raise awareness of woman-to-woman rape as a serious issue. In doing so, Brownworth also suggests that victims potentially face additional barriers (in comparison to female victim/survivors of male-perpetrated rape) in the aftermath of the rape, as they try to cope with what happened. Brownworth names the main barriers as denial, disbelief, external homophobia, and internalised homophobia. Evidently, each of these is also frequently reported as barriers to disclosure of other forms of same-sex offending, such as IPV (Simpson and Helfrich, 2005; Brown, 2008).

King, A. and Evans, J.L. (2010) 'Same-sex abuse'. In: San Francisco Women Against Rape (SFWAR) (2010) *San Francisco Women Against Rape Training Manual.* pp: 71-75. Available at: http://www.sfwar.org/pdf/ManualCompleteCompressed.pdf (Accessed: 23/01/2014), pp. 71-75.

On much the same theme as Brownworth (2010), King and Evans' (2010) contribution to a training manual for sexual assault counsellors conveys the clear message: external and internalised homophobia needs to be challenged if same-sex sexual assault is to be understood. Furthermore, King and Evans (2010: 71) clearly assert that traditional (feminist) understandings of violence against women need to be contested, stating: 'As women the world over fight patriarchal violence, it is vital to recognize that sexual violence is not just a phenomenon of male supremacy but is also used as a tool of control and domination by women over other women'. From this perspective, King and Evans are able to identify the unique impact of WTWRSA upon survivors, including feelings of disbelief and betrayal. This sense of betrayal links to the concept of a lesbian utopia that other authors identify as a barrier to disclosure, and being believed (Wang, 2011; Hassouneh and Glass, 2008; Girshick, 2002). This, they contend, is in addition to the other impacts of rape upon all survivors, such as physical injury, emotional reactions, nightmares, and flashbacks. King and Evans conclude the chapter by suggesting some considerations for counsellors who might work with same-sex sexual assault survivors. As training material, this could be strengthened if King and Evans explained where they gained their information from, and how. There is some indication they worked with victim/survivors, as they acknowledge the survivors that helped inform the chapter. Sharing how people are accessed from the target population is valuable in any research (Holloway and Wheeler, 2010), particularly so for such an under-explored form of sexual offending.

Waldner-Haugrud, L.K. (1999) 'Sexual Coercion in Lesbian and Gay Relationships: A Review and Critique', *Aggression and Violent Behaviour*, 4(2): 139-149.

Waldner-Haugrud's (1999) paper is a literature review of domestic violence within lesbian and gay relationships, to include sexual coercion. Her reason for conducting the review was to address the paucity of research on this topic with specific regard to the (invisible) non-heterosexual population. Waldner-Haugrud (1999: 140) explores the reluctance amongst researchers and the lesbian/gay community to see women as capable of sexual coercion, stating: '… there is a tendency to assume that all women are less coercive than all men and to ignore the possibility of sexual coercion in lesbian relationships'. Waldner-Haugrud argues it is this, coupled with the use of gendered language to describe perpetrators and victim/survivors (as supported by many feminists), that reaffirms the continued heterosexualisation of sexual coercion enquiry. Similarly, Brenner (2013) suggests liberal and radical feminist theories of rape rely on a victim/perpetrator framework that negates the reality of any kind of perpetration, other than male-to-female.

However, I am mindful that this paper is a dated piece of work. What is more, the review is of research published before 1999; research that Waldner-Haugrud critiques out of concern regarding methodologies and procedures employed, particularly the lack of use of non-random sampling. Furthermore, like Campbell's (2008) work, the review only reports on intimate partner same-sex sexual coercion. Therefore, neither report on all other forms of sexual victimisation, such as stranger rape, or acquaintance rape, in which the perpetrator is a non-stranger (Illinois Coalition Against Sexual Assault, 2002). However, as Girshick found, sampling presents a methodological challenge; accessing lesbian or gay respondents is a barrier in itself, let alone those that are victims of all forms of (same-sex) sexual coercion (Waldner-Haugrud, 1999).

2.6: Identifying barriers to limited understanding

My review of the literature has enabled me to identify the predominant barriers that have contributed to the lack of acknowledgment and awareness of WTWRSA, as well as the barriers victim/survivors have experienced, and the impact of this victimisation on their lives.

2.6.1: Silence and invisibility: The prevailing barrier

Every resource identified that the prevailing barrier to victim/survivors being helped and understood is the silence and invisibility of the occurrence of woman-to-woman sexual offending, and the associated silent and invisible existence of victim/survivors. There were ample instances of this recognition. For example:

> Woman-to-woman sexual assault must be acknowledged so that all women can get the support and assistance they deserve and need (OBO, 2014).
>
> Viewing sexual coercion through a heterosexual lens, or heterosexism, is both a political and a methodological issue because it renders as invisible the coercion experiences of gay men and lesbians (Waldner-Haugrud, 1999: 141).

For the victim/survivor of MDSA, their silence is maintained because of the completely entrenched sociocultural belief that it is 'natural' for women who become mothers to love their children, and to cause them no harm (Peter, 2006). Elliot (2004) offers an explanation for the silence of MDSA in terms of scholarly activity, which could also explain the lack of scholarly address regarding (adult) WTWRSA. Elliot (2004: 2) states:

> Although society has begun to recognise that men abuse children, the possibility that sexual abuse of children could be perpetrated by women causes enormous controversy and distress. It is thought that even raising the possibility of women abusing detracts from the much larger and more pervasive problem of male abuse of children.

Hence, it appears that not only is the silence maintained due to the disturbing nature of the abuse, but also because of the endeavours to focus on the type of abuse that occurs most. Amongst those researchers that acknowledge women as sexual

perpetrators, the majority choose to focus their efforts (as do the police) upon male perpetrators; the predominant justification for which being that men represent the majority of offenders (Lonsway et al., 2009; Oliver, 2007). To further illustrate, in her Medical Research Council report, regarding risk factors that increase the probability for rape perpetration, Jewkes recognises women as perpetrators. Yet, she chose not to include any discussion of the literature, albeit limited, that she identified. Jewkes states (2012: 7):

> Both men and women perpetrate sexual violence, however the majority of sexual offences are committed by men (Steffensmeier D, Zhong H et al. 2006; Sikweyiya Y and Jewkes 2009; Deering 2010). Most papers focus on men as perpetrators rather than including women. Due to the small literature on female perpetrators, and still poorly understood nature of their coercion of men, this review focuses on men as perpetrators.

In terms of the silence and invisibility in scholarly works, I believe it is my responsibility to emphasise the caution I (and indeed other researchers) should take when making recommendations and drawing conclusions. This is primarily because the literature about WTWRSA is evidently sparse; research on this topic needs to expand in terms of the countries where it is conducted, and the number of victim/survivor experiences explored. That said, I recognise that WTWRSA is atypical of all sexual offences, most of which are evidently perpetrated by men upon women and children (Home Office, 2010 and 2009). However, whilst it is also recognised there are an increasing number of offences perpetrated by men upon other men being reported (Home Office, 2010; Rumney, 2010; McLean et al., 2004; Ratner et al., 2002) the concept of woman-to-woman sexual offending remains a contentious and dark topic. Comparatively, there is a developing range of research on man-to-man sexual assault (Davies et al., 2010; Krahé et al., 2000). This signals that the absence of literature on WTWRSA is not related to ignorance of same-sex sexual offending, but rather the gender role stereotyping of women's experience, and the associated taboo nature of discussing or recognising rape, sexual assault, and/or intimate partner violence between women (Barnes, 2011; Gilroy and Carroll, 2009; Hassouneh and Glass, 2008). Just as the

concept of women's violence has long been a taboo topic within feminist work on violence (Fitzroy, 2001), I have suggested that WTWRSA is undoubtedly a taboo topic (Twinley, 2012c). Certainly, sharing difficult stories about experiences that contravene cultural expectations have been considered 'taboo tales' (Douglas and Carless, 2012).

Albeit controversial, it has been argued the population of WSSA may be partly responsible for the lack of address over the issue of WTWRSA because they want to: preserve the unity of same-sex relationships (Wang, 2011); maintain the myth that no such issues occur within gay female relationships (LAMBDA Gay and Lesbian Anti-Violence Project, 2006); altogether ignore any such violence (Turell, 2000) and therefore uphold the common belief in a 'lesbian utopia', in which relationships between women are considered nonviolent and egalitarian (Girshick, 2002). Certainly, in Walter's (2011) research, Susan and her partner sought help in the form of counselling but agreed beforehand to never mention the physical or sexual IPV. In this case, the victim/survivor and her perpetrator intentionally remained silent. However, the motivations behind this might stem from their fear of personal repercussions if the violence was disclosed. Furthermore, striving to uphold the belief in a lesbian utopia is, in part, due to the historical lived gay experience of discrimination, victimisation, stereotyping, and the general negative public opinion held about the gay (female) population (Campbell, 2008; Ricks and Dziegielewski, 2005). This could explain the determination of WSSA to preserve the perceived unity and caring nature of their relationships.

Silence and invisibility is understood to be partly caused by feelings of shame connected to being a victim/survivor of rape (Gilroy and Campbell, 2009; Girshick, 2002; Raine, 1999). Shame has a powerfully restrictive effect upon victim/survivors; it can prevent them from help-seeking and recovery, often locking them into a cycle of self-blame, and rendering them silent (Weiss, 2011 and 2010). In Gilroy and Carroll's study (2009), Kathleen blamed herself for the assault, and was resolute she did not

want to report her victimisation to the police. Brownmiller (2013) suggests women tend not to report their victimisation because of feelings of shame triggered by the potential public exposure seeking legal justice can involve. This could certainly be understood as a plausible barrier for WTWRSA victim/survivors. Evidently, feelings of shame – as an extremely debilitating emotional after-effect of sexual victimisation (Weiss, 2010) – have presented challenges to researchers in identifying, accessing, and recruiting from the population of woman-to-woman rape victim/survivors (Walters, 2011).

Moreover, their silence and invisibility could be explained by the finding that rape survivors do not always identify as rape victims, particularly when their experiences do not conform to stereotypical rape myths (Allison and Wrightsman, 1993; Kahn et al., 2003; Koss et al., 1988; Layman, Gidycz; Lynn, 1996, cited in Ahrens, 2006). Indeed, Lea and Auburn (2001) suggest victim/survivors draw upon existing social ideologies to understand their experience. Girshick (2002) also surmises that, in the cases where her respondents knew their perpetrators, they were more likely to blame themselves, and often did not identify their experience as rape. Certainly, in the case of WTWRSA victim/survivors, there is nothing to draw upon – as Kathleen found in Gilroy and Campbell's (2009) work. It was this that led Kathleen to write her own story, in the hope of gaining some understanding.

2.6.2: Lack of transparency

When filtering through my search results, I found some papers that initially appeared relevant to include in this review. However, on closer inspection there was a lack of transparency, meaning I could not be confident the content related specifically to WTWRSA. For instance, Chan (2005) provides an overview of literature in which she mentions sexual violence as part of domestic violence, but does not explore this further. Hughes et al. (2001), aimed to compare lesbian and heterosexual women's experiences of sexual assault, and to examine the relationships between sexual assault and alcohol abuse. Their study involved interviewing 63 lesbian and 57

heterosexual women. In January 2014, I emailed the corresponding author (Tonda Hughes) to clarify whether any of the 24 lesbian respondents - who had reported an experience of adult sexual assault (ASA) - also stated the gender of the perpetrator/s. Her reply stated: 'Unfortunately, in that paper we didn't analyze gender of partner'.

With this in mind, Hughes et al. (2001: 527) make an assertion that could be regarded as unsubstantiated, stating:

> Although same-sex sexual assault is not uncommon, male dates or partners may be more likely than female dates or partners to use harm or threaten harm to obtain sex from women (Brand and Kidd, 1986; Sorenson et al., 1987), and assaults by men may be more invasive (i.e., vaginal or anal intercourse).

In particular, the latter suggestion about male-perpetrated sexual assault as more invasive is an unsupported claim that must be scrutinised. For instance, from reviewing Wang (2001), Walters (2011) and Girshick's (2002) findings, it is clear they uncovered stories of invasive sexual assaults and rapes. Girshick also found that some of these violent assaults took place between women that – as part of their consensual sexual relationship - engaged in aspects of sadomasochism (S/M) with their partner. However, Girshick's (2002) respondents described incidents where the victim/survivor's partner ignored their use of the 'safe word', or when the violent sex acts took place as part of, or soon after, a verbal/physical fight.

Hughes et al.'s (2001) work also neglects to consider the potential for women - who are neither an intimate partner, nor date - to use harm, threats, or their position of power/authority as a tool to sexually violate other women. As discussed from the studies reviewed, some women were sexually assaulted by those in a position of authority, such as: therapist; teacher; doctor; employer/supervisor (e.g., Campbell, 2008 and Girshick, 2002).

2.6.3: Rape: a discriminatory definition?

As the resources reviewed were all US-based, I firstly explore the US definition of rape. This was implemented by the Federal Bureau of Investigation (FBI) Uniform Crime Reporting System. The definition was revised in 2011 to include any gender of perpetrator and victim, and is now defined as: 'Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim' (FBI, 2012). It is important to note that each law enforcement jurisdiction in the US can volunteer to participate in the FBI Uniform Crime Reporting System. The latter is a way of coding crimes, rather than the way each jurisdiction legally categorises crimes (Washington Coalition of Sexual Assault Programs, 2014). However, a press release from the FBI (2012) importantly emphasises the implications of the previous definition that existed before this revision, declaring:

> The longstanding, narrow definition of forcible rape, first established in 1927, is "the carnal knowledge of a female, forcibly and against her will." It thus included only forcible male penile penetration of a female vagina and excluded oral and anal penetration; rape of males; penetration of the vagina and anus with an object or body part other than the penis; rape of females by females; and non-forcible rape.

Here in the UK, prior to 1994, the law asserted rape could only be committed by a man against a woman. In 1994, the Lesbian, Gay, and Bisexual Charity, Stonewall, proposed an amendment to the law to recognise male rape; this amendment was accepted and the Government consequently changed the Criminal Justice and Public Order Act 1994 (Great Britain, 1994). Following this, a man was seen as committing rape when he had non-consensual vaginal or anal sexual intercourse with a person (Stonewall, 2011).

Since this legal recognition in 1994, police in England and Wales recorded a substantial increase in the incidence of male rape (Rumney, 2009). The Criminal Justice and Public Order Act 1994 (Great Britain, 1994) was later repealed by the

Sexual Offences Act of 2003 (Table 2.4), intended to modernise English law regarding sexual offences.

Table 2.4. The current UK Sexual Offences Act (Great Britain, 2003)

Sexual offence	Definition
Rape	A person (A) commits an offence if — (a) he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis
Assault by penetration	A person (A) commits an offence if — (a) he intentionally penetrates the vagina or anus of another person (B) with a part of his body or anything else
Sexual assault	A person (A) commits an offence if — (a) he intentionally touches another person (B)

Evidently, by this definition, techinically[6] only men can rape women or men, thus providing men and women with legal protection against being raped by a man. The Act also states that a woman can be charged with or convicted of being an accessory to rape (as a secondary party) where, for example, a woman has helped a man to rape another person. Men and women can be prosecuted for other sexual offences but, in those offences where a penis is not used to penetrate, the offence is 'assault by penetration' or 'sexual assault' (Great Britain, 2003). Arguably, the separate offence of 'assault by penetration' has given legal protection to men and women (Brown and Cocker, 2011), and indeed all victim/survivors of female-perpetrated sexual offending. However, under this current UK law it is only women - who force a man or woman to have sex, or who penetrates them with a part of their body, or an object - that cannot be prosecuted for rape. Hence, the significance of the discrimination in the heterosexist

[6] I state 'technically' because the legal definition of rape is penile penetration. Women in the UK have been accused and convicted of participating in the crime of rape (see case of Claire Marsh at http://www.theguardian.com/uk/2001/may/09/1).

definition of ‘rape’ lies within the fact that this law does not allow for women to be prosecuted for raping either a man or a woman, because they do not have a penis. On this very point, Brownworth (2010) quotes the Santa Fe Rape Crisis and Trauma Treatment Center (SFRCC), who consider the term rape to be an implication because ‘… many people define rape as penetration by a penis, woman-to-woman rape is not acknowledged or taken seriously. But in fact, it is estimated that one out of three lesbians have been sexually assaulted by another woman’.

At the time of her study, Wang (2011) found this problem existed in the US, where many States used language and legal definitions that negated the ability for a female offender to be charged with raping a woman. This highlights that there is a case for victim/survivors of WTWRSA in relation to realising their human rights; all women have a human right to have their experiences heard, recorded, and responded to in an equal way, regardless of whether it was a woman or man that raped or sexually assaulted them.

In her work debating use of the term ‘incest’, Taylor (2008) rightfully asserts we must ensure our language equals (women’s) experience. At the very least, laws such as the Sexual Offences Act (Great Britain, 2003) must amend the gendered wording (i.e. use of ‘he’). From this, it is clear to see why all forms of sexual assault are recognised as being among the most challenging of problems facing criminal jurisdictions (Taylor and Gassner, 2010; Taylor, 2004a). This concern deepens when we begin to consider other issues, such as the extensive reporting in the wider literature that a large number of people working for and within criminal justice systems believe the majority of reports of rape are false (Schwartz, 2010). This historical legacy of heterosexism was explained by the American feminist, Brownmiller, in 1975; with regard to male-to-female perpetrated rape, Brownmiller (1975: 386) asserted that victim/survivors ‘… who seek legal justice must rely on a series of male authority figures whose masculine orientation, values and fears place them securely in the offender’s camp’. In light of this, and in a

society where there is little or no understanding of consensual sex between two women, it is possible to begin to identify the further implications all forms of WTWRSA can have within legal systems.

2.6.4: Women who have sex with women (WSW): what do they do?

The definition and meaning of 'sex' and having 'had sex' is likely to be different for all individuals, regardless of their sexual orientation (Hill et al., 2010). However, to date, the construction of sexual identities has included the assignment of specific sexual acts to each: heterosexual sex is considered to be 'real sex' (Jackson, 1995) or 'normal' (Rahman and Jackson, 2011), in which there is penetrative intercourse of the vagina by a penis; gay (male) sex is understood as penetrative intercourse of the anus by a penis (Hill et al., 2010), and lesbian sex has commonly been associated with oral sex (Halberstam, 1998; Wilton, 1997).

Although it is acknowledged that sexual acts do not and should not define what it is to be a WSSA, it is important to dissect ideas about this if we are to begin to understand the complexity of woman-to-woman sexual offending. What can constitute (consensual) sex between two women has historically been kept a secret (Hart, 1994) or is simply not perceived as sex (Wilton, 2004). A lack of scholarly interest in female same-sex sexual desire, in comparison to male same-sex sexual desire (Logan and Buchanan, 2008), further reinforces the silence and ignorance surrounding (consensual) sex between women. Arguably, this secrecy around what WSW *do* continues to exist across a variety of modern cultures and societies. It is not unusual for people to ask the classic question, 'What do lesbians do in bed?' (Millard, 2006). Moreover, the paucity of sexual health advice provided in schools regarding sex between women (Hunt and Jensen, 2006) - let alone in the wider, public realm - leads many young women to question what is it they would do with someone who also identifies as being female. In a reply to this very question posted on a sexual advise internet site, Corinna (2007) states:

> Figuring out what it is exactly we do with any given partner isn't some script we follow, or determined based on what sets of chromosomes or genitals are in the mix, it's about exploring our unique sexuality and theirs, communicating, experimenting, and varying what we do, and how we do it, based on mutual wants, needs and preferences.

Importantly, this highlights the broad spectrum of sexual acts that can take place between any two people and dispels assumptions, such as: 1) heterosexual sex always involves penis-vaginal penetration; 2) that sex between men always involves penis-anus penetration; and 3) that sex between women is never penetrative (Terence Higgins Trust, 2012; Weeks et al., 2001).

From this, I contend it is necessary for people to understand a penis does not define what it is to have sex (almost as a prerequisite) in order to be able to consider that having and using a penis does not define rape. It remains widely understood that rape is not primarily motivated by the desire for sex; it is about power and control (Vandermassen, 2011), and may result from aggression (Langevin, 1985). Despite the fact this view is based upon theories regarding male-to-female rape, it is a feature of all forms of forced rape (that is, *contact* sexual assault/abuse) that perpetrators use sex acts in order to exert this power and control over others. To understand the nature of female-perpetrated rape, there needs to be more explicit identification and documentation of the range of sex acts a woman can perform, request, force, or use against another person. Recognising this should, I believe, lead to an enhanced recognition of the ways in which women can use such acts without a person's consent; be it in a forceful, violent, aggressive, invasive, coercive, or threatening way.

2.6.5: Recognising women as capable of violence against other women

The phrase 'violence against women' is used extensively to describe the perpetration of certain acts against women. The United Nations (1993) defines violence against

women as: '… any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'. Feminism itself emerged at least in part as a response to violence against women, and their experience of inequality, with the concept of patriarchy deemed as the reason for this violence; a concept still defended by some (Hunnicutt, 2009). The key UK organisation, Women's Aid, may play a part in reinforcing the assumption that all forms of violence against women are predominantly perpetrated by men. The discussion about domestic violence in their Survivor's Handbook (Women's Aid, 2009: 5) states:

> Crime statistics and research show that domestic violence is gender specific - that is, it is most commonly experienced by women and perpetrated by men, particularly when there is a pattern of repeated and serious physical assaults, or when it includes rape or sexual assault or results in injury or death. Men can also experience violence from their partners (both within gay and straight relationships); however women's violence towards men is often an attempt at self defence, and is only rarely part of a consistent pattern of controlling and coercive behaviour. For this reason, we will generally refer to the abuser as 'he' and to the survivor as 'she'.

This statement completely excludes the reality of women who experience domestic violence perpetrated by another woman. It also excuses the majority of women who are violent toward men by explaining this as 'self defence'; this implies women are only ever led to being violent in reaction to their male partner. These underlying assumptions are understood to be based upon the organisation's feminist values that were established during the second wave of the women's liberation movement. Glasgow Women's Aid (2009) explain how their feminist standpoint recognises the abuse of women and children is caused by the imbalance of power within society, which affords men more power. The above excerpt from their statement negates the reality of women as capable of being violent, abusive, forceful, and powerful; characteristics traditionally attributed to men as a way to explain their historical and continued dominance within heterosexist society. Clearly, any gender-based

explanation of IPV is inappropriate to apply when trying to understand and explain IPV in female same-sex relationships (Ristock, 2001).

Evidently, there is a misconception that women are not capable of committing serious sexual offences. An instructive example can be found in Elliot's (2004) work, whereby 86% of the female and male CSA victim/survivors in her research were disbelieved when they first disclosed their sexual victimisation as a child by a female offender. Similarly, Denov (2003) found that the seven female and seven male victim/survivors of CSA by female perpetrators reported being fearful of disclosing their experiences to professionals. This was specifically because of the gender of their offenders. After disclosure, many reported they received a negative and unsupportive response from professionals. The evidence regarding disclosure rates where the perpetrator is female is limited. Yet, of that available, it is apparent that nondisclosure is more likely which, it is suggested, reflects the silence of female-perpetrated sexual abuse (Esposito, 2014). In cases of CSA, where both men and women have been involved in the perpetration against the child, female offenders have been understood as forced into the situation (Longdon, 1993). Hence, in cases described by researchers (for example Girshick, 2002 and Walters, 2011) - where female perpetrators use violence and/or excessive force - the very notion of woman-to-woman rape or sexual assault is understood to put assumptions around female strength and violence against other women into question. This actuality challenges the belief that sexual assault is non-existent between women because of their assumed instinctual maternal and care-giving nature (Gilroy and Carroll, 2009).

However, as previously discussed, it is acknowledged such assumptions might be based upon statistics which report rates of violence perpetrated by women as far less common as violence perpetrated by men (Home Office, 2010; Burman et al., 2001). Undeniably, the lack of recognition of women as offenders is reflected widely in statistics published regarding perpetrators of sexual offences like, for example, the

earlier mentioned statistics bulletin: 'An Overview of Sexual Offending in England and Wales' (Ministry of Justice, Home Office and Office for National Statistics, 2013). This presents data regarding characteristics for the offenders of the most serious sexual offences (of rape and sexual assault) against females. Between 2009 and 2012 no women reported their offender as being another woman. Interestingly, for no apparent or explained reason, this question was not asked in the survey until the period 2009/2010.

The recognition that women are capable of violence against other women has been increasingly explored in the area of IPV (for example, Brand and Kidd, 1986; Renzetti, 1992; Lockhart et al., 1994; Tucker Halpern, 2004). However, even where women have been considered as capable of violence, there is the misconception and stereotype that violent offenders must be 'butch' and victim/survivors must be 'femme' (Merrill, 1996 cited in Chan, 2005; Wolf et al., 2003). This aligns with those authors that assert the probability of IPV is increased when the offending (male or female) partner is dominant (Straus, 2008; Kim and Clifton, 2003, for example). Campbell (2008) presents an alternative finding regarding her respondent's female perpetrators. One of Campbell's (2008) themes was called 'attacker's power'; within this, Campbell (2008) describes how her respondents' perpetrators had power over the victim/survivors by means of: their older age; being more experienced (sexually and in life), and their position of authority.

2.6.6: Fear of disclosure or reporting: the sociocultural context

The work I reviewed all concludes that every form of assault or abuse between women occurs within the sociocultural context of explicit heterosexism and homophobic attitudes. These, amongst other factors, are understood to impede the victim/survivor's ability to disclose or report their victimisation. It is important to consider this against the general pattern of rape report rates, which are low. For instance, in light of the US resources reviewed, and considering the US population in December 2011 was

312,799,495 (United States Census Bureau, 2014), it is estimated that in the same year there were 83,425 forcible rapes (of women) reported to law enforcement. This averages out at 52.7 per 100,000 female US inhabitants (FBI, 2014). However, it is said the FBI estimate that only 37% of all rapes are reported to the police in the US (Crime Victim Services, 2014). In view of this estimate, that would equate to 142,121 of forcible rapes as going unreported each year in the US (with the estimated corresponding total being 225,546 women being raped each year).

For non-heterosexual victim/survivors, there may be concerns around disclosure of their sexual orientation (to 'come out'); Campbell (2008) found all 10 woman-to-woman rape victim/survivors in her research remained silent, and most did not seek help or disclose their trauma because they feared their friends, families, and communities would discover they were gay. Likewise, Walters (2011) highlighted the issue of outing oneself or being outed by others, in the wider social context of homophobia, as unique to non-heterosexual violence.

Similarly, but for different reasons, research has shown that victim/survivors who disclose their rape can be rejected and isolated from family, friends, and/or their community through disbelief, victim blame, and protection of the offender – especially where the offence occurs within a family or other intimate relationship. This conflicts with idealistic views, such as that: 'The family is often considered a "relief zone" away from the pressures of work, a place where one is free to be oneself' (Hochschild, 2003: 69). Or, as structuralist-functionalist sociologists understand, the ideal family can serve as what Lasch (1977) called a *Haven in a Heartless World*. Genuinely, for some people their family 'zone' or 'haven' can be the very place where they are victimised (Abbott and Tyler, 2005), or where they receive negative and unsupportive responses to their disclosure. In terms of the response of others (non-family members) known to the

victim/survivor, Taylor (2004b) applies the concept of 'social death'[7] to explain how victim/survivors experience a shrinking and destruction of their social work, social connections, and sense of belonging. This is due to the stigma they experience because of rape, whether as a child or an adult. Disturbingly, stigma-motivated nondisclosure, whereby victim/survivors do not disclose because of the threat of stigma, can increase the risk of further victimisation (Miller et al., 2011).

In much of the work reviewed many women feared that their disclosure could lead to isolation and rejection (e.g., Walters, 2011; Wang, 2011). In this way, their feelings mirror similar concerns experienced by other rape victim/survivors (Taylor and Norma 2012; Taylor and Gassner, 2010). Some women (e.g., Lynn, in Walter's research, 2011) reported how family members and friends reacted negatively to their sexual identity and, as a consequence, they feared that disclosing rape by a woman might result in further isolation, or negation of their sexual identity. Indeed, for some non-heterosexual victim/survivors, fear of disclosure may be exacerbated because of the moral and political beliefs held by their parents. The detrimental effect of growing up in an explicitly homophobic home environment has been reported by other researchers, such as Logan and Buchanan (2008: 480) who describe a very similar case of a woman who '… held the same religious beliefs as her parents, believing that her same-sex feelings came from the devil… (and) attempted to "act heterosexual" and date boys'. Walters' (2011) discovered that Lynn actually felt she needed to defend and protect her relationship with her abusive intimate partner, in order to avoid the anticipated negative reaction from her parents. This illustrates the restrictive effects homophobia – including internalised homophobia - can have upon people's lives, and the choices they make. Even with the absence of fear of a homophobic reaction, all rape victim/survivors are at risk of receiving a negative reaction to their disclosure of being raped which, in turn, can silence them completely thereafter (Ahrens, 2006).

[7] The term 'social death' has been used broadly by a range of scholars; social scientists such as Sudnow (1967) used it to describe the social processes surrounding death, whereas sociologists like Patterson (1982) used it to describe the condition of enslaved people.

This leads to consideration of homophobia and transphobia within the CJS. In the event of non-WTWRSA there is an assertion victim/survivors may be judged with increased scepticism if the assault, and those involved, do not align with the jury's expectations (Klippenstine and Schuller, 2012). This assertion stems from one of the most commonly reported stereotypes and myths that 'real rape' occurs when a (male) stranger rapes a woman whilst out in a public place (Hayes-Smith and Levett, 2010; Brown and Horvarth, 2009; Kelleher and McGilloway, 2009). The existence of such prevailing stereotypes, and their influence upon the CJS response to reports of *non*-WTWRSA, signals there are further barriers to overcome in the instance of WTWRSA. To reiterate, some WSSA victim/survivors may fear facing discrimination and homophobia and having to be out in the courtroom, trans people may also fear being out or having their gender identity scrutinised, and women who neither identify as gay, lesbian, or bisexual may fear the assumption that they are gay.

2.6.7: Summarising the silencing phenomenon

The absence of serious scholarly exploration of WTWRSA appears to be strongly connected to assumptions about gender and sexual violence (Gilroy and Carroll, 2009). A corollary of these attitudes and beliefs is the difficulty for victim/survivors to disclose, let alone report, to law enforcement agencies, or to seek therapeutic assistance (Gilroy and Carroll, 2009; Campbell, 2008). This silence is reflected by the absence of legal scholarship around woman-to-woman rape and is closely aligned to the lack of legal recognition cited by commentators that have researched the issue of domestic violence in same-sex relationships (Stapel, 2008; Paroissien and Stewart, 2000). Waldner-Haugrud (1999) has likened this scholarly and legal vacuum of woman-to-woman rape to a specific gender invisibility, with regards to rape existing both within a heterosexist and homophobic society.

Unmistakeably, studies of sexual victimisation seldom identify female victims of female offenders and, while this is likely linked to the gendered nature of sexual offences (Wang 2011), it is also very likely that the ignorance, stigma, and shame around woman-to-woman sexual offending militates against disclosure and reporting. This further reduces the capacity to research this particular area of criminal offence (Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008). The glaring gap in research on WTWRSA is dismaying; not the least because of its impact on victim/survivors, but moreover because it removes from scrutiny an important aspect of criminal offending that needs to be addressed within the socio-political, health, and legal domains, alongside other forms of sexual offending.

I am not suggesting the scholarly vacuum of research is a deliberate oversight in feminist or mainstream research. Yet, there is no doubt that the gendered nature of rape has perhaps created a lack of address regarding female offenders. From the literature available, it appears that the gap is contributed to largely by the silence surrounding woman-to-woman violence: both sexual and physical. Only in recent years has scholarship begun to explore domestic/intimate partner violence between women, with many of these studies containing small sample sizes (Walters, 2011; Rohrbaugh, 2006). Given this, it was not surprising to discover a complete absence of literature deriving from, or pertaining to, my profession - occupational therapy. Indeed, commentators have heavily criticised occupational therapy services, and occupational therapists, for being: non-inclusive (Jackson, 2000); heterosexist (Radomski, 2008; Devine and Nolan, 2007); inconsiderate to the importance of a person's non-heterosexual sexual orientation (Kingsley and Molineux, 2000); and unconcerned with transgender identity (Beagan et al., 2013). This raises various issues which occupational science researchers could consider when designing their systematic study of humans as occupational beings – particularly that which aims to enhance occupational therapy practice (Clark et al., 1991).

2.7: Occupation and occupational science

Occupational science was founded by occupational therapists in the late 1980s to generate knowledge through systematic research about people's engagement in, and performance of, occupation. Occupation has remained the central concept for occupational therapy philosophy (Molineux, 2004), and the core domain of concern for occupational science research. Occupation has been simply defined as '… all things that people do in their everyday life' (Sundkvist and Zingmark, 2003: 40). As the things people do every day, occupations structure people's daily habits and routines, influencing people's individual and collective identities, and providing a sense of satisfaction and autonomy (Whiteford and Townsend, 2011). However, regardless of its' straightforward definition, there is consensus amongst occupational therapists and scientists that people's everyday occupations are complex (Erlandsson, 2013), and multifaceted (Blanche and Henny-Kohler, 2000). Hence, the understanding amongst occupational therapists and scientists of what constitutes occupation is constantly evolving (Twinley, 2013). For this reason, Hocking (2000: 64) cites Wilcock (1998a) and Yerxa (1998) – two of the pioneers of occupational science – who propose that the relationship between occupation and health is expected to be complex and multifaceted; it therefore demands significant investigation through research.

Occupational science was intentionally developed to explore and expose the complexity of human occupations (Clark et al., 1991; Wilcock, 1991). Understanding people as occupational beings (Yerxa et al., 1989), occupational scientists formally study the things people do in their everyday lives (Hocking and Wright-St. Clair, 2011), examining how those occupations influence, and are influenced by, health and well-being. Aside from appreciating the complexity of human occupations, the diversity and uniqueness of subjective experience for each individual is acknowledged (Eklund et al., 2003). An individual's engagement in, and performance of, occupations is understood as dependent on their needs, abilities, skills, beliefs, preferences, and sociocultural

factors (Reed et al., 2013; Kielhofner, 2008a). Through occupational engagement people can derive a sense of efficacy, discover spiritual meaning (Yerxa et al., 1989), and create their individual identity (Christiansen, 1999).

Key theorists, such as Pierce (2014a) and Whiteford and Townsend (2011), endorse that people should each realise their right to occupational justice; that is being part of a just society, with plenty of occupational opportunities and resources, so that their occupational needs can be met. The World Federation of Occupational Therapists (WFOT, 2006) frames this within their position statement on human rights. WFOT (2006) assert people have the right to: do things that enable them to thrive; have choice about their participation in occupations; have support to facilitate their participation, and to not be forced to engage in illegal, dehumanising, degrading or dangerous occupations.

Hocking (2009) advocates for people from socially marginalised groups, stating that occupational science needs to explore everyday occupations of marginalised people, and the associated experience of occupational in/justice. To do so, issues of human rights and social justice need to feature. For instance, at the time of Girshick's (2002) study, non-heterosexual people did not have the right to marry in the US. The implications of this were huge in terms of the potential for her respondents to experience any form of justice – be it criminal, social, civil, political, economic, racial and ethnic, or occupational. One of Girshick's (2002: 39) respondents – Dierdre – expressed the personal ramifications of this lack of justice:

> Society needs to recognize us as human beings. I mean, if I'm a human being capable of being in a loving relationship with another human being, and that relationship is a valid relationship, then if that person turns around and abuses me or rapes me, then I am a victim of abuse or rape. But if A and B isn't accepted then C and D aren't going to be accepted.

Evidently, numerous factors can contribute to a person's experience of occupational injustice. Appreciating each victim/survivor as an individual is crucial to then analyse their experience at the individual, subjective level.

2.7.1: The subjective experience of occupation

At the stage of submitting my doctoral proposal I aimed to explore the perceived impacts of WTWRSA on the victim/survivor's occupational performance. However, during January 2014 I came across Doble and Caron Santha's (2008) paper which prompted a shift in my focus. The authors critiqued the emphasis in occupational therapy upon measuring outcomes by means of monitoring changes in a person's occupational performance. This, they assert, minimises the importance of peoples' subjective experiences of their occupations; experiences through which they may or may not derive satisfaction and fulfilment (Doble and Caron Santha, 2008). The significance of this for my research was that by focussing on performance I could have unintentionally narrowed the findings and understanding regarding the respondents' overall subjective experiences of occupation.

The nature of occupation is described as being that of active engagement; it can be purposeful, meaningful, and can promote health (Mandel et al., 1999). To elaborate, as occupational beings actively engage in occupations, this requires and occupies time and space: the circumstances or occupational form (Hocking, 2009) that exist for occupational performance to occur. Active engagement is environmentally and situationally situated, meaning it is influenced by the external social and physical environment, as well as personal, temporal, virtual, and cultural contexts (American Occupational Therapy Association (AOTA), 2008). Active engagement in, and performance of, occupations also necessitates skill, a level of physical and/or mental energy, interest (ideally), and attention. Even when we sleep, we engage in the occupation of rest. In their daily lives, individuals exercise choice and control over their occupations, including: what they do (purpose); how they do it (skills and tools); where

they do it (space and environment); why they are doing it (purpose and meaning); who they do it with (shared occupations), and when they will do it (the temporal context, like time of day or stage of life) (Townsend, 1997). People perform their occupations in organised and less organised ways, often integrating performance of one with another/others. To illustrate the latter point, Erlandsson (2013: 19) provides the example of: '… calling home while on the train (to remind a son that it is time to go to school)'. Healthy, successful, and satisfactory performance of a suitable variety of everyday occupations is understood as the accomplishment of occupational balance (Wagman et al., 2012). This occurs within an occupationally just society, in which people's occupational needs – and the needs of their communities - are realised, provided for, and met in a fair and empowering way (Wilcock and Townsend, 2000).

Considering occupation as *purposeful* derives from the appreciation that all human endeavours have a reason and a purpose, and are goal-orientated (i.e. toward benefits such as social and economic gain) (Whalley Hammell, 2004). Occupation can be purposeful at an individual, group, or wider level (namely, community). The purpose of some occupations is to meet our basic survival needs, to seek emotional health and freedom, and to feel a sense of belonging (Mosey, 1996). Other occupations assist in developing our skills (Désiron et al., 2011), and others bring communities back together (Scaffa et al., 2011).

Understanding occupation as *meaningful* requires exploration of the meaning of performing occupations to each person which is, therefore, seen as subjectively experienced. Because of this, meaning exists on different levels for individuals, influenced by personal values (Aiken et al., 2011). A core aspect of meaning is related to the way people perform occupations to make meaning of their existence, and to feel a sense of belonging (Ikiugu, 2005). The meaning people experience can act as a motivational factor for their continued occupational performance. However, Whalley Hammell (2004) asserts that, while all occupations are meaningful, this meaning is not

always positive, particularly where occupations are dictated by the agendas of others (i.e. the occupational therapist dictates to the client, or the parent to their child).

Occupational therapists work with people at a point in their lives when they experience occupational injustice. Namely, that is a barrier a person encounters - caused by deprivation, alienation, marginalisation, or imbalance - to engaging in their meaningful occupations (Wolf et al., 2010). Some barriers can be experienced over a prolonged period like, for example, being imprisoned for a life sentence. Others can be less enduring, caused by an occupational disruption, such as the onset of an illness. Whatever the cause of their occupational injustice, a person's subjective experience of occupation is altered, potentially causing them to experience occupational imbalance, and adversely impacting upon their quality of life.

In their attempts to understand people's experience of health, illness, and occupation, occupational therapists have learnt from valuable contributions by sociologists, such as Bury (1982), who termed chronic illness as *biographical disruption.* Whalley Hammell (2004) describes biographical disruption in the context of the onset of ill-health for an individual, who experiences the disruption on three levels: their body, conceptions of self, and time. However, taking the concept of biographical disruption beyond its exploration related to ill-health or injury, Whalley Hammell (2004: 299) (and others, such as Ketokivi, 2008 and Davidman, 2000) acknowledge that any unexpected life event can create a biographical disruption, suggesting that: '… the meaning of a biographical disruption is determined both by its consequences and its significance; and that occupation can change the meaning of a life disruption in terms of both its consequences and significance'. I understand this to mean that a biographical disruption can be a disruptive but potentially important experience; one which might instigate a person's reassessment of their norms, values, priorities, identity, and choices in relation to their occupations.

The theoretical perspective of occupation discussed here is Western-centric and based upon the sociocultural value placed on doing (being occupied and productive) (Darnell, 2002). Accordingly, this applies to the research on which this thesis is based, but applicability to other, non-Western cultures would require scrutiny. Whalley Hammell's (2009a) critique of cultural context also highlights implications of the traditional and ethnocentric (2009b) categorisation by middle-class theorists of occupation as self-care, productivity/work, and leisure/play (e.g. Townsend and Polatajko, 2007; Kielhofner, 2002). This categorisation standardises the experience of occupation which, it is argued, is essentially subjective and complex. Pierce (2001: 252) asserts that use of these categories of occupation is '… simplistic, value laden, decontextualized, and insufficiently descriptive of subjective experience'. In response, Whalley Hammell (2009a) proposed the theory of occupation might be enhanced if occupations were categorised by the way in which people experience their occupations. Namely, Whalley Hammell (2009a: 110-111) suggests four experience-based categories, as outlined below.

1. Restorative occupations – those that contribute to a person's wellbeing, which may not be purposeful or goal-orientated, but may be meaningful.
2. Ways to connect and contribute – occupations that enable people to reciprocate the ability to contribute to one and other (and experience meaningful relationships), achieved by doing with and for others.
3. Engagement in doing – the actual experience of doing activities that might have purpose and meaning (e.g. work, or maintaining the home and garden), but that might not be rewarding.
4. Ways to connect the past and present to a hopeful future – Whalley Hammell (2009a: 111) cites Reynolds and Prior (2003) and explains that: 'One dimension of this form of occupation is achieving biographical continuity, or life coherence, such that enjoyable, meaningful, and rewarding occupations of the past and

present may be envisioned as continuing in the future, although perhaps in modified forms to accommodate changed abilities or opportunities'.

While Whalley Hammell's (2004; 2009a) work is based upon the subjective experience of occupation amongst ill and disabled people, I think there is scope to apply her theoretical perspective to people that have experienced biographical disruption due to other significant life events; being sexually victimised is also a subjective and traumatic experience which, as the literature reviewed here reveals, impacts upon victim/survivors' health, wellbeing, and identities.

2.7.2: Health through occupation

Occupational therapists have long understood there is a relationship between a person's occupations, their health, and their wellbeing. However, the associated lack of robust evidence has been criticised for undermining this belief (Law et al., 1998). Albeit a dated source of critique, numerous commentators still assert occupational therapy needs to expand its evidence base (Bannigan and Spring, 2012; COT, 2012). Still, occupational scientists uphold the occupational therapy profession's philosophical belief that participating in and performing daily activities is essential to create a satisfying and healthy life (Larson, 2012).

At this point, it is important to distinguish between health and wellbeing; far too often the literature refers to both as being synonymous. The World Health Organization (WHO, 2003a) define health as '… a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. This infers that in order to experience good health, a person must simultaneously experience a state of wellbeing. The main implication of this definition is that use of the term 'complete' renders most people in society as not healthy during much of their lives. Moreover, it negates the capacity of individuals living with chronic disease and disability to be able to live fulfilling lives, and to experience a feeling of wellbeing (Huber et al., 2011). Besides,

ideas about health and wellbeing have changed and will continue to do so over time. They also vary across cultures, and across the lifespan. The shift in ideas about health has occurred in response to changes - such as an ageing population, access to services, and the fact that health outcomes are measured more than ever before (Audit Commission, 2008).

Doble and Caron Santha (2008) challenged occupational therapists to reconsider their focus when measuring for health and wellbeing-related outcomes. Owing largely to the WHO (2001) International Classification of Functioning, Disability and Health (ICF), participation has been adopted by occupational therapists as a primary outcome of their intervention (COT, 2004). However, Doble and Caron Santha (2008) warn that this denies the complexity and variable nature of people's occupations. Rather, they encourage consideration of the importance of people's subjective experiences of occupation, and how this influences their health. It is just this - the rape and sexual assault victim/survivor's subjective experience of occupation, and how this impacts upon their health, wellbeing, and identity (self) – that remains unaddressed.

2.7.3: Occupational identity

The importance, meaning, and construction of identity have been explored from multiple theoretical perspectives. For example, symbolic interactionists explored identity through focusing on the meanings and expectations of the positions people fulfil in social structures (Stryker and Burke, 2000). Equally, occupational scientists appreciate society has a role in shaping a person's self and behaviour. Yet, their unique focus of concern is upon the centrality of occupation (what people do) in shaping who people are (self and identity). Occupation is considered core to a person's identity, and their level of competence (Reed et al., 2013). Occupational identity has been defined as: 'A composite sense of who one is and wishes to become as an occupational being generated from one's history of occupational participation [including]

one's sense of capacity and effectiveness for doing' (Kielhofner, 2008b: 106). Clearly, there is an appreciation of the power of occupation in contributing to a person's identity.

Wilcock (1998b) wrote a key text in which she theorised occupation as more than just *doing*. I suggest this prominent framework – intended to theorise occupation - can be utilised to articulate and understand the relationship between occupation and identity. Wilcock (1998b: 341) prompted occupational therapists to broaden their understanding of occupation from 'doing' toward comprehending it as '… a synthesis of doing, being and becoming'. In 2006, Wilcock expanded this to incorporate *belonging*. By applying this theory to understand the formation and significance of occupational identity, it is possible to appreciate that our doing (everything that we do) and being (our feelings about what we do and contemplation of self) interact. As a consequence, this can enable our becoming (our realisation of who we are, and the evolution of our occupational identities). A sense of belonging is understood as something we all strive for in what we do (Wilcock, 2006). I therefore suggested these components of occupation can contribute toward the formation of identity; be it individual, group, local, national, or sociocultural (Twinley, 2013).

However, occupational science has emerged as a largely heterosexist discipline; it has insignificantly addressed the lived experience of people with a non-heterosexual sexual identity, or a trans gender identity, particularly in terms of realising, forming, and disclosing their identity and sense of self. Often, it is the realisation of who people are (their *becoming*) that can impede their *doing*, *being* and, ultimately, their sense of *belonging*. That is, non-heterosexual and trans people can experience occupational injustice due to being marginalised by their sexual and/or gender identity (Beagan et al., 2012; Bergan-Gander and von Kürthy, 2006). Girshick (2002) raises an interesting point regarding living in a heterosexist, homophobic, and transphobic culture. Discussing the media's portrayal of people who come out (disclose their sexual and/or gender identity), Girshick (2002: 37) states:

> Negative portrayals include the deceit of lesbians and gay men who come out after being married (hence, they deceived their spouses and ruined their lives), transsexuals who are defined as gender liars… [and] who ruin their children's lives… the falseness of bisexuality (you can't be both, you have to choose).

From the literature reviewed pertaining to WTWRSA, identity emerges as a crucial theme to explore. Due to the nature of the topic, the literature particularly emphasised gender and sexual identity, with some consideration of other personal and contextual factors, like age and relationship status. Wang (2011) noted how 'rural lesbians' face challenges to maintain a positive self-identity in locations that are prominently religiously fundamental and conservative. Judy's identity as a lesbian became a tool to threaten her with by a male ex-partner. The strength of Wang's (2011: 173) study was that it presents an account to portray:

> …how certain contextual factors (e.g., rural context, religious fundamentalism, a homophobic and heterosexist system, and myths about lesbian utopia) intersect with other intrapersonal (e.g., lesbian identity and coping styles) and interpersonal factors (e.g., social reactions) in affecting a survivor's recovery outcome.

Contrarily, Gilroy and Carroll (2009) advise therapy should focus less on victims/survivor and perpetrator sexual identity, and more upon behaviour. Though they suggest this in the context of challenging therapists' assumptions about same-sex relationships, they are promoting disregard of the significance a person's sexual (and gender) identity might have. On this very point, Pathela et al. (2006: 765) wrote about the importance of sexual identity *and* behaviour, stating: '… measures of both sexual identity and sexual behaviour should routinely be included on population-based surveys and surveys of health risk behaviors to illuminate interactions between identity, behavior, and adverse health outcomes'. In actuality, identity is a vital issue for law enforcement agencies, who must remain attentive to revealing or concealing victim/survivor and perpetrator identities. UN Women (2012) assert it should be the

female victim/survivor's legislative right to request criminal justice services withhold her identity from the public arena, including the media.

Gilroy and Carroll's (2009) advice to focus less on identity is confusing, considering much of the deleterious repercussions Kathleen and Sarah experienced were attributed to their gender and sexual identity, and that of their perpetrators. For instance, Kathleen and Sarah's occupational identities were affected, as both questioned who they were, where they were represented, and what they were able to do. Indeed, all of the primary research identified the significance of their respondents' identities, with some noting they altered in response to the traumatic effects of their victimisation (e.g., Campbell, 2008 and Girshick, 2002). Other researchers note the disruptive impact trauma can have for and upon a person's identity. Sher (2004: 1) states that: 'Trauma has been characterized as breaking three basic assumptions: the belief in personal invulnerability, the perception of the world as meaningful, and the positive view of self'. Lentin (2002) – an occupational scientist - concurs with this, asserting that surviving a traumatic event can alter an adult's perception of themselves, their occupations, others, and their environment.

2.7.4: The 'Dark Side of Occupation'

I have challenged my profession to reconsider the long-standing assumption that occupations positively contribute to a person's health and wellbeing (Twinley, 2013; Twinley and Addidle, 2012). Through my proposal of the concept of the 'dark side of occupation', I urge occupational therapists and scientists alike to consider the negatives of occupation (as well as the positives). I therefore see the dark side of occupation as constituting '… several dimensions of occupation that are generally considered not to lead to good health and/or wellbeing, and might be perceived as unproductive' (Twinley and Morris, 2014). The imperative value of this for research - such as mine – lies within the findings this full consideration can potentially expose. Exploring the range of occupations a person subjectively experiences might enhance

our understanding of how some can lead people to experience good health but poor states of wellbeing, and vice versa. A straightforward (and commonly experienced) example of the latter is the person that enjoys the occupation of smoking cigarettes, which is undoubtedly known to damage their physical health. What is more, while many parts of a person's physical and mental health status (particularly that which can be medically explained and diagnosed) can be objectively measured, their lived experience cannot. This reiterates the importance of research that explores the lived and subjective experience. Rape and sexual assault are known to have physical, psychological, and emotional impacts; all of which were evident in the accounts presented by the researchers reviewed in this chapter.

2.7.5: Occupational therapy service provision: the gap

I contend UK-based occupational therapy services are ill-equipped to respond to the needs of sexually victimised people for reasons including: 1) no specific occupational therapy rape and sexual assault services exist; 2) the experience of occupational therapists currently working in services where they might come into contact with victim/survivors is unknown and unexplored, and 3) the revised COT (2014a) curriculum standards do not specify a standard relating to abuse, assault, or (any kind of) trauma. This is in contrast to AOTA, (2007), which released a statement paper proposing occupational therapists are educationally prepared to address the various occupation-related concerns of victim/survivors of IPV. I agree with part of their justification for this statement, in that pre-registration education programmes are required to deliver content that relates to: '…daily life occupations, human development, human behavior, sociocultural issues, diversity factors, medical conditions, theory, models of practice, evaluation, and techniques for the development and implementation of intervention plans' (AOTA, 2007: 706). However, the assumption that this prepares practitioners to work with the specific occupational, health, and wellbeing issues attributed to enduring rape or sexual assault is concerning. Perhaps

this is assumed in the absence of occupational therapy and science research regarding sexual victimisation.

The key barrier to working with victim/survivors is that occupational therapists might not even realise they are doing so. Some people who have been raped or sexually assaulted do seek medical help, but many do not disclose their victimisation (Welch and Mason, 2007). Non-disclosure is typical in the realm of healthcare; few patients disclose and very few professionals ask about the occurrence of violence or abuse (Johnston et al., 2001). Some people may want the opportunity to disclose within the therapeutic relationship (Rodriguez et al., 1996). This was found to be true for occupational therapists who work within the emerging role of victim advocacy (Koch, 2001).

Moreover, occupational therapists working in mental health services may see presentations of coping skills (or behaviours) and symptoms of PTSD, like: alcohol and/or drug misuse (e.g., Campbell, 2008; Girshick, 2002); self-harm (Office for Victims of Crime, 2011); depression, and suicidal ideation (e.g., Wang, 2011; Gilroy and Carroll, 2009). Regarding self-mutilation, Moro (2007) explains occupational therapy intervention approaches are based upon treating everyday occupation. Undeniably, this is integral to working with people as occupational beings. However, with no exploration (including in Moro's review paper) of the underlying cause/s of the aforementioned health and wellbeing needs, it is probable the occupational needs of sexually victimised people are going unnoticed and unmet. Spivak (2014) explicates the significance of this for victim/survivors: 'Intimate partner violence, rape, stalking – all of these forms of violence can create toxic stress on the body that is long-lasting and cumulative, and can negatively impact a person's health and well-being for the rest of their life'.

Occupational therapists can learn from trauma research regarding rape and sexual assault. For many, the psycho-emotional traumatic aftermath of rape and sexual

assault can be long-lasting, with estimates of between almost one third (National Center for Victims of Crime, 2004) to over 50% (Dorset Mental Health Forum, 2014) of people developing Rape-Related Posttraumatic Stress Disorder (RR-PTSD). From the limited research reviewed here regarding WTWRSA, symptoms of PTSD were similarly commonly reported (e.g., Girshick, 2002). Likewise, King and Evans (2010: 72) emphasise that:

> In addition to potential physical injury, every rape survivor is affected psychologically. Survivors of same-sex rape may initially experience denial, self-blame, minimization, difficulty trusting in same-sex relationships, internalized homophobia, and even an urge to blame the act of violence on sexual orientation.

This statement replicates Wang's (2011: 172) description of Judy, who she states:

> … suffered from physical injury, posttraumatic stress symptoms (e.g., flashbacks), intense fear of her own safety, self-blame, difficulties with trusting women, as well as anger and fear toward the perpetrator. She was also retraumatized by others' negative reactions.

Not accessing or receiving appropriate support potentially has very serious implications for the health and wellbeing of WTWRSA victim/survivors. Hyman et al. (2003) advise that longer-term, preventative intervention can be provided when victim/survivors have been able to disclose to a supportive person. The ability to disclose and have their needs understood can benefit the physical and mental health of victim/survivors through, for example, intervention to reduce symptoms of trauma. Evidently, people delivering services where they are at an increased likelihood to work with victim/survivors need an understanding of the unique impact of being sexually victimised. Owing to the nature of sexual victimisation, this work may present additional professional and personal challenges (Campbell, 2001). Arguably, the challenge for occupational therapists working with victim/survivors is exacerbated by the fact that they are not educationally prepared to do so. This was found to be true across other university programmes for health professionals in the US (Agency for Healthcare Research and Quality, 2003). Moreover, front-line staff - including those from the police

force (van Staden and Lawrence, 2010), the military (Kelly, et al., 2011), medics, and other healthcare professionals (Welch and Mason, 2007) – need to attend specialised training. In the UK, various organisations provide this training, such as regionally-based rape crisis centres (e.g., Tyneside Rape Crisis Centre, 2014; Barnsley Sexual Abuse and Rape Crisis Services, 2014; Rape and Sexual Abuse Support Centre (RASASC), 2013). However, Rape Crisis does focus its' efforts primarily upon female victim/survivors of male-perpetrated sexual offences.

One author – Froehlich (1992) - attempted to outline the potential role of occupational therapists. Notably, Froehlich (1992) highlighted the deficiency of understanding amongst occupational therapists regarding the impact of rape and sexual assault. The publication date of this work (a book chapter) is encouraging: it demonstrates this topic was important to an occupational therapy scholar at this time. However, as a dated piece of work its relevance for contemporary occupational therapy practitioners is questionable. Furthermore, Froehlich's chapter was written with a focus on occupational therapists working in psychiatric settings; the aim of her work was to highlight how numerous clients that present with PTSD and multiple personality disorder (MPD) may have been misdiagnosed, mainly because their experience of sexual abuse goes unidentified. Still, the key strengths of Froehlich's (1992) work are that she: 1) acknowledges women and men as survivors; 2) advocates for occupational therapists to develop their knowledge and skills to respond to the needs of this client group; 3) emphasises how, although symptoms related to their traumatic experience become the focus of intervention, the underlying cause (sexual victimisation) may not be dealt with in therapy because of non-disclosure; 4) highlights the potential that clients will re-experience traumatic memories and events during therapy, and 5) suggests a dual approach to occupational therapy practice, in which '… the therapist focuses on recall and emotional recovery from past abuse in combination with a strong focus on the current reality of the client's daily life' (1992: 8).

Still, while Froehlich's (1992) discussion of occupational therapy interventions with victim/survivors is valuable in identifying the consequences, there is no indication of how a therapist might actively pursue working with victim/survivors. Most helpful (and reassuring) to me was Froehlich's proposal that an emphasis on the value of the survivor's subjective experience is extremely appropriate, reinforcing my hope that the research on which this thesis is based contributes to reducing the gap in the literature regarding occupational therapists who work with rape victim/survivors. Through exploring the subjective experience, occupational scientists can contribute to the growing evidence that reaffirms their underlying philosophical assumptions regarding health through occupation. Consequently, such work can add value to occupational therapy and, in turn, occupational therapists can evidence their value through their transformed and enhanced practice (Hocking and Wright St. Clair, 2011).

2.8: Summary

Clearly, many diverse barriers exist to gaining any realistic understanding of the incidence and nature of WTWRSA. Based upon the literature reviewed in this chapter, I uphold the perspective that this type of sexual offending is largely off limits to serious scholarly research and redress, with one reinforcing the other to the detriment of victim/survivors. Based upon the work available, my contention is not to suggest the crime is widely prevalent but, due to absence of its recognition as a crime experienced by some women, there is likely to be little or no reporting of WTWRSA. There is a stunting characteristic to the silence of WTWRSA victim/survivors, because silence by its very nature neither facilitates realisation, affirmation, understanding, support, growth, recovery, or repair: all of which are necessary for improved health, wellbeing, and, ultimately, a satisfying and fulfilling subjective experience of occupation.

A person's ability to participate in and perform their occupations on a daily basis is recognised as crucial to creating and sustaining a fulfilling and healthy life. Yet, there

remains a need to develop the understanding of the disruption that sexual victimisation can cause to a person's experience of this. Hence, I advocate that working from an occupational science perspective can enable exploration of the consequences of being sexually victimised upon victim/survivors' subjective experiences of occupation. Next, in C3, I critically discuss the methodology used to provide data about the subjective experience of occupations for WTWRSA victim/survivors.

Chapter Three
Methodology

3.1: Introduction

The aim of my doctoral research was to explore the perceived impacts of WTWRSA, the subsequent experience of disclosure, reaction and support, and the consequences for victims/survivors' subjective experience of occupation. In this chapter I describe and justify the methodological, auto/biographical, and contextual reasons for my use of the auto/biographical approach. In doing so, I therefore present an open and honest explanation of the research process, including data collection and analysis. As I engaged in this process, it became important to distinguish between 'sensitive' and 'trauma' research, as I present in my discussion here.

Accessing respondents and collecting their data was a challenging process; one which I have sought to explicitly describe in this chapter. First phase data was collected through use of a web-based survey. In an effort to gather individual stories told by respondents, second phase data was collected through 10 face-to-face semi-structured interviews and one correspondence (Tanya, who shared her story by email). In the latter part of this chapter I give an overview of: respondent characteristics; the second phase respondents' (R2s') biographies; the data analysis approaches; and I present the identified themes that emerged from data analysis. I summarise the chapter by reflecting upon the role of emotion and my auto/biographical research practice.

3.2: Methodological reasons for working auto/biographically

The methods used to study people's lives, and the stories people tell about their lives, are referred to by a variety of terms, including: personal history; oral history; life story; narrative; auto-ethnography; biography and auto/biography (Merrill and West, 2009). It

is suggested that one way to understand others is to understand ourselves (Jauncey, 2010). To do so, Roth (2005: 15) advises auto/biographical researchers need to '… use critical methods together with inner subjectivity to bring about a maximum of intersubjectivity, that is, understanding the Self to understand the Other'. In this way, auto/biographical researchers are both the subject and the object of their research. Use of the auto/biographical approach therefore allows for appreciation of the assumption that I cannot divorce myself from any aspect of my research studies. Indeed, the deliberate forward-slash between 'auto' and 'biography' is intended to remind the auto/biographical researcher that the boundaries between the self and others are permeable. The forward slash therefore represents a filter that '… allows aspects of our lives to infiltrate others and vice versa as life stories are told' (Howatson-Jones, 2011: 39). It also prompts researchers to consider the prominent features of this research approach: 1) the dialectical relationship individuals have with the society in which they live; 2) the influence that cultural context has upon the individual lived experience, and 3) the way individual biographies are mediated through the auto/biography of the researcher during the process of analysing, interpreting and re-presenting the biographies (Sikes, 2007; Roth, 2005).

As a researcher with a social science, occupational science, and healthcare profession background, the value of the auto/biographical approach was also its usage across a range of academic disciplines; considering my interdisciplinary-informed perspective, auto/biography facilitated my ability to cross traditional boundaries (between academic disciplines) when developing and re-presenting my findings regarding the experience of WTWRSA. In many ways, this echoes Roberts' (2002) statement about biographical research – the various approaches to the study of individuals – which he states is a rapidly developing field. Roberts (2002) emphasises how biographical research aims to explore and understand the varying experiences and positions of people and their stories of their history, their lives today, and their lives in the future.

As a person who teaches and performs holistic therapeutic practice, it was significant that the auto/biographical approach to research is deemed to be especially holistic (Howatson-Jones, 2011). Furthermore, its use is appropriate for research that seeks to access and understand personal or 'sensitive' information (Logan and Buchanan, 2008; Bell, 2002) because the research starts from, and remains focused upon, the individual and, therefore, personal experience. Auto/biographical research enables an appreciation for how people can make sense of the things that happen to them by constructing narratives to explain and interpret these experiences, to themselves and to others (Sikes and Gale, 2006). Hence, I chose to use auto/biography as an approach to study individuals, and as a tool to ground my understanding in their narratives: the stories they told about their lived experience of WTWRSA.

On the theme of interpreting and representing people's personal and lived experiences, Woolf (1997: 206) states: 'The task of the autobiographer is often to make public a version of what has hitherto been private, known only to an intimate circle'. Likewise, it is the task of the auto/biographical researcher to present a publicly appropriate version of the private accounts respondents have shared with them, in the sense that the researcher must uphold each respondent's right to anonymity. It was my responsibility to raise awareness of a silent issue, whilst maintaining the privacy of those people who were affected, and who shared their extremely private autobiographical accounts with me.

Within this auto/biographical work, the acknowledgement of the 'auto' and the 'biographical' enabled me to recognise that when I write about others (as biographer of an aspect of their lives) I am always involved and, when I write about myself (as autobiographer of my own life), others are always involved (Coffey, 2004). Though I have not engaged explicitly with a great deal of feminist literature, my auto/biographical

work is feminist-informed as I value researching 'for' and 'with' respondents, rather than 'on' them (Kralik and van Loon, 2008). Furthermore, my epistemology is shaped by my subjective lived experience that I brought to this research. As Stanley (1992) suggests, use of auto/biography inserts the position of 'I' into the exploration of human experiences and encounters that other methods artificially and purposefully remove. Cotterill and Letherby (1993) refer to this as the weaving of the stories of the researcher and the researched. Even in qualitative research, which seeks to emphasise studying people in their natural environments, and attempting to explore the meanings people bring to phenomena (Denzin and Lincoln, 2005), there has traditionally been an emphasis upon the researcher's objective role.

Indeed, Merrill and West (2009) describe how the major shift (over the last 30 years) toward approaches like auto/biography occurred as a purposeful response to traditional methods used in research that marginalise or omit people (as the human participants), in their endeavours to achieve objectivity. Rather, a growing number of researchers recognised their own collaborative and reflexive role in their research work. This entailed researchers being explicit about their own relationship to and within the research itself (Roberts, 2002). In her earlier work, Hertz (1997) suggested researchers cannot understand the phenomenon they are studying unless they reflect upon and appreciate what their attributes mean to their respondents. It is this very aspect of auto/biographical research that is its defining characteristic: disclosing the position of 'I' is both the necessary and the identifying feature. However, within this disclosure there is an element of choice; the way and extent to which researchers include their auto/biography differs. In my case, I did not openly disclose my position as a WTWRSA victim/survivor in the recruitment stages, as at this point I was undecided about the level of – what would be extremely public - disclosure I was prepared to risk. I was, however, willing to disclose if the occasion arose during an interview, or if any respondent asked me. My disclosure involved working through processes, deciding

upon personal and professional levels of disclosure. As researcher and author, auto/biographical researchers may not always say everything about themselves regarding their position within their work. But one thing is certain: an 'out' auto/biographical researcher will always say something about themselves within their work, as they acknowledge the effects of their biography on the entire research process (Hugill, 2012).

3.2.1: Bias and subjectivity: liberated from the sidelines

Post-modern and post-structuralist theorists suggest there are multiple realities, and that a person's experience of the world depends upon how they are socially positioned. This leads many researchers to openly reflect on, and be reflexive about, their own position in their research and the research process (Sikes, 2006). A researcher is positioned in their research by characteristics like: their age; gender; race; ethnicity; culture; spirituality; sexual identity; sexual orientation; and life roles, in addition to their biography (the story of their lives). This positionality can inhibit or enable insights regarding the research method (Hastrup, 1992). The explicit inclusion of the researcher's biography has been criticised for the implications it can have for their overall involvement in research: from the research design, to data analysis, and the final write-up (Sikes, 2006).

However, working auto/biographically means issues of bias and subjectivity (that many researchers deliberate over) are liberated from the sidelines because, by its very nature, they are disclosed, exposed, discussed, critiqued, and reflected upon. Whereas in traditional research writing - where subjectivity and bias are seen as something to get rid of, or to control (Wester, 2011) - auto/biographical research strives to interrogate subjectivity, rather than to marginalise it. Arguably, through such overtness about how we approach our research, our position within this, and its associated impact upon the research (and vice-versa), auto/biographical researchers endeavour to be open and

honest and, in doing so, can achieve critical personal and epistemological reflexivity (West, 2009).

Vast numbers of qualitative researchers continue to approach the issue of their own subjectivity by attempting to remain reflexive, often achieved by use of a research journal, or diary, used to record their reflections upon the research process, and their own bias and prejudice as they worked through this process (Koch, 2006; Wolf, 2003). This is based upon the notion that the quality of qualitative research can be enhanced through the researcher's critical and reflexive practice of their own role in their research (Davies and Dodd 2002; Finlay, 2002; Mason, 2002). Conversely, use of reflexivity as a methodological tool in qualitative research studies has been criticised for becoming 'familiar', 'comfortable', 'too set' and a 'methodological exercise' (Pillow, 2003). In contrast, auto/biographical work goes beyond the traditional and contemporary use of reflexivity by '… challenging the idea of the detached, objective biographer of others' lives, and the notion that a researcher's (or professional's) history, identity, (including gendered, raced, classed and sexual dimensions), and power play little or no part in shaping the other's story' (West, 2009: 3). For this reason, auto/biographical work is neither comfortable nor familiar; it compels researchers to engage with issues related to the use of emotion, vulnerability, and power (Letherby, 2013a). In this way, auto/biographical researchers are bold and authentic, rather than self-indulgent.

3.2.2: Power

In wider research, critical scrutiny of the self and one's own subjectivity has received much criticism: 'At present, in my view, we are spending much too much time wading in the morass of our own positionings' (Patai, 1994: 64). A less dismissive, but nevertheless equally critical view, suggests that when researchers are explicit about their position in their research there is the potential for self-absorption and narcissism to intrude (Sparkes, 1994). Specifically, the auto/biographical approach has been

criticised for being overly focused on the researcher's self, with researchers often regarded as too self-indulgent (Coffey, 2004). However, through being explicit about my own auto/biographical position as researcher, I liberated myself from the demanding position of the objective-seeking researcher. That is the researcher who, in striving for objectivity and neutrality, creates a sense of mystery and elitism. By contrast, engaging in critical scrutiny of the self and the relationship of self and other is, arguably, more rigorous than work that does not acknowledge the significance of these auto/biographical positions. Openly acknowledging that researcher bias exists, and reflecting upon this, can yield valuable data (Letherby, 2013a). I did not have an objective role in the research; I could not be objective when I interviewed respondents, when I interpreted the written data from these interviews and when I presented and disseminate(d) the findings. Like many qualitative researchers, I endeavoured to have a collaborative and reflexive role (Finlay and Gough, 2003). But, more than this, I valued being more able to authentically place myself within the research because the very reason I did the research was because of who I am, who I have met, what I have experienced, how I feel, what I believe, and what I hope for. Working auto/biographically provides the readers of my work with information that can enhance their ability to locate and make better sense of my work, whilst simultaneously countering any concerns of bias (Wellington et al., 2012).

Importantly, critical scrutiny of the relationship between my research respondents and I must involve analysing the issues related to power (Halai, 2006; Bishop, 2005). Stanley's (1994: 89) definition of auto/biography reaffirms this as a dominant feature of concern in auto/biographical research:

> Auto/biography… displaces the referential and foundational claims of writers and researchers by focussing on the writing/speaking of lives and the complexities of reading/hearing them. It also thereby unsettles notions of 'science', problematizes the referential claims of social research, questions the power issues most researchers either silence or disclaim.

I was not only sensitive to the issue of power, I have remained constantly aware of it, not least because my agenda was to explore and re-present the silenced and hidden lives (Sikes, 2006) of WTWRSA victim/survivors. Crucially, the issue of power is prominent for sexually victimised people, and is likely to have been experienced at a deep and complex level for my respondents. As victim/survivors, their personal power has been threatened, diminished, or destroyed. After all, acts of sexual perpetration are often considered to be primarily motivated by power and control, with some (but not all) being violent and aggressive (WHO, 2003b). Clark and Quadara (2010) found many victim/survivors of sexual assault felt their assault/s were a way for the perpetrator to achieve power and control over them. In her autobiography, Winkler (2002: 38-39) - who was raped by a male stranger - states: 'The rapist controls the movements and decisions of the victim. Control, absolute control, characterizes the episode of terror... Rapists thrive off authoring the victim's reality. Control transforms the person into a victim'.

Often this threat to the personal power of victim/survivors can reoccur at various times following the incident(s) of sexual assault (Maier, 2008). These ensuing feelings of powerlessness are understood to reinforce the victim/survivor's silence which, in turn, may reinforce their feelings of powerlessness (Ahrens, 2006). Feelings of powerlessness and remaining silent had implications for recruitment to my research. Fundamentally, it might have prevented victim/survivors from wanting or being able to respond (either through the survey or in an interview). For those who did respond, they might have faced challenges in telling their story because this required them to be able to recall, relive, and give words and meaning to their traumatic experience/s (Bloom, 2003). However, there are potential benefits for those who felt able (or were helped to feel able) to overcome their feelings of powerlessness, and to break their silence. In particular, telling their story might have offered a sense of recovering some personal

power through feeling more in control of their memories and the feelings (Association for Behavioral and Cognitive Therapies (ABCT), 2003-2014).

Accordingly, I used vital strategies to encourage recruitment to the research, as well as to further reassure respondents. This involved the communication of support, understanding, and acceptance, as suggested by Ahrens (2006). I made every effort to communicate this throughout the research process, including the way in which the data collection tools (section 3.5) were designed and worded, and the way I corresponded with respondents prior to and after meeting for an interview. Similarly, Maier (2008) found that the rape victim advocates in her research suggested the following strategies as ways to empower victim/survivors: express your belief, emphasise it was not their fault, and enable them to make their own decisions. However, by declaring my work as 'empowering research' would be to suggest that I had the power and means to offer this as a benefit to the respondents in my research. Rather, it was my hope that by taking part and telling their stories, respondents felt listened to, heard, and believed (Girshick, 2002). I have tried to be bold and strived to be authentic by disclosing and discussing my auto/biographical reasons for conducting this research, and I greatly appreciate that my respondents were extremely bold in coming forward to share their stories.

3.2.3: Auto/biography and occupational science

As I introduced in C2, occupational science is an interdisciplinary academic discipline that was established with the aim of providing the occupational therapy profession with a scientific and research base that could inform the clinical practice of occupational therapists (Molineux and Whiteford, 2011). Since its inception in the late 1980s occupational science has sought to generate knowledge about human occupation, with researchers commonly employing qualitative methods. Hence, there is a growing body of occupational science research that utilises different methodological approaches in

order to generate a rich and authentic understanding of human occupation. For instance, Nayar (2012) discusses use of grounded theory and Hartman et al. (2011) explain the benefits of visual research methods. Certainly, the importance of life stories and storied approaches is recognised and encouraged by occupational science researchers (Molineux and Rickard, 2003; Wicks and Whiteford, 2003).

However, from my reading, there is no published primary research that has combined the auto/biographical approach with an occupational science perspective; the value of doing so can be identified when exploring occupational science and therapy work. To illustrate, I return to Whalley Hammell's (2004) key text, in which she discusses the notion of biographical disruption originally termed by Bury (1982). From an occupational science perspective, this can be understood as the disruption people feel or experience in their daily lives and which impacts upon their life plans and expectations. Biographical disruption can be bought about by any unexpected and significant life event, such as divorce, receiving a new diagnosis, redundancy, bereavement, or a traumatic event. However, as Whalley Hammell (2004) states, occupational therapists have predominantly focussed on disruptions that occur as a result of illness, accidents, and impairment. Likewise, other commentators have concentrated on illness narratives to explore the concept of biographical disruption (Larsson and Grassman, 2012; Lawton, 2003; Charmaz, 2002). Aspects of this work cannot be applied to an exploration of the biographical disruption bought about by rape and sexual assault. For instance, Reeve et al. (2010) assert that individuals need to share an idea of what constitutes a *normal* state to then be able to view an incident they experience as *disruptive*. Disputably, this prerequisite does not apply to cases where individuals experience disruption caused by being sexually violated. This is principally because rape or sexual assault occurs (for the first time, at least) as a distinct incident in a person's life, in comparison to the chronic, enduring and/or terminal nature of illnesses authors such as Reeve et al. (2010) discuss. Evidently, the

biographical disruption experienced in some people's daily lives as a consequence of enduring traumatic experiences, such as being sexually victimised, is an unknown entity within occupational science and occupational therapy work. Nevertheless, Whalley Hammell emphasises the unique contribution an occupational perspective offers when exploring biographical disruption by concluding that: '… the meaning of both the consequences and significance of disruption might be changed through occupation' (2004: 302). Therefore, by utilising an auto/biographical and occupational science approach, I was able to explore the biographical disruption experienced by victim/survivors of WTWRSA, and the meaning of the perceived impacts upon their subjective experiences of occupation.

3.3: My reasons for working auto/biographically

As I conducted my research, and have written it up auto/biographically, it is crucial to outline my reasons for doing so; the very reasons that influenced my research design, shaped the primary aim, its' associated objectives and, ultimately, led me to want to conduct the research from the outset. In essence, my use of an auto/biographical approach is about acknowledging the significance of what I bring to the research project; 'I' being the various roles and selves with which I identify as: researcher; academic; student; occupational therapist; woman; WSSA, and feminist. That is, I have chosen to be explicit about my insider status – my positionality within the research – and where my loyalties lie (Letherby, 2013a).

As researcher I had a choice over how much to disclose about myself, including my roles, my positions (or selves), and my personal characteristics. At the start of the research process I felt I would likely choose to omit some information regarding my reasons (the motivational factors) for conducting the research. However, my journey through the process soon led me to want to include this. More than anything, I know

that any alternative explanation I gave would have been both inaccurate and deceitful; qualities that can compromise the core of what constitutes ethical qualitative research: its integrity (Watts, 2008). This conflicts with opinions regarding other research approaches, such as those used in educational research that incorporate experimental designs and hypothesis testing. For example, Sikes (a researcher who has used auto/biographical and narrative approaches) and Goodson (2003) discuss how traditional objective (positivist) approaches continue to reject the positionality of the researcher and maintain that good, moral research practice involves the researcher remaining objective, neutral, and value-free.

Conversely, my subjective and personal experiences as the researcher support the use of an auto/biographical approach (Fine et al., 2000), which concedes the combined inclusion of my own voice and the experiences of my respondents. After all, as Campbell (2002: 15) suggests: 'The researcher is a key figure in the scientific process whose personal experiences are worthy of reflection and examination'. This is considered to enable the auto/biographical researcher to gain deeper insights into the experiences of the phenomenon being researched (Roth, 2005). Ellis defends this approach by asserting: 'Including the subjective and emotional reflections of the researcher adds context and layers to the stories being told about participants' (2004: 62).

Undeniably, the overriding motivational factor for wanting to conduct the research stemmed from my own auto/biographical position as a victim/survivor, a WSSA, a feminist, and as an activist, striving for acknowledgment, change, and justice. For this reason, I presented my auto/biographical motivation in the introduction to this thesis (1.3), by reflecting on these positions.

3.4: Sensitive research and trauma research

It has been suggested that *any* research interview – regardless of the topic - can be sensitive for respondents because their engagement in the research process involves the requirement of disclosure; telling their story to the researcher has the potential to place respondents at some risk of becoming emotionally distressed (Drury et al., 2007). In consideration of discussions from relevant literature, I think it is important to distinguish between what is sensitive and what is traumatic, in relation to the data I collected.

Sensitive research and sensitive topics have been defined in various ways. This is likely due to the fact that there are different reasons for research, or a research topic, to be deemed 'sensitive'. Agllias' (2011) discussion refers to sensitive research as that which: challenges existing ideologies and exposes taboo topics as being socially and politically sensitive; reveals information that is either stigmatizing or incriminating, and that has legal and moral implications. The earlier work of Lee (1993), however, debates the issue of sensitivity in research by framing her discussion around the threat research can pose to the researcher and the respondents. Lee (1993) suggests this threat can be due to various factors, including: 1) intrusion into respondents' private lives; 2) exploring highly emotional topics, and 3) involving respondents from oppressed groups. Research can be seen to pose a significant threat when these factors feature in the design. Prior to collecting data, I read about other researchers' experiences of engaging in research in which such threats were a concern. For instance, Platzer and James (1997) found these threats were an issue in their research, in which respondents were asked to identify as lesbian or gay and to talk about their experiences of nursing care; arguably a sensitive though, not necessarily, traumatic topic to explore. I found it useful to explore each of the factors Lee (1993) proposed when working on my research design. Undeniably, each remain relevant to sensitive

research but, as I discuss each factor in turn below, I value their relevance when researching the traumatic life experience of WTWRSA.

Intrusion into respondent's private lives

Intrusion is a factor all qualitative researchers that collect primary data with individuals, groups, and communities must consider. By its very nature, regardless of the topic under study, primary data collection in qualitative research involves an element of intrusion into a more personal and private aspect of respondents' lives. Lee and Renzetti (1993) suggest the emotional costs of taking part in sensitive research can include experiencing feelings of shame, embarrassment, or guilt. These same feelings are commonly reported by victim/survivors in the aftermath of being sexually victimised, and the fear related to these feelings is understood as a major barrier to victim/survivors reporting their experience (Taylor and Norma, 2012; Weiss, 2010). However, in research seeking to understand the lived experience of surviving rape and sexual assault, people may choose to respond specifically because they have felt alone with their experience (Johnson, 2009); telling their story (verbally or in written-form) to someone (the non-judgmental researcher) who wants to listen, and to learn about the victim/survivor experience, can contribute to recovery (du Toit, 2009).

Exploring highly emotional topics

Rape and sexual assault are universally regarded as extremely emotional topics. Equally, as a topic for research they are regarded as highly emotional for both the researcher and the researched (Dickson-Swift et al., 2009; Blakely, 2007; Draucker, 1999). The South African Sexual Violence Research Initiative (SVRI) (2013) appreciates how researchers in the field of sexual victimisation face various challenges owing to the fact they are listeners of victim/survivor stories of traumatic experiences. They suggest that: 'The effects of being indirect witnesses of trauma and abuse can

result in secondary traumatic stress or vicarious trauma' (SVRI, 2013). The construct of vicarious trauma was coined by McCann and Pearlman (1990) to describe the deleterious effects working with trauma can have for those practicing and researching in this area. Vicarious trauma is the most commonly used construct in empirical studies that have examined the emotional impact of working with trauma victim/survivors (Bell et al., 2003). I discuss this feature of researching traumatic life experiences in greater detail later.

At this point, whilst considering the potential for either retraumatisation for the victim/survivor who tells their story (Maier, 2008), or vicarious traumatisation for the researcher who listens (Campbell, 2002), it is both interesting and reassuring to learn that much of the research in this area reflects on the benefits of taking part for respondents. It has been reported that sharing the experience of rape and sexual assault has therapeutic benefits which outweigh the immediate distress that sharing these traumatic experiences can generate (Girshick, 2002, Draucker, 1999). The Declaration of Helsinki outlines this as an important feature of ethically responsible research, in which research should only be conducted if the potential benefits outweigh the potential harms (Carlson et al., 2004). Although, researchers cannot always ensure this before they conduct their work, particularly those who engage respondents in trauma research (Newman and Kaloupek, 2004). Certainly, the cited benefits - experienced by victim/survivors who are listened to - support findings that warn of the detrimental impact upon victim/survivors of receiving a negative reaction to their disclosure of sexual assault (i.e. to either formal or informal support providers) (Ahrens, 2006; Ahrens et al., 2007).

Involving respondents from oppressed groups

The ways in which sensitive research has been characterised can be applied to the nature of this research and the topic I am exploring. Nevertheless, naming my research

as sensitive overlooks the character of the trauma that is known to be attributed to the experience of being raped or sexually assaulted (Gavey and Schmidt, 2011). This trauma – originally named Rape Trauma Syndrome (RTS) by Burgess and Holmstrom (1974) - is said to be experienced by all victim/survivors (Rape Victim Advocates, 2008b). However, when I worked with my respondents it remained paramount to respect them as individuals, each with unique experiences and (posttraumatic) reactions (Rape, Abuse and Incest National Network (RAINN), 2009a).

My respondents are people who identify, or have at one point in their lives identified, as being a woman. As women, all respondents belong to a group that has a well-documented, unequivocal, historical lived experience of oppression, exclusion, inequality, prejudice, harassment, and discrimination (Mackay, 2014). There are then additional factors to consider about my respondents which could place them in the category of an 'oppressed group' (Lee, 1993).

For those women with same-sex attraction (WSSA) in my research, it is highly likely they will have experienced (and continue to experience) heterosexism, homophobia, heteronormativity, inequality, prejudice, and discrimination (Hylton, 2006), in addition to hostility and ignorance (Shelton and Delgado-Romero, 2011). Overwhelming evidence has found that gay women have been pathologised (Wilton, 1995), marginalized and ostracised (McManus et al., 2006), stigmatized (Smuts, 2011), silenced (Bell et al., 2011), victimised (Hayman, 2011), oppressed, and harassed (Ferfolja, 2010). A contemporary example of the sociolegal and occupational injustice experienced by same-sex couples is evident in the fact that it was only in March 2014 that same-sex couples were granted the equal right to marry in the UK; before this there were many places where WSSA were prevented from being able to share the same basic civil rights as other members of their community, society, and country (Harper, 2004). This lived experience has meant WSSA encounter various barriers to occupational

performance and participation - that is, being able to do things they would like to do (Bergan-Gander and von Kürthy, 2006) - and has impeded their endeavors to experience liberation and well-being (Harper, 2004).

Trans people have a documented history of experiencing transphobic oppression. In the UK, it was found that over 90% of trans people surveyed had been told they were not normal (McNeil et al., 2012). Ellis et al. (2014) focused on trans people's experiences of situational avoidance in the UK. Many of their respondents felt that fear of discrimination, fear of not successfully 'passing' as male/female, and/or fear of being 'outed' as trans influenced their decisions about which social situations to avoid.

In the context of being a victim/survivor of WTWRSA, heterosexual women may conceivably feel in a very difficult position to be able to disclose or access support. As there is no research in this area, I can only offer my opinion on this. Although, we do know that, traditionally, services such as rape crisis centres have offered support to heterosexual women as victim/survivors of male-perpetrated rape (Fenway Health, 2014). For that reason, there has been a lack of resources to support male victim/survivors, non-heterosexual victim/survivors, and heterosexual female victim/survivors of female-perpetrated rape.

Trauma researchers, including myself, are faced with ethical challenges and dilemmas because they hope to improve the lives of victim/survivors but, to do so, they ask respondents to revisit and tell their trauma narratives (Brown et al., 2014). However, I will reiterate that I found it encouraging to remember that in telling their stories, and revisiting the related trauma, there can be more positive outcomes for respondents; for instance, Campbell et al. (2010: 77) explored the impact for rape victim/survivors of participating in in-depth interviews and found that some felt '… participating in a formal research study is certainly one way to go "on record" and give voice to this trauma'.

3.5: Methods of data collection

I used a mixed-methods approach which presented me with more options through which to collect data (Wheeldon and Ahlberg, 2012) than one method alone. I conducted a web-based survey, 10 face-to-face semi-structured interviews, and received one written account (email correspondence). The combination of qualitative and quantitative approaches has been suggested as a `best of both worlds' approach (Bryman, 1988). I gathered more data than, for example, face-to-face interviews alone would have generated. In the first phase of data collection I used a web-based survey to reach first phase respondents (R1s) who were willing to complete the survey. At the end of the survey there was an option for every R1 to register their interest in receiving more information about the research, and to potentially be interviewed, by way of leaving a contact email address. In this section I describe the research procedures and data collection process for the methods used.

3.5.1: Web-based survey

As more and more people access the internet, web-based and electronic data collection has become an increasingly popular research methodology (Granello and Wheaton, 2004). Whilst it is appreciated that not everyone has access to the internet (Bachman and Schutt, 2014), there has been an undeniable substantial growth in the amount of internet users. For example, in the 10 year period between 1998 to 2008 the UK witnessed an increase from 8,000,000 to 46,683,900 online internet users (BBC, 2013a). The corresponding increased popularity of web-based surveys has been attributed to benefits such as: their efficiency; low costs; easy survey design; accessibility to a global (international) population and, in comparison to other survey methods, can yield more honest reports of being victimised (Bachman and Schutt, 2014; Parks et al., 2006; Van Selm and Jankowski, 2006).

In consideration of these documented advantages to using a web-based survey, the value of being able to access an otherwise difficult-to-reach population (Murray, 2013) was the primary reason I chose to use this type of survey method. Hence, I designed the survey to be used as both a purposive sampling tool and as a data collection method. As a purposive sampling tool, the survey intentionally contained the option for respondents who I judged would be able to provide their perspective (Abrams, 2010) and/or story about WTWRSA, to have further involvement in my research, and to be interviewed. As a data collection method, the survey was not intended to examine the actual incidence of WTWRSA; this would not have been possible and was not an objective of my research. However, the survey was designed to gage awareness about the prevalence of WTWRSA amongst those respondents who voluntarily completed the survey.

Web-based survey tools - such as the Bristol Online Surveys (BOS) software (University of Bristol, 2014) that I used - enable researchers to offer their respondents a high level of anonymity. This was crucial for my research and straightforward to accomplish. For example, on the first page of the survey respondents were informed that the survey tool would not collect any information regarding their internet protocol (IP) addresses which, if collected, could identify the computer user.

In addition to assuring anonymity, I felt it was important that the launched survey was not time intensive to complete. In total, there were three questions under the subheading ‘About you’ and six questions under the subheading ‘Your experience’. In this section there was one particular feature I felt important to include: the option for respondents to state how they would name their experience (see question 7 on the survey in Appendix 10.4). For those respondents I subsequently interviewed (the R2s), I had prior awareness of how they chose to name their experience. The final section of

the survey ('Option to share more about your experience') that enabled R1s to leave an email address also allowed them to indicate possible interview locations where they could meet me. It was intentional that the data initially gathered in the survey could then be explored in greater depth in an interview.

Pilot study

Pilot studies are understood as a critical element of any successful survey design (van Teijlingen and Hundley, 2001). I piloted the survey internally at my place of employment. The BOS tool allows survey creators to grant permission for others to access and complete a survey before it is launched. Ten colleagues agreed to do so, completing a draft version of the survey, and each provided me with feedback and suggestions. I piloted the survey primarily to ensure there were no operational errors, before launching it in its final, live version. Suggestions from colleagues included: to rephrase some of the questions and directions; to ensure the responses link to the next appropriate section; and to ensure all respondents can complete the survey, and have their completion registered. I made the necessary alterations to the survey and asked my supervisory team to access the survey for a final check. At this point only minor editing of some of the written content was required.

Launched survey: sampling

Following the pilot phase, the survey was made live on 14th June 2013. I used purposive sampling to recruit survey respondents based on my knowledge and assumptions of the target population (WTWRSA victim/survivors) and the purpose of my research. The number of respondents was never fixed as this was clearly dependent upon responses gained during the time the survey was live. Moreover, issues of heterogeneity and homogeneity were irrelevant to the population in the study, and therefore did not impact upon the anticipated sample size, as Bryman (2012)

suggests can occur. After discussion with my supervisors, it was agreed that I would keep the survey live for a one year period from the date it was launched. To promote the survey as effectively as time and financial constraints would allow, and to generate responses, it was necessary that I took a strategic approach (Appendix 10.3). This consisted of: 1) emailing organisations (Appendix 10.5); 2) distributing posters and leaflets by hand; 3) use of social networks; and 4) paid advertising (Appendix 10.7).

An unexpected promotion of my research was instigated by the respondents themselves; R2s informed me they told their partner/friends about the survey. Where there was no accessible framework for the population (WTWRSA victim/survivors), snowball sampling proved a crucial method of recruitment (Bryman, 2012).

Launched survey: research procedures

All R1s could answer questions 1 to 4. For respondents who answered 'yes' to question 4a and/or b, and therefore indicated they have experienced being raped or sexually assaulted by a woman, there were five questions about this experience. Other respondents were asked to go to the end of the survey and submit. For those respondents who left an email address to be sent information about the next phase of the research, I sent an email from an account created specifically for this research, attaching a copy of the information leaflet (Appendix 10.8) and inviting them to be interviewed. This was updated to include each of the interview locations I used/secured since starting the research.

The survey also included three questions (7, 8, and 9) where respondents could write in an open text box. It was important to enable respondents to explain some of their answers and/or to respond in their own words, rather than be restricted to purely choosing from a series of pre-determined responses. Encouragingly, Smyth et al. (2009) suggest that in comparison to paper surveys, the use of open-ended questions

in web-based surveys produces greater quality answers. In particular, the open-ended question number 9 - which asked if there was anything else respondents would like to add about any of the questions, or their experience – generated some valuable qualitative data that has been thematically and manually analysed, compared, and interpreted with the interview data (see C4 to C7).

Launched survey: ethical considerations

The most pertinent ethical consideration for me was related to my feelings of concern for those people who responded to the survey but who I never got to meet or talk to further. I followed ethical practice in terms of providing contacts for support services at the end of the survey but this did not fully combat my feelings of concern for other people's wellbeing. Rhodes et al. (2003) discuss this in terms of malfeasance, or the ethical duty as researcher to do no harm. They suggest the difficulty with web-based surveys is the inability of the researcher to monitor for negative reactions and to provide details of local support services targeted to their individual needs. They advise ensuring a list of resources is provided at the end of the survey, and to consider whether these need to be national or international.

Web-based research presents many of the same ethical considerations as other ethical research, such as obtaining informed consent (hence why an introductory information page is required) and assuring anonymity and privacy (Farrimond, 2013; Rhodes et al., 2003). The issue of ensuring anonymity can be a challenge when data gathered over the internet can be typed into a search engine and traced back to the original source (Farrimond, 2013). However, use of BOS software (University of Bristol, 2014) safeguards that only registered users (registered as creators/managers) can access individual survey responses, and must use a password to do so.

3.5.2: Interviews and correspondence

As an auto/biographical researcher seeking to understand the lived experience of being a WTWRSA victim/survivor, it was important my research began with exploring this experience as expressed in each respondent's own words. This required an appreciation of those qualitative methods that employ narratives (Creswell, 2013), and the individual personal meanings attached to these, to provide rich levels of information and understanding (Girshick, 2002). A research design that includes utilising individual interviews is considered highly appropriate when aiming to understand the perspective (story) of an individual with regard to their subjective experience of a traumatic event (Coles and Mudaly, 2010). Use of interviews facilitated my exploration of personal meanings by gaining rich data that represents the depth, complexity, and individuality of each R2's lived experience (Seidman, 2013).

However, there is debate surrounding which qualitative methods and, more specifically, what types of interviews are suitable to use when researching sensitive or traumatic life experiences (Connolly, 2003). Individual interviews allow the person being interviewed to respond in their own words (Coenen et al., 2012) and are considered best suited to exploring sensitive or traumatic events (Elam and Fenton, 2003). Arguably, focus groups can also be used to gain respondents' stories in their own words. Yet, when researching traumatic experiences the researcher must consider the appropriateness of doing so in a group situation, and their ability to facilitate such a group (Connolly, 2003). Moreover, in comparison to individual interviews, focus groups are less suitable for exploring the depth and detail of individual subjective experience (Ellsberg and Heise, 2005). For that reason, there are numerous examples from qualitative research into other traumatic topics to support use of individual interviews, including: responding to racism and racial trauma (Truong and Museus, 2012); drug use and motherhood (Radcliffe, 2009); and perinatal loss (Harris and Daniluk, 2010). These are in addition to many examples of research that has explored the experience of sexual victimisation

and related trauma through individual interviews (e.g., Wang, 2011; Patterson, Greeson, and Campbell, 2009; Padden, 2008).

One of the main issues I considered at the proposal stage of the research was whether to only conduct face-to-face interviews, or to utilise alternative methods, such as telephone, Skype, and email interviews. Face-to-face interviews remain the most widely used format through which to generate data about the experience that is being explored (Polkinghorne, 2005). The direct interaction between researcher and respondent during face-to-face interviews can allow for information to be exchanged that might not otherwise have been (Creswell, 2013). Yet, interestingly there is a growing evidence-base supporting use of alternative interview methods to the more traditional face-to-face interview. To illustrate, as my literature review revealed, the most recent larger study to explore the topic of WTWRSA was conducted by Girshick (2002). Girshick conducted a nationwide survey in the US and then interviewed 94% of the 70 women who responded to this; 88% of these women were interviewed by means of a follow-up telephone conversation with Girshick (2002). Employing this method meant Girshick's (2002) sample involved women from 26 states in America and one from Canada. She reports on the benefits of this method, including the ability to access women in various geographical locations, and highlights the women's motivation to be interviewed: 'Participants were more than willing to help in any way they could and have ownership in what they realized is groundbreaking work' (Girshick, 2002, 21). This respondent-reported sense of ownership and involvement is something frequently testified by qualitative researchers, and is suggested to be attributed to the fact that qualitative research examines the individual and personal experience of each respondent (Karnieli-Miller et al., 2009).

My decision to retain the possibility to interview respondents over the telephone was intended to facilitate involvement in my study for those people who preferred to remain

completely anonymous. Other work demonstrates it is not an unusual data collection method to employ for research into rape; Regan and Kelly's work (2003) validates their use, in which they found justice departments conduct telephone interviews in order to determine the prevalence of rape in their country. Durham's (2002) work in the field of CSA also supports use of telephone interviews as a more anonymous way of enabling people's participation in research, especially when face-to-face interviewing can feel uncomfortable or challenging. Novick's (2008) review of the findings on the use of telephone interviews in qualitative research summarised the following key benefits: 1) they can facilitate a less reserved disclosure of sensitive information; 2) data loss or distortion of data is not an issue; 3) interpretation of data or quality of findings is not compromised; and 4) neither is researcher safety. Although, Novick (2008) neglects to consider the *emotional* safety of researcher and respondents, which is understood to be an important responsibility of the ethical researcher (Farrimond, 2013). Yet, Novick (2008) does suggest researchers need to explore the appropriateness of different interview methods. In doing so, a researcher might employ a combination of different methods to generate the detailed responses they seek.

In addition to face-to-face and telephone interviews, I chose to include the option of Skype interviews and email or written correspondence. This decision was primarily based upon my aim to explore the WTWRSA victim/survivor experience in their own words, and through whatever means respondents felt most comfortable. Numerous studies exist in which researchers have employed use of at least one other interview method, in addition to face-to-face interviews. Bjerke (2010) reflected on his experience of conducting a combination of face-to-face and email interviews to explore the recovery experience (in relation to preference for engaging with Alcoholics Anonymous online communities). Bjerke (2010) highlighted how much of the core literature regarding qualitative research methodology remains centred upon the researcher as being physically present with their respondents. While Bjerke (2010) does appreciate

there are ethical and practical considerations regarding email interviews, and other electronic methods, their use is likely to increase and, simultaneously, they could become easier methods for researchers to employ. He suggests there are various issues to consider when deciding between use of face-to-face or electronic forms of communication with respondents, including the research question, the type of data the researcher intends to produce, and the respondents themselves. With the otherwise silenced respondent in mind, Bjerke (2010, p. 1723) cites Scott (2004) who stated use of email interviews can 'give voice' to respondents who do not want to meet the researcher face-to-face for reasons such as shame and social isolation. East et al. (2008) concur that using computer-mediated communication (CMC) tools – such as email, instant messaging, and online forums – can make respondents feel more comfortable talking about their experience of the sensitive or traumatic topic being researched. Other benefits noted of utilising CMC include less expense, the potential for more respondents to be recruited, and the time saved because CMC negates the need for data to be transcribed (East et al., 2008, Kraut et al., 2004).

In terms of researching a vulnerable population through use of email interviews, Cook (2012) concludes this method can enable researchers to access otherwise inaccessible and/or vulnerable respondents for inclusion in their sensitive (or, in my case, trauma) research. Non-face-to-face interviews are used to access hard to reach respondents (Sturges and Hanrahan, 2004). In the context of my research, 'hard to reach' extends beyond meaning the geographical (or physical) distance between myself and my respondents; without alternative options to a face-to-face interview respondents may have continued to remain silent by not having their story heard through a different medium. Cook (2012) found her use of email interviews with women who had been diagnosed with a sexually transmitted infection generated rich data for her research. In addition, her respondents found engaging in the research a valuable process, with benefits cited including: the ability to have time to reflect; feeling they were able to

provide a more accurate personal account; and a reduction in anxieties around being interviewed face-to-face about something personal and sensitive. Some of Cook's (2012) respondents also felt able to disclose past traumatic experiences, including sexual victimisation. Critiquing her own research, Cook (2012) explains how respondents were not offered an alternative method through which they could be interviewed; the major limitation to which being that some potential respondents may have decided not to participate. This could be for a variety of reasons, including limited English literacy or computer illiteracy. Offering a choice of interview methods through which respondents can tell their story might have eliminated the latter barrier. Elmir et al. (2011) found that offering respondents options for how they would like to be interviewed – face-to-face, email, internet, or telephone - increased the number recruited to their research into the traumatic experience of having an emergency hysterectomy.

Offering a range of means through which to tell their story was valuable in my research design; one respondent (Tanya) considered taking part in a telephone interview with the company of her support worker. However, ultimately Tanya chose to correspond with me and sent a written account of her story via email. Her consent was gained via email. Tanya's autobiographical story was analysed in the same way as the transcripts from the face-to-face interviews. Therefore, the data from Tanya's correspondence has been re-presented with the analysis of the face-to-face interview data.

Some 21 years ago, Letherby and Zdrodowski (1995) wrote about the implications of using correspondence as a research method, and the use of correspondence (such as a letter) as a piece of primary data. Letherby and Zdrodowski (1995) received letters from respondents who preferred to write their story; in Zdrodowski's research 98 percent reportedly thanked her for allowing them to do so, and both researchers found many respondents wrote about the therapeutic significance of writing their stories

(Letherby and Zdrodowski, 1995). Equally, Pennebaker (1997) was interested in exploring the physical and psychological benefits of self-disclosure, specifically when people write about their traumatic experiences as part of distance therapy. However, Pennebaker (1997) himself highlights the basic writing paradigm (in which respondents are instructed to write about a topic over the course of three to five sessions) utilised in studies up to this time had not involved respondents with major emotional problems. In subsequent work, the value of expressive writing as therapy is substantiated (Esterling et al., 1999). Still, the studies reviewed in Esterling et al.'s (1999) paper largely pertained to the use of structured therapeutic writing in which respondents were instructed what and/or when to write.

A well-established evidence-base now supports use of (expressive) writing in clinical and non-clinical settings, with the aim of facilitating improvement in physical and psychological health amongst victim/survivors of traumatic, emotional, or stressful events (Baikie and Wilhelm, 2005). Focussing upon the use of correspondence in qualitative research, Harris (2002) explored the methodological strengths and limitations of using correspondence to collect primary data about women's self-harm experiences. Harris (2002) discusses the issue of 'invisibility' of correspondence respondents (because they do not meet researcher face-to-face). Harris (2002) suggests that whilst there are more practical dilemmas for the researcher (such as articulating replies and expressing appropriate levels of empathy to respondents that will never be met), the strengths of this method are attributed to this 'invisibility'; in not having to meet face-to-face, any anxieties or embarrassment a respondent might otherwise have experienced when describing their experience can be avoided.

I certainly considered the potential ethical dilemma of unintentionally causing pain by asking respondents questions via correspondence, as Letherby notes she was concerned about (Letherby and Zdrodowski, 1995). In terms of Tanya's

correspondence and involvement, I did send a copy of the interview protocol with questions that were adapted to her survey responses. Rather, Tanya confirmed she would be happy for me to use a written account she had previously sent, rather than respond further in this way. Reassuringly, I had regular email contact with Tanya that in no way left me feeling concerned for her having been involved in my research (through previously sending her story). In one email she wrote: 'I would be happy for you to use what I have sent. Good luck with your degree and future career'.

Another consideration was whether to conduct one or two interviews with each respondent. There is a strong case for the use of more than one face-to-face interview; it is suggested quality interview data can be produced through the opportunity of following-up, expanding upon, or clarifying any of the data respondents have described in their accounts (Seidman, 2013; Polkinghorne, 2005). However, in terms of researching the traumatic experience of WTWRSA, there is the risk of retraumatising the victim/survivor through the process of them sharing their account with the researcher (Fontes, 2004). Retraumatisation – often understood as a reliving of the experience - has also been found to occur when victim/survivors have had to recount their experience to medical, healthcare, and legal professionals (MacKinnon et al., 2006). Arguably, the risk of retraumatisation could increase when respondents are interviewed on more than one occasion. In any rape and sexual assault related research, this risk needs to be considered alongside some of the benefits that have been found when victim/survivors engage in research, such as the potential for healing, and for disclosing in a safe environment (Campbell et al., 2004).

Interviews and correspondence: Sampling

As I have discussed, the survey was used as a purposive sampling tool to recruit respondents to share their stories. I originally proposed that I would aim to conduct one face-to-face semi-structured interview with 20-25 women. However, after the first

eleven months (and conducting 10 face-to-face interviews) three things became apparent:

Firstly, each interview generated an abundance of rich data to analyse which lessened the need to strive for a greater number. With the data collected I felt I was able to meet the desired outcome of the research, in terms of achieving the aim and objectives. As Mason (2010) explains, a feature of qualitative research is that frequencies within the data are not an important feature or outcome. This is important when there is one occurrence of data amongst all of that which is analysed, because it can still be as useful as many occurrences in understanding the phenomenon (or topic) being explored. Qualitative research is concerned with exploring meaning, rather than making generalised hypothesis statements. Hence, qualitative studies such as mine explore a general question, rather than being conceptualized according to a hypothesis (Crouch and McKenzie, 2006). The interviews I conducted were intended to help me to develop concepts that could be used to assist with providing and supporting an understanding of the phenomenon being studied (WTWRSA), with an emphasis on the meaning, subjective experiences, and rich descriptions of the respondents' stories (Al-Busaidi, 2008);

Secondly, owing to the fact this topic has never before been explored, and that I have not used a grounded theoretical approach, theoretical data saturation (Strauss and Corbin, 1998; Glaser, 1978 and 1992) was not deemed an important measure of quality to achieve. I did not intend to build a theory about WTWRSA (which would involve theorising the totality and complexity of each respondent's experience), and I have not systematically gathered and analysed the data in the tradition of grounded theory (Charmaz, 2006). In my approach to data analysis I did not use the strategies of making constant comparisons and applying theoretical sampling in order to generate a theory grounded in the data (Glaser and Strauss, 1967). Besides, as an

auto/biographical researcher, I approached the project with ideas and opinions, in addition to my own lived experience. Hence, my use of a manual approach to the data analysis was grounded in the respondents' experiences but cannot be deemed a grounded theoretical approach, largely because of my auto/biographical position;

Thirdly, the emotion work (see 3.8.1) involved in interviewing respondents was exhausting and challenging. Campbell (2002: 8) describes how she identified she had become emotionally involved (when researching rape) when '[i]ntellect and emotion had fused, and thinking and feeling had become one'. For Campbell (2002), there was the realisation that she was not objective throughout the research process and that she could not ignore or separate her emotions. It appears that as Campbell (2002) became aware of her emotional engagement in her research she challenged foundational concepts, such as her claims to being objective (Blakely, 2007). In contrast, as an auto/biographical researcher, I approached the research with an awareness of my thoughts and feelings about WTWRSA. This was combined with my expectation that emotion would be integral throughout the research process (Sampson et al., 2008; Ramsay, 1996). However, the research on which this thesis is based was my first in-depth experience of researching rape and sexual assault and so, at the start of the research process, the *actual* impact it was to have upon me was unknown. I had wanted to research WTWRSA for over 20 years; since that time I tried to self-assess the *potential* impact upon me of conducting the research, as suggested by Dickson-Swift et al. (2007). Nevertheless, the impact was, at times, overwhelming. By way of demonstrating, I include an excerpt from a research diary, written from my position as a victim/survivor:

05:01 and I've been awake three hours. I'm downstairs on the couch as I'm sure [partner] must be getting fed up of me lying awake next to her. I haven't slept properly for over a month now…. In the week I had a respondent who sent me her story and I found it so hard to read. It was dreadful – the levels and types of abuse. It's hard work. This is hard work.
(08/12/14)

I literally felt the effort involved in listening to and reading the respondents' highly emotional, traumatic, and often complex stories. It was - as Riger et al. (2002) name it - stressful. As I engaged in the process of transcription I began to contend with memories of my own experience, which were being relentlessly triggered by the respondents' telling of their experiences. This aspect of my autobiography became extremely raw and present, making the process of transcription far more complex than simply a 'behind-the-scenes' aspect of the way I managed the data (Oliver et al., 2005: 1273). My retraumatisation was re-experienced as I started to analyse the transcripts. I reflect upon this later when I discuss auto/biography in practice.

Interview schedule

The face-to-face interviews were semi-structured and, with each respondent's permission, all were audio recorded. Had a respondent not agreed to the interview being recorded, I would have taken detailed notes. The length of interviews conducted ranged from between 45 to 98 minutes.

(Auto/)biographical interviews are used to generate rich description and detail of each person's narrative (Merrill and West, 2009) and to embrace the importance of the stories respondents told about their lives: 'Stories are full and rich, coming as they do out of personal and social history. People live storied lives and tell stories of those lives'

(Etherington, 2004: 9). To interview in an open-ended way, in which respondents were encouraged to use their own words and facilitated to lead the interviews, I started each interview with the opening question: 'Can you tell me your story, from wherever you would like to start?' I intended to be as unintrusive as possible during the interviews. Use of prompts to facilitate respondents to use their own words and develop their own thoughts (Denscombe, 2010) about this topic was anticipated to meet the aim of this research; my role felt very much about enabling respondents to feel they could explore and describe their self-perceived impacts of WTWRSA, and the consequences for their subjective experiences of occupation. Hence, the interview protocol served as a prompt sheet to help guide the respondents' narratives (see Appendix 10.9). The prompts took the form of questions that were based around the research aim and involved encouraging respondents to elaborate on their previously-provided survey responses. The conversational style of the face-to-face interviews meant I could spend more time on any subtopics that arose and was able to ask additional questions. A further benefit was that the respondents and I could ask for clarification from each other, something that the self-completion web-based survey did not allow for (Phellas et al., 2012).

Interview locations

I intended to offer at least 10 different interview locations across the UK, to enhance the ability for respondents to meet with me. I utilised my professional networks and gained agreement to have use of a small room in eleven locations across the North, South, East, and West of the UK. I considered a room on a university campus to be a far more neutral space, rather than locations such as women's shelters, counselling offices, or rape crisis centres, and safer for myself than a location of the respondent's choice (as in Smith and Kelly, 2001). Campbell (2002) and her research team conducted many of their interviews at their university campus or in a safe public space. In terms of researcher safety, university campuses have their own on-site security. In terms of respondent safety, university campuses tend to have good transport links;

their whereabouts are usually known to, and accessible by, members of the public. R2s that incurred travel expenses were reimbursed (up to £20). In addition to ensuring interview locations were safe, I strived to create an environment in which respondents felt respected and believed. Not only is this a feature of ethical research involving people (Emanuel et al., no date) but it is important for people who tell their story of being raped to feel believed (Rape Crisis, 2014).

Option for a follow-up interview

Face-to-face interviews rely on the respondent's ability to recall and relate past events well. It has long been suggested that sexually traumatic experiences are recalled differently, but the memory of them is ineradicable, in comparison to ordinary memories of other experiences (McNally, 2005). In consideration of such complexities I felt it crucial to offer respondents the option to get in touch after their interview. I also offered the option of a follow-up telephone interview. One respondent (Cailey) considered this but chose to email me instead. I also corresponded by email with most of the R2s subsequent to their interviews.

Ethical considerations

Full ethical approval was received from the Faculty Research Ethics Committee in March 2013 (Appendix 10.1). This was based on my exclusion of women age 18 or under at the time of the interview, who would be regarded as children (Great Britain, 1999) and young people and, therefore, members of vulnerable groups (Great Britain, 2014). I asked respondents to talk about WTWRSA experiences that occurred at or after age 16, the age of sexual consent in England and Wales (Great Britain, 2003).

The need for assured confidentiality and protection of respondents' identities was essential for a variety of reasons, including the nature of the experience they disclosed

(being sexually victimised by a woman/women), and information about their sexual and/or gender identity. Potentially, they may have feared any repercussions of doing so, if identified. Crucially, I needed to ensure respondents were assured their personal information would remain confidential and, where necessary, would be anonymised throughout the research process. In her discussion regarding the ethical issues related specifically to sexual orientation research in the UK and Ireland, Breitenbach (2004) asserts the importance of assured confidentiality, not breaching privacy, gaining informed consent, and conducting research with sensitivity. A key tool to maintaining each respondent's anonymity was to assign each a pseudonym, and to use this in all subsequent work arising from the research. During transcription of interviews, I also replaced people and place names with fictitious names. Only I retain access to the raw data which includes any personally identifiable information (e.g. consent forms). The process of de-identifying data is reversible, which made it possible for me (with access to the raw data) to link the pseudonym to the original identifier and ascertain the individual to whom the data relates. Should a respondent have requested access to their data, I could adhere to the Data Protection Act (Great Britain, 1998), which gives individuals rights over their personal information. In line with Plymouth University guidance, all raw data will be kept securely for a minimum of 10 years following the completion of the research on which this thesis is based (Plymouth University, 2012). After this period, all raw data will be shredded. Hard-copies of data are stored in a locked filing cabinet in a locked office. Electronic data is stored on a password-protected computer.

As mentioned, in a previous piece of work I conducted (Bergan-Gander and von Kürthy, 2006), we discussed how, for some gay people, disclosure of their sexual orientation to family and friends can lead to being rejected and/or isolated. In Campbell's (2008) study, she found all 10 victim/survivors of woman-to-woman rape remained silent – with the majority not seeking help – because they feared their family, friends, and

communities would then learn about their sexual orientation. It is understood that despite gaining consent and having processes in place to ensure anonymity, respondents may later regret consenting and may be concerned about how they are represented in the transcripts (Etherington, 2004). This raised an interesting and very potential barrier to recruiting respondents and to gaining accurate data about their lived realities.

The requirement and ethical duty to gain informed consent involved: ensuring respondents were assured their consent and participation was voluntary; clearly explaining how they could withdraw at any time without needing to provide a reason; clearly explaining the purpose, procedures, and risks of the research; and ensuring they had the capacity to be able to consent (through checking their understanding of the aforementioned) (Bachman and Schutt, 2014). I gathered signed consent forms (Appendix 10.10) for each of the R2s I interviewed. These were signed by the respondent and I when we met, prior to commencing the interview. I also explained that if they chose to withdraw after their interview, they had the right to request I remove any unprocessed data they had supplied. Importantly, if a respondent chose to withdraw they would not have suffered any disadvantage, and I would not have required them to provide a reason for their withdrawal (Farrimond, 2013). Any information collected as part of their involvement in the research would have been destroyed.

Considering risk in trauma research

Experienced researchers are well aware that the interview is just one part of the entire research process. Ensuring respondent and researcher safety throughout is of primary concern and involves the necessity of researchers to risk assess prior to collecting data. Risk assessment should highlight potential risks or problems and how these can be

managed or avoided (Wellington et al., 2012). See Appendix 10.11 for the risk analysis I conducted prior to beginning data collection.

To help me in identifying potential risks I referred to relevant literature on this topic. Lee-Treweek and Linkogle's (2000) work was useful as they identify four potential dangers (or risks) researchers must consider: physical, professional, ethical, and emotional. By applying this model to the research on which this thesis is based I identified the possibility of experiencing each of these types of dangers. Physical dangers could have presented as: risk of personal injury when travelling to conduct face-to-face interviews; risk of theft or loss of personal belongings; risk of threats of violence (which could have included the threat of sexual harassment or assault, had a respondent in fact been a perpetrator).

Professional dangers encountered could still pose a risk because I have challenged the (lack of) current understanding of the topic within my own profession, in addition to other realms, such as the criminal justice system, health, education, and wider society. I understand the professional dangers that Lee-Treweek and Linkogle (2000) discuss as the consequences, or repercussions, for me in my professional life of conducting research on the topic of WTWRSA. This issue has received scant regard, with much of the literature concentrating on the ethical researcher as someone who considers the impact of their research upon those involved (respondents and funders), and those around them (employer and colleagues) (Association of Social Anthropologists, 2011).

Research that involves listening to people's stories of being sexually victimised is ethical in the sense that respondents are not exposed to a (physically) invasive treatment or intervention. However, evidently other ethical issues, such as threats to emotional stability, pose a danger. Measures such as those aforementioned (e.g. gaining ethical approval and being explicit about procedures, such as informed consent)

must be utilised. Equally, the importance of offering ongoing support (provided by agencies or organisations) and the opportunity to debrief is paramount (Dickson-Swift et al., 2009; Campbell, 2002). I provided R2s I interviewed a print out of the local support and advice services in their area. Other measures that go beyond this were taken. For example, Agllias (2011: 1143) conducted her research about family estrangement, and described how she ended her interviews with a discussion with respondents about their safety and comfort after their interviews: '… I often asked how the participants were going to spend the remainder of the day, and whether they would do something to reward their participation. If I was concerned, I might ask if they had someone to phone or meet if they felt distressed'. I adopted this suggestion and found it useful to ask respondents how they would be spending the rest of their day, suggesting they go and do something nice for themselves. Most respondents reported plans to engage in self-care or self-rewarding activities, such as buying an ice-cream, shopping, or going home to bake with their partner.

Interview as therapy: balancing the power of disclosure with the importance of boundaries

The occurrence of disclosure between respondent and researcher is complex and multidimensional. In terms of researcher self-disclosure, I did not disclose my own lived experience as a victim/survivor of woman-to-woman rape in any of the written materials associated with the research (like the respondent information sheet, for example). None of my interview respondents specifically asked me about my positionality in this sense. In not self-disclosing, my relationship with my respondents could be criticised for being hierarchical (Dickson-swift et al., 2007). However, I maintain that I approached the interviews with the objective of helping each respondent to feel I was there to listen to their story, free from judgement or disbelief. What is more, if a

respondent were to ask me, I would have disclosed; I indeed approached each interview prepared and willing to do so.

From the perspective of the interview respondents, disclosure had already occurred in their response to the survey. This was revisited during their interviews, as there was a pattern of first disclosing their experience in order to then talk about the impact this has had. For some, this story may have previously been untold (Dickson-swift et al., 2007). As Taylor (2004a: 3) advises in her handbook for victim/survivors: 'Disclosure of the abuse may mean you are at least able to talk about a 'secret' you have been forced to carry'. For WTWRSA victim/survivors, the reality of non-disclosure (Miller et al., 2011) is further confounded by the paucity of related scholarly address (Hughes et al., 2001).

Disclosure of sexual victimisation is understood to have healing and therapeutic benefits for the victim/survivor, so long as they receive a positive reaction of being believed and understood (Boyd, 2011). The ethical issue this raises is the degree to which the interaction (during a qualitative interview) between researcher and respondent can become therapeutically beneficial for the respondent (Eide and Kahn, 2008). Positive and appropriate benefits for respondents arise from having shared their accounts to someone willing to listen, which can help make sense of the experience, and to contextualise it (Drury et al., 2007). One of the main strategies to reduce the risk of harm to respondents as they spoke to me about their experience was to have clear boundaries throughout the research process, and especially during interviews. Drury et al. (2007) discuss the ethical decision-making process researchers may need to work through during interviews; this can be brought about when respondents talk about ethical issues to researchers that also have a professional (work) role in which they engage in therapeutic relationships with the people they work with. As an occupational therapist I had practice experience of conducting therapeutic interviews with people. When interviewing respondents, it was vital that I did not revert to my clinical

therapeutic role. To maintain this boundary, Drury et al. (2007) suggest bringing respondents back to how the ethical issue they are talking about relates to the research topic and aims. Had this been necessary, in doing so I would have vitally avoided crossing the boundary of primarily assuming a clinically therapeutic role. However, that is not to deny the benefits that utilising my professional knowledge and practical skills had throughout the research process, especially when listening to respondent's stories (Warne and McAndrew, 2010).

Debriefing

As Merrill and West (2009: 123) emphasise: 'Finishing an interview can be as important as starting'. The close of face-to-face interviews was often the time I noticed respondents become visibly less tense and, in some cases, they disclosed other issues to me. For example, one respondent told me she had been extremely anxious prior to her interview, in case I reminded her of her perpetrator, which had the potential to trigger a posttraumatic response and accentuate her traumatic memories. Before we met she had searched the internet to find pictures of me to lessen her anxiety.

Following any research that might induce a negative mood, it is ethical to prompt or encourage a happy state of mood before the respondent leaves the interview setting (British Psychological Society, 2010); this involves ensuring they are in a sound state of mind and wellbeing before they leave the interview setting. In addition to the strategy of asking what respondents were planning to do for the rest of that day, Agllias (2011) also suggests asking those respondents who felt distressed if they had someone to phone or to meet. I also followed Connolly's (2003) advice about conducting ethical research, ensuring I checked with respondents prior to the interview about what types of arrangements could be made in terms of possible support: 'This could include simply having a friend or relative present in the interview or waiting to meet them afterwards'

(Connolly, 2003: 25). In my emails sent to respondents prior to their interview, I included the advice:

> *Whilst I am contacting you, I also wanted to suggest that – given the sensitive nature of this topic – some people may consider ensuring they can contact someone who can act as a source of support; someone you can either talk to, or meet, after we have met. Of course, I will also be able to provide you with details of support services when we meet.*

Furthermore, as part of the process of ending each interview on a positive note, I also: thanked each respondent for their courage to share their experience with me; invited them to discuss any concerns they may have; and emphasised each of their strengths (as being a victim/survivor of sexual victimisation), as suggested by Ellsberg and Heise (2005).

Considering the highly sensitive and traumatic nature of the interview content, the fact that all but two respondents left the interview alone, and the potential for any of the respondents to later become distressed, meant I needed to ensure they had the information to be able to access support. It is widely recommended that researchers ensure their respondents have alternative, outside sources of support to access once their involvement in the research is complete (Eide and Kahn, 2008). It was crucial to enable respondents to talk about their painful and traumatic experiences, whilst also ensuring there were support networks in place to counteract any repercussions of engaging in the research. In the area of woman-to-woman sexual offending this was challenging on many levels; for instance, resources and sources of support sensitive to the needs of non-heterosexual people are less common than for heterosexual people (James and Platzer, 1999), trans people, and almost non-existent for WTWRSA victim/survivors.

However, I took encouragement from other researchers' experiences; trauma researchers who report how their respondents often understood their participation as contributing to their own healing process (Schmied et al., 2011). For instance, Girshick (2002) notes several benefits, including: 1) respondents were willing to help in any way; 2) respondents wanted to have ownership in what they understood to be pioneering work; 3) respondents often perceived their involvement in the research as being a part of their own individual healing process. Girshick (2002: 21) writes: '… countless women thanked me for the opportunity to name what happened to them, to work on their issues, and to talk about their experiences'. Respondent feelings of being involved due to the level of exploration of their personal experiences is reported by various commentators (e.g. Karnieli-Miller et al., 2009; Almack, 2008). Campbell (2008) found that, of the 10 women she interviewed about their experience of being a lesbian rape survivor, none became too distressed and all participated in two interviews. Her respondents felt empowered because their experiences were being heard, documented, and validated (Campbell, 2008).

In addition to providing respondents with follow-up contact details and support service information – which is consistent with measures taken by other researchers that have explored the issue of sexual violence and rape (Wang, 2011) - another crucial part of the debriefing process involved ensuring respondents were fully aware of the purpose of the research, and aware of their right to withdraw their data at any time. As Connolly (2003) suggests, at the end of their interview I checked that respondents had the means to contact me – as researcher - should they have had any queries or issues that arose as a consequence of their involvement in the research. One critique of the process post-interview is that researchers often debrief but do not routinely ask their respondents about whether they felt their involvement in the research was beneficial or harmful (Fontes, 2004). I found it reassuring to have post-interview contact via email

with respondents, all of whom have mentioned the more beneficial aspects, such as Isla who wrote in an email to me:

> *It was my pleasure talking to you last week. You made, what could have been quite a traumatic experience, relatively easy and as comfortable as could be expected. I found you to be very non judgemental and felt really listened to. So thank you for that.*

Cailey reported experiencing some adverse effects, such as difficulty sleeping. However, her email was framed in a positive light in which she was reflective, demonstrating she was able to identify her personal needs that she felt must now be met; she wrote:

> *Even though it brought up so many things that I had previously hidden deep under the surface, it has made me spent a few days reflecting on how much the things that happened to me effected me still… so I have spoken to a friend (who is a doctor) and confided in them. They are going to try get me some local counselling specifically for what happened. I feel that by opening up to you, it has made me braver to open up to others…And I feel that that's a big part in the healing process.*

The importance of being a supportive listener (Dickson-Swift et al., 2006) during the interview is evident in consideration of such comments. Nevertheless, during the actual time of the interview, some respondents may have experienced feelings of sadness or distress when recounting their experiences. In the event that a respondent became visibly distressed, I would have paused the interview to allow them to recover their composure. Had a respondent felt unable to continue, the interview would have either been temporarily suspended to take place at a later date, agreed upon by both parties, or permanently suspended.

Finally, I asked respondents if they would like me to send a copy of their transcript to verify, or to make any comments or clarifications. Only two requested a copy of their transcript and both emailed me to confirm they were happy with me using their story,

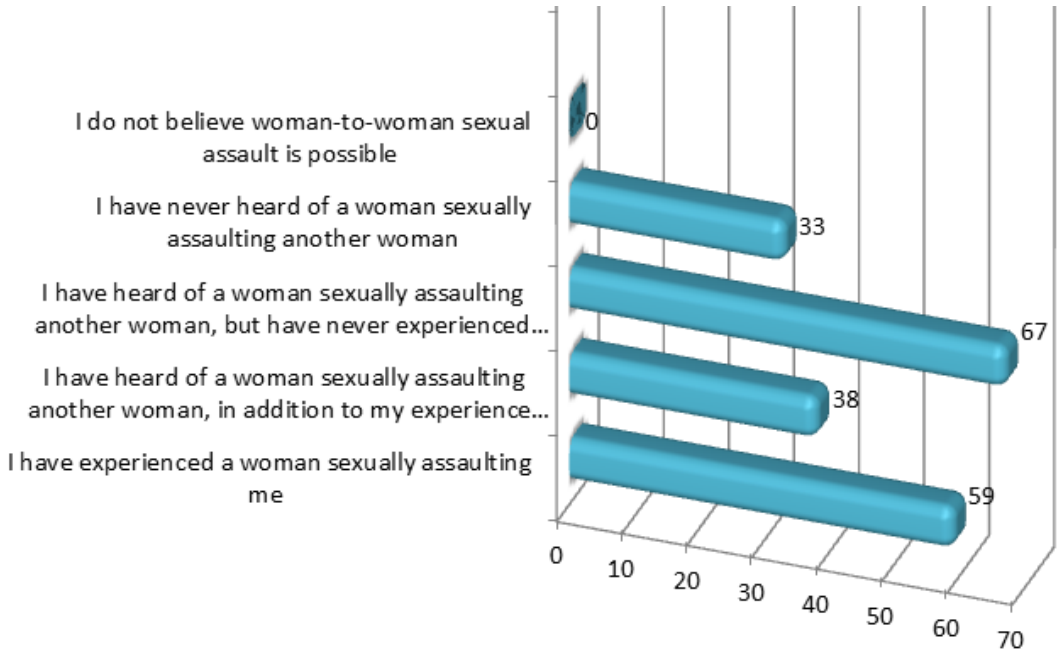
as it had been transcribed verbatim. All respondents confirmed they would like a summary of the findings, once available.

3.6: Respondent characteristics and biographies

3.6.1: First phase (survey) respondents (R1s)

Although the survey methodology for the research was largely qualitative, the inclusion of the web-based survey generated some quantitative data. The quantitative data collected from the survey has been useful in enabling me to present demographic data (see Figure 3.1 and Tables 3.1 and 3.2) about the R1s. There were a total of 167 survey responses. Eight of these were blank, leaving 159 full or partially completed surveys for analysis. The age range of R1s was between 18 to 72, with the mean age being 33.5. This is based upon the ages provided by 157 respondents, as 2 did not respond. Figure 3.1 shows the prevalence of experience amongst 158 respondents, as there was just one nonresponse to this question.

Figure 3.1. Prevalence and perception of WTWRSA amongst R1s



These results clearly indicate how the majority of respondents (n=67, 42.4%) have heard of a woman sexually assaulting another woman but have never experienced it themselves; this indicates the actuality that there are other WTWRSA victim/survivors who, potentially, remain unrecognised. The next largest group consisted of 59 (37.3%) respondents that have experienced a woman sexually assaulting them. Of these, n=38 (24.1%) have also heard of a woman sexually assaulting another woman. Even though n=33 (20.8%) have never heard of woman-to-woman sexual assault, no respondents believed that WTWRSA was not possible.

As Table 3.1 shows, women that identify as heterosexual were the second largest group to respond to the survey. Of the 42 heterosexual women, n=7 (16.6%) stated they were a victim/survivor but none were interviewed. I interviewed two trans people (Ali and Sarah). Sarah identified as *'bisexual woman'* in her survey response and subsequently came-out about her trans gender identity in pre-interview email correspondence.

Table 3.1. R1s' sexual and/or gender identity

How would you describe yourself?	Number of responses	% of 158 that responded*	Number of victim/survivors amongst these responses
Bisexual woman	23	14.6%	9
Gay woman	39	24.7%	22
Heterosexual woman	42	26.6%	7
Lesbian woman	46	29.1%	15
Other: **1. Asexual** **2. Biological woman, pangender, attracted to women** **3. Bisexual female to male transsexual** **4. Female-bodied trans masculine** **5. Have been bi and gay and straight** **6. Lesbian (without the word "woman")** **7. Queer** **8. Sexual**	8	5.1%	 1 1 1 1 1
***No response**	1	N/A	1

Respondents were from a range of countries, as demonstrated in Table 3.2, which is based upon 118 that responded to the question asking them to select a country that describes their nationality.

Table 3.2. R1s' country to describe their nationality

Q. Please select a country to describe your nationality	Number of responses	% of 118 that responded*
Australia	2	1.3%
Austria	1	0.6%
Brazil	1	0.6%
Canada	4	2.6%
England	33	21.4%
France	1	0.6%
Germany	3	1.9%
India	1	0.6%
Irish Republic (Eire)	4	2.6%
New Zealand	1	0.6%
Northern Ireland	2	1.3%
Norway	1	0.6%
Romania (Rumania)	1	0.6%
Scotland	6	3.9%
South Africa	3	1.9%
Spain	2	1.3%
Sweden	1	0.6%
United Kingdom	71	46.1%
United States	13	8.4%
Wales	3	1.9%
***No response**	41	N/A

3.6.2: Second phase respondents' (R2s) biographies

The following give biographical information of the 11 R2s, and some background details regarding their victimisation, as told to me at the time they shared their stories.

Ali

Ali is a 23 year old bisexual female to male transsexual. At 16 years old, and before transitioning and presenting as male, Ali was in a relationship with another young woman (Steph) he met through a web-based forum. They started a long-distance relationship in which they would meet up and spend time together. It was in the context of this relationship, and on various occasions, that Ali was made to perform sex acts and was sexually assaulted. The extremity of this worsened over time to the point that Steph used objects to sexually assault Ali, which caused injury and bleeding. Ali was also forced to perform harmful sexual acts upon Steph. Ali described the impact of this upon his mental health; in particular he felt this worsened his depression, social anxiety and self-harming behaviour. He believed he couldn't trust others, and felt physically sick in response to minimal physical contact with another woman. Ali experienced flash-backs and dissociative responses.

Cailey

Cailey is a 23 year old gay woman. She runs her own business as an education-provider, and is studying in higher education. Cailey lives with her fiancé, who is the only other person she has disclosed to. She described being sexually abused and raped by an older woman over the period of a few years, which started before she turned 16. The experience made her wary of other women. She has flash-backs and experiences anxiety, particularly in response to certain triggers.

Danielle and Gabby

Danielle is a 32 year old non-victim/survivor who wanted to be interviewed so that she could share her friend's (Gabby) experience of being sexually assaulted. Gabby did not want to meet or talk about her story, but was aware Danielle would be. Gabby, also in her early 30s, had trained with Danielle and qualified as a healthcare professional. Gabby was sexually assaulted by a woman she had started to get to know, mainly through chatting on Facebook. The woman followed Gabby into the toilets of a club they were in and sexually assaulted her. Gabby disclosed to Danielle approximately two months after, and later started to see a counsellor. Danielle also mentioned knowing about an ex of Gabby's (Georgia), who she heard was also sexually assaulted in a toilet by two women.

Eleanor

Eleanor is 31 years of age and a lesbian woman. Eleanor lives with her fiancé. Eleanor described enduring covert sexual abuse which was perpetrated by her mother. This started when Eleanor was a child and continued until she left home at 17. It also continued to occur whenever she would return home during breaks from university. She has disclosed to her current partner, friends, sister and therapist.

Isla

Isla is a 24 year old bisexual woman. She lives with her female partner and is a senior healthcare professional. Isla was at a party where she believes her drink was spiked. Isla and another woman at the party were taken to a bedroom where they were assaulted by a couple (a man and a woman), who took it in turns to sexually assault Isla and the other woman. Isla disclosed to an ex-boyfriend and friends who, she stated, found it hard to believe. She has also disclosed to her current partner, a counsellor and a sexual health doctor.

Jessica

Jessica is a 34 year old gay woman. Jessica runs her own business and lives with her partner. One evening, when she was 19 and living away at university, Jessica travelled with a group to go to a gay club in a nearby City. During the return journey a woman tried to force herself upon Jessica, making sexual advances toward her. Years later, Jessica was living with her ex-partner (Selena), in separate bedrooms, in their jointly-owned house. They had just reached the end of a two-and-a-half year relationship, which Selena was not willing to accept. Selena started to go into the room Jessica was sleeping in and sexually and physically assaulted her. Jessica moved to a spare bedroom which had a lock, but the situation escalated to an extremely violent incident during which Jessica was sexually assaulted whilst she was in the shower.

Kiera

Kiera is 32 years of age and described herself as a lesbian woman. She works as a manager for a nationwide UK company. At 16 Kiera was sexually assaulted by a woman in front of a group of people, whilst away camping with a social group she was a member of. Kiera was sexually assaulted in a similar way by this woman on two separate occasions when they met at camp. Kiera knew the woman was openly gay and this made Kiera question her own sexuality, concerned that was what gay women were like. Kiera became increasingly depressed, drank heavily and didn't eat much; all of which impacted on her relationships with friends and family, and led to the point where she tried to take her own life. After a non-fatal suicide attempt she decided to access counselling, which she felt helped with her drinking but they did not explore the woman-to-woman sexual assault.

Lauryn

Lauryn is a 29 year old gay woman and lives with her fiancé. Lauryn is a self-employed therapeutic practitioner and is also currently studying for a higher degree. Lauryn was raped by a woman (Lisa) that she had become friends with at university. The rape happened when Lauryn reluctantly stayed over at Lisa's boyfriend's (Danny's) house; Danny also sexually assaulted Lauryn. Lauryn has told most people she knows, as she feels it is important to do so, given the stigma encountered due to experiencing rape by a female perpetrator.

Sarah

Sarah is a 72 year old bisexual woman who went through a gender reassignment programme, after coming out as transgender at 40 years of age. Over 20 years ago, Sarah joined a woman's social group, which she described was mostly made-up of lesbian women. One evening Sarah went to a BBQ hosted by one of these women. When she went looking for the host to say goodbye Sarah opened a bedroom door where she saw approximately five women on the bed. Sarah was pushed into the room and held down on the bed whilst one woman vaginally penetrated her with a strap-on dildo. She heard a man enter the room and was turned over and held face down whilst he anally penetrated her. The group continued to make her perform sex acts and were physically abusive if she didn't. At the end Sarah was warned not to say anything as one of the offending women was a police constable. Sarah's alcohol use increased after this, and her work at a school was affected. Today, Sarah still feels uncomfortable in groups of women or when alone with a man.

Simone

Simone is a 31 year old gay woman. She is a senior medical professional and lives with her partner, who she has disclosed to. She described two separate experiences of being raped by a woman. The first happened when Simone was 19 years old, at which time she was studying and living away at university. One evening she went home with a woman she met that night in a gay club. Whilst at the woman's house, Simone's arms were tied to the bed and the woman raped her. A few years later, when Simone was in her early 20s, she lived with her partner at the time (Rachael), an older woman who she was with for five years. Early on in the relationship Simone felt forced to perform sex acts and to have sex acts performed and forced upon her; she described a specific incident when Rachael anally penetrated Simone with a dildo whilst she was vaginally penetrating Simone with a strap-on dildo.

Tanya

Tanya chose to send a written account of her experiences and did not disclose any information about her age, identity or sexual orientation. Tanya was raped and abused by her father and other men from age three. Tanya's mother also raped her and this started whilst Tanya was under the age of 16 and continued after this age. In all, this rape and abuse lasted for 29 years. As a result, Tanya has moved 13 times and has changed her name three times so that she cannot be traced by her abusers. Tanya has disclosed to a friend, rape crisis, and a therapist. She has developed posttraumatic stress disorder (PTSD) and dissociative identity disorder (DID) which hugely impact upon her daily life.

3.7: Data analysis

Quantitative data analysis

Once the survey was closed, the BOS Tool enabled me to filter the data by question number and this was exported to Microsoft (MS) Excel for analysis (University of Bristol, 2015). Owing to the basic quantitative data, my comfort with using Excel, and the ease of integrating Excel into other MS products (Rose et al., 2015), other specialist statistical packages (like SPSS) were not utilised. My data analysis technique in Excel involved: allocating column headers; keeping the unique ID numbers (survey respondent numbers) that BOS allocated; ensuring data was entered correctly; and excluding values (or outliers) in the form of nonresponse. Excel enabled me to generate suitable visual ways to present the quantitative data, such as frequency distribution tables and graphs of respondent demographic variables (Carlson and Winquist, 2014). The qualitative data gained from question 9 - which asked respondents if there was anything else they would like to add - was analysed thematically, in the same way as the second phase qualitative data.

Qualitative data analysis

To analyse the qualitative data from the survey, interviews, and correspondence, I took an iterative and researcher-centred approach, as defined by Denscombe (2010). This means the analysis continued to be an evolving process that I engaged in and which occurred over time, especially as I re-read narratives and became immersed in the data (Bradley et al., 2007). Being researcher–centred enabled me to recognise the significance of my own experiences, values, and assumptions, and their influence upon the data analysis (Denscombe, 2010). Qualitative data analysis aims to interpret and represent the information gathered in a way that makes sense and tells us something about the world in relation to the topic being explored (Howatson-Jones (2011). There is no preference for a particular method of data analysis within feminist-informed research, as diversity within qualitative research is valued (Madill and Gough, 2008).

Equally, there is no explicit consensus on how to conduct thematic analysis (Braun & Clarke, 2006). Specifically, after I had transcribed the interviews verbatim, I used the method of thematic analysis to identify, analyse, and report patterns, similarities, and themes within the data (Braun and Clarke, 2006). Working through each transcript (and Tanya's written correspondence), I manually analysed the qualitative data to identify emerging themes and subthemes, using tables to document these. I looked for similarities and differences between the survey, correspondence, and interview data. I then developed open (key) themes (Strauss and Corbin, 1990) that capture the key aspects of the thematic content from the victim/survivors' narratives. However, my discussion still appreciates the diversity of my respondents and their lived experiences, which is crucial when working as a feminist-informed researcher (Hesse-Biber, 2012). Though, I would extend upon the feminist perspective that '…the experiences of men are not the experiences of women, nor are the experiences of women homogeneous' (Kralik and van Loon, 2008: 38); rather I suggest a broader, more inclusive, less gendered perspective that understands each individual person's experiences are entirely subjective, and they rely on contextual interpretation of the meaning of their experiences to them, as individuals.

3.7.1: Identified themes

Data analysis led to my identification of four key themes (see C4 to C7) which each have subthemes and sub-subthemes; I found this useful for giving structure to the particularly large and complex key themes (Braun and Clarke, 2006). To introduce the themes, they are presented in Table 3.3:

Table 3.3. Themes, subthemes, and sub-subthemes identified

Ch.	Theme	Subthemes	Sub-Subthemes
4	Identity	4.2. Sexual identity 4.3. Sexuality 4.4. Gender identity 4.5. Conceptions of self 4.6. Perpetrator/s identity 4.7. Women as sex offenders	 4.5.1. As victim/survivor 4.5.2. As daughter
5	Emotion	5.2. Secrecy 5.3. Disclosure 5.4. Reporting, proof, and justice 5.5. Belief and support 5.6. Shame 5.7. Fear and anger 5.8. Hope	
6	Survival	6.2. General health and wellbeing 6.3. Trauma 6.4. Mental health and posttraumatic stress disorder 6.5. Alcohol use 6.6. Self-harm and suicidal behaviour 6.7. Accessing support	 6.3.1. Coercion, violence, and injury 6.3.2. Multiple witnesses and perpetrators
7	Occupation	7.2. Daily occupations 7.3. Care and restoration 7.4. Work 7.5. Leisure 7.6. Roles and relationships 7.7. Alienation and regret (failure to satisfy inner needs)	 7.3.1. Self-care 7.3.2. Caring for others 7.4.1. Work as triggering and as maintenance 7.4.2. Could have performed better and achieved more

3.8: Auto/biography in practice

'Suppose we turn the focus inward, reflecting not on the research but actually on how we respond to our research, and suppose that we feel the research instead of just thinking it?' (Blakely, 2007: 60). Blakely's (2007) discussion of researching the researcher explicates how the researcher's engagement in the research process shapes the research; this occurs when the researcher becomes attuned to their own and to their respondents' feelings which, in turn, makes it an affective and emotional experience. I understand this to denote the relevance of a researcher's auto/biography and the auto/biographical processes experienced in their work.

Since starting this research journey, I underwent several intellectual and personal auto/biographical processes. Above all, through this process I moved beyond *acknowledging* the significance of my own identity to a position where I have developed an *understanding* of it. Because of this, I appreciate the necessity to analyse the significance of my identity in order to explore its impact upon and within the research process. In doing so, the product I present through having done the research can be scrutinised in terms of how clear the research processes are and how 'accountable' the knowledge generated is (Stanley, 1991 cited in Letherby, 2013a).

As discussed early on (3.2.1), the significance of my identity (the self) in the research extends beyond that of researcher. As Reinharz proposes, researchers '…both *bring* the self to the field and *create* the self in the field. The self we create *in the field* is a product of the norms of the social setting and the ways in which the "research subjects" interact with the selves the researcher brings *to the field*' (1997: 3). Similar to Reinharz's (1997) examination of the variety of selves in her work, I referred to myself in different ways in my field notes and reflective diaries; the latter were written from the different perspectives (selves) that I found to be particularly prominent as I carried out the research. I used these diaries to record and reflect upon the significance of each of

these aspects of my identity, as well as to reflect upon how this impacts on the research process, such as the data gathered, reading the data, and my reactions to this. Use of reflexive diaries and some inclusion of their content in research write-ups is in keeping with the auto/biographical approach, as they create transparency in the research process (Ortlipp, 2008). The following excerpts from my diary entries demonstrate the ways in which I reflected from different positions/selves:

- **As a WSSA:**

> *After receiving an email from (colleague) who states it took her four months to get an interview with her first lesbian respondent, and that lesbians find it hard to come out, I am abruptly reminded that, unlike me, some women do not feel confident or comfortable to disclose their lesbian/gay/bisexual identity, let alone their sexual assault. I should not be surprised by this, but the fact that it took for someone else to remind me of this shows almost how desensitising my own experience of living as an openly gay woman has made me to the barriers women (particularly those that are not out) can face.*
> *(19/06/2013)*

- **As an occupational therapist:**

> *As I'm trying to write my literature review… I remembered hearing about a paper that spoke about how occupational performance does not allow OTs to consider peoples experiences of occupation, not every aspect. I found the paper by Doble and Caron Santha (2008) and so have now added this to my title page as a potential title change, moving from referring to 'occupational performance' to using 'subjective experiences of occupation'… As an OT I feel it is important to consider this potential restriction I am putting on my research if I just use and refer to the term occupational performance.*
> *(23/01/2014)*

- **As a researcher:**

> *My colleague, (anonymised), just turned up to my office and told me about how she conducted "an amazing and beautiful interview" for her research this morning. She is physically beaming with delight… it's left me thinking about just how different our experiences (both as qualitative researchers) are. I leave my interviews feeling concern: concern I have unintentionally caused further upset; concern they will leave but then get very low or upset; concern that the interview might have retraumatised, or triggered something and concern that they might have regretted ever being interviewed.*
> *(12/03/2014)*

- **As a victim/survivor:**

> *Listening to, transcribing and analysing the stories of my research respondents has amplified my own lived experience and the associated fears and anxieties I live with. But in listening to them and hearing their voices I am determined more than ever to try and raise awareness of the debilitating effects this kind of sexual assault can have for people. For us: my research respondents, victim/survivors who remain invisible, and I.*
> *(07/03/2014)*

- **As a woman:**

> *Two interviews today. A hard day. It would have been my mum's birthday today; one of the respondent's stories was about the covert sexual abuse she endured that was perpetrated by her own mother. As I have reflected on before, I don't want to be 'the one' to shatter the illusion for those people who might read my findings that women aren't capable of this form of abuse. But some are.*
> *(23/12/2013)*

Yet again, these highlight to me how my research practice can in no way be objective. Having a shared history of enduring and surviving WTWRSA has instigated and shaped my auto/biographical practice. Who I am and what I did in my research went beyond the process of data collection; it was every step of my journey through the entire research process that influenced my findings, and the product (Letherby, 2013a). I would, however, reject any critique that I am declaring myself as morally superior because of my engagement with researching the traumatic life experience of surviving WTWRSA; indeed, I agree with Letherby (2013b), who suggests that when researchers reflect on emotion in the research process they need to be cautious not to claim any such morally superior position. Certainly, the evidence from my review of the literature about WTWRSA suggests it is an under-researched, complex, and inadequately understood topic. The victim/survivors, then, are people who largely remained silent and invisible, meaning their needs remain unknown and unmet. However, I did not choose to research this population and this topic as an act of 'academic heroism' (Coomber and Letherby, 2011 cited in Letherby, 2013b). First and foremost I chose to research this traumatic life experience because it felt to me like a case of: 'If I don't, who will?'

3.8.1: Emotion in auto/biographical research

I wrote earlier about emotion and researching traumatic topics. Here I discuss how researching the topic of WTWRSA was 'emotion work' (Hochschild, 1979). Hochschild's (1979 and 2003) exploration of emotion work involved a different population and focus, as she aimed to understand how people's private feelings are socially engineered into emotional labour for their paid work. Still, applying Hochschild's (1979: 561) definition, the emotion work I experienced relates to my ever-increasing awareness that engaging in the research has (for myself), and might have (for my respondents), evoked, shaped, or suppressed our own feelings.

Understanding and scrutinising emotion as a feature of research into WTWRSA is supported by other researcher's experiences of researching sexual victimisation (Campbell et al., 2010). The undeniable experience of being emotionally engaged in her work is explicit by the very title Campbell (2002) gave to her book: *Emotionally Involved: The impact of researching rape*. Campbell (2002) explains how researchers who listen to stories of rape are emotionally and intellectually affected, yet their colleagues may well have not considered this. This resonates with me. Also, I started to feel I was being 'pigeon-holed' as the one interested in sexual assault, as the following entry from my research diary expresses:

> *05:32 – I have realised that as a researcher into the topic of sexual assault that this is becoming 'known'. I have noticed because of others disclosing to me (which I had not expected) and because others have been signposted to me for advice (for students in certain situations). I guess it's a case of what you research you are deemed to be an expert (or at least an expert in practice) of. I regularly get forwarded emails about various aspects to do with rape, sexual violence, abuse. Conferences, events, journal articles, grants. A colleague approached me the other day. They had asked a member of staff for advice on dealing with a student who reported being raped, a colleague was reportedly advised: 'Bex knows about all that,see her'. My everyday conversations with colleagues often include reference to developments in the news about rape, sexual assault, and abuse.*
> *(08/12/13)*

Not only did my research practice (particularly data collection) engulf me in the topic, but my everyday working life became delimited by it too. This could be explained as a lack of recognition that – as the researcher – I was neither distant nor neutral; in reality I was, and still am, emotionally involved (or engaged) (Weeks, 2009). Although I would

contend that ‘emotion’ needs to be scrutinised, particularly in terms of what constitutes emotion and how it is experienced on an individual, subjective level.

Emotion, affect, and feelings are three closely intertwined terms which hold great significance for the analysis and discussion of traumatic data (see introduction to C5). Shouse (2005) has helpfully summarised the work of various theorists of ‘affect’ – such as Massumi (2002) and Tompkins (1962) - and proposes that ‘… affect is not a personal feeling. Feelings are personal and biographical, emotions are social, and affects are prepersonal’. Hence, emotion is understood as the outward display of how a person is feeling; feelings are sensations that are checked against the previous (biographical) experience of a range of sensations. In comparison, affect is ‘prepersonal’ because it is a ‘… non-conscious experience of intensity [that] is always prior to and/or outside of consciousness’ (Shouse, 2005). This explains why emotion has such an integral feature in my research, and why the affect of being involved (for respondent and researcher) is more difficult to articulate and document, as it is a subjectively experienced feeling.

3.8.2: My subjective experience of emotion

By embracing Shouse’s (2005) theory that emotions are displays of personal and biographical feelings, I have found it possible to articulate my subjective experience of emotion through writing this section: it is, therefore, a written expression of how I perceived my internal state through the research process. Here, I embrace Campbell’s (2002: 27) suggestion that ‘… not examining our own emotional reactions to our work can actually be a disservice to the quality of our research’. The most palpable emotion I experienced throughout the research process - but particularly after their interviews - was a feeling of concern for my respondents, as expressed in the excerpt (aforementioned) taken from my diary written as a researcher. This emotion is substantiated by the assertion that there is less written about the emotional consequences for the researcher who establishes a rapport with each respondent and

then, after their debrief, experiences feelings of concern for their personal wellbeing (Naples, 2003).

However, emotion is understood to be a multifaceted psychological state involving a person's subjective experience and their physiological, behavioural, and expressive responses (Gross and Levenson, 1993). I would argue the complex and subjective nature of emotion makes it extremely difficult to write about, to describe, and to reflect upon. I agree that, as a conscious state, emotion is a 'content-rich event' (Barrett et al., 2007), meaning my experiences in and related to the research caused me to encounter a range of feelings. However, as a victim/survivor myself, I must also be honest about something I only recently came to understand: I can experience emotional response deficits (or 'emotional numbing') as a symptom of my chronic PTSD (Litz and Gray, 2002). The Royal College of Psychiatrists (2013) describe this numbing attributed to PTSD in simple terms: 'You may deal with the pain of your feelings by trying to feel nothing at all – by becoming emotionally numb'. This is not to say I feel nothing for or about my research, or my respondents and their stories. But, I certainly experience restrictions in my ability to feel a range of emotions, particularly those triggered by reliving my own traumatic memories, or when listening to other people's.

Perplexingly, I was alerted to the numbing of my emotional responsiveness to the actual task of writing about the emotion work of the research, from my perspective as researcher. During supervision in May 2014 I received feedback regarding my first draft of this chapter; one of the main points was to develop the writing in this section about emotion work, with particular attention to researcher (my) safety and emotion. This writing is the hardest work I have composed. It demands that I endeavour to reconnect to my own self in order to integrate an understanding of my emotions (Olio and Cornell, 1993).

This said, I can identify with symptoms that would indicate my emotional response. For instance, I have at times felt exhausted, distracted, upset, and unsettled. Unfortunately, the exposure to emotionally distressing and sensitive information is continuous for researchers, as it occurs throughout the research process, from the outset through to the presentation, sharing, and publishing of the findings (Coles and Mudaly, 2009). Therefore, it was critical to manage this so that I did not get affected to the point I could not continue with the work.

3.8.3: My strategy for survival

To ensure I could continue with the research and see it through to completion, it was necessary to implement a strategy for survival (Appendix 10.12). This need was prompted during discussion in supervision with one of my supervisors (Gayle Letherby) in January 2014 – during my second year of part-time study – when we agreed on a plan to safeguard myself as researcher, with full-time work commitments.

Admitting the emotional work involved in being the researcher has, I believe, helped me to process and understand the adverse impacts of the research upon me. Blakely (2007: 59) cites Campbell (2001) to highlight how there is a dearth of work that focuses on the emotional experiences of researchers who explore emotionally charged (including traumatic) topics, stating this is partly due to '… the small number of researchers who will openly "admit" that their research affects them on an emotional level'. I can appreciate it is really difficult to "admit" the impact. After I included my admission in this chapter, I found it challenging to explore this in any meaningful depth. Due to my restrictions in feeling emotions, I found it easier to consider the emotional work for, and emotional safety of, the respondents than for myself. Blakely reaffirms this can be challenging when she summarises the value of conducting emotionally engaged research: 'Guided by an ethic of care, emotionally engaged research helps foster intellectual clarity and a deeper understanding of our research and research

participants. This ethic of care must also, however, be extended to us as researchers' (2007: 65).

3.9: Summary

I contend that working auto/biographically is as explicit as any researcher can be about their subjectivity and their positionality within their research. As a researcher who has interviewed people about their lived experiences, I cannot simply remove my own subjectivity from the research. To do so involves removing the human element, the use of my 'self' as the person who interviews others and, in doing so, listens to them speaking about a traumatic time in their lives.

Alternative methods to face-to-face interviews introduce a range of different benefits, as well as unique methodological and ethical considerations. From the evidence reviewed here, it is suggested that alternative interview methods to face-to-face, such as web-based surveys and correspondence via email, can be appropriate for trauma research. This is essentially because some respondents might have preferred discussing their traumatic life experiences through this means, rather than face-to-face. Another advantageous characteristic of utilising non-face-to-face data collection methods is the potential to allow researchers to access marginalised, isolated, or inaccessible individuals and groups. In any trauma research – regardless of the interview method employed and the number of interviews conducted with each respondent - researchers have the ethical duty to their respondents of offering a contact for an external source of support. Measures such as signposting to support services can help to reduce the risk of the respondent being left in a vulnerable position, or emotionally harmed.

The emotional significance of the research for the respondents and I has been reflected upon and evaluated. However, I have remained conscious that reading this

thesis may also bear some emotional significance for the reader (its audience). Whilst the level of emotional engagement will vary for each individual, I am aware that exposure to the auto/biographical and traumatic nature of the content might trigger unpleasant emotional responses. For this reason, I included a preface in this thesis to caution about the potential emotional challenges for its audience.

Chapter Four
Identity

4.1: Introduction

> … it is clear that being, in the sense of belonging - to ethnic, national, religious, racial, indigenous, sexual, or any of a range of otherwise affectively charged, socially recognizable corporate groups - is among the most compelling of contemporary concerns (Leve, 2011: 513).

This anthropological view of identity is consonant with the core theoretical perspective of occupation as a synthesis of doing, being, becoming, and belonging, first introduced by Wilcock in 1998(b) and updated in 2006. Wilcock (1999: 5) recognised the importance of being, which is '… about being true to ourselves, to our nature, to our essence and to what is distinctive about us to bring to others as part of our relationships and to what we do'. As discussed in C2, I propose this can be applied to understand the relationship between occupation and identity. Therefore, to understand that the things we do, our feelings about this, and our sense of self interact and, as a consequence, our realisation of who we are evolves. The four dimensions of occupation proposed by Wilcock (2006) can contribute toward the formation of either individual, group, local, national, or sociocultural identity (Twinley, 2013).

Occupational therapy commentators have long perceived occupation as the primary means through which people can develop and express their personal identities (Christiansen, 1999). However, the 'biographical disruption' (Bury, 1982) brought about by unexpected life events (such as rape) has the potential to either disrupt a person's identity, or to trigger a reassessment of their identity and conceptions of self (Whalley Hammell, 2004). Here, I discuss the subthemes of: sexual identity; sexuality; gender identity; conceptions of self (and two sub-subthemes: as victim/survivor; as daughter); perpetrator/s identity; and women as sex offenders.

4.2: Sexual identity

> *…I just don't know what to say I'm just always scared, basically I have been forced totally back in the closet* (R127).

This comment from one of the R1s reveals the significance of the impact woman-to-woman rape can have upon a victim/survivor's own sexual identity. It is important to discuss what sexual identity is. Diamond (2006: 472) presents a feminist empiricist perspective of sexual identity development, stating it:

> … is conventionally defined as the process by which sexual-minority (i.e., nonheterosexual) individuals come to acknowledge and accept their same-sex sexual orientation and to develop a positive integration between their nonheterosexual identity and other aspects of selfhood.

Whilst Diamond's paper scrutinises the complexities with formulating models of sexual identity development, an implication of this definition is that it reinforces heteronormativity, because it separates identity into hierarchical binaries. In doing so, heterosexuality is assumed; that is until a person self-discloses otherwise. Rather, I concur with LaMarre (2007), in that there needs to be an appreciation of the diversity of the experience, and of the development, of sexual identity. The following useful definition from Haseldon and Joloza (2009: 6) appreciates this:

> Self-perceived sexual identity is a subjective view of oneself. Essentially, it is about what a person is, not what they do. It is about the inner sense of self, and perhaps sharing a collective social identity with a group of other people… A person can have a sexual identity while not being sexually active. Furthermore, reported sexual identity may change over time or in different contexts (for example, at home versus in the workplace).

However, Haseldon and Joloza's (2009) assertion that sexual identity is not about what people do conflicts with the widely-held occupational therapy perspective that the subjective experience of occupation is a synthesis of doing, being, becoming, and

belonging (Wilcock, 1998b). Therefore, our subjective view of self is shaped by the things we do - our occupational experiences – and the process in which they are done, in each present moment (Doble and Caron Santha, 2008). Hence, a person that is not sexually active still does things that contribute to their subjective view of self, their sexual identity, and their sexuality. Acknowledging the fluidity of self-disclosed sexual identity, and the changeability in response to contextual factors (Epstein et al., 2012), is important when striving to understand respondents' experiences. Apart from Tanya, who did not disclose her sexual identity, the rest of the R2s described themselves in the survey as: *lesbian* (Eleanor and Kiera); *gay* (Cailey, Gabby [as disclosed by Danielle], Jessica, Lauryn, and Simone); *bisexual* (Isla and Sarah); and as *bisexual female to male transsexual* (Ali). Cailey, Kiera, and Simone's narratives were rich with discussion about the impact of woman-to-woman rape upon their own feelings about their gay or lesbian sexual identity:

> *I did not think I would tell anyone, or that anyone would believe me because I was not out as a gay women. As the experience was ongoing over a few years, I feel the experience left me wary of other women* (Cailey).

> *I questioned myself before that happened, but it scared me. So I think hence probably why I was just like: "No that's definitely, I'm not, I'm not gay". Because of that experience I just probably thought: Well is this how gay people act? Is this how they are? Um, so it very much put me back in my shell on the whole case of: "Am I gay? Is this, is this something that I am?"... so that's probably why I didn't come out until I was a lot older… because I thought: Well, that must be the gay world… A very violent and demanding world and that wasn't the kind of person that I am… it stopped me from becoming the person who I truly was* (Kiera).

> *I was wary of being with women… I was already feeling like: God! I know I'm definitely gay but can I, who can I trust?* (Simone).

The significance of 'becoming' is immeasurable, and 'coming out' can lead to people feeling content, confident, and proud of their sexual or gender identity (AVERT, 2014). With the combination of doing, being, and becoming as essential for health and wellbeing (Wilcock, 1998b), I recognise the biographical disruption victim/survivors (such as Kiera) endured affected: their subjective experience of occupation (doing);

their ability to be true to themselves (being); and to be open about their sexual and gender identities (becoming). The following excerpt from Christiansen's renowned (1999: 547) *Eleanor Clarke Slagle Lecture* encapsulates the occupational therapy perspective of these links between occupation, health, and identity:

> … occupations are key not just to being a person, but to being a *particular* person, and thus creating and maintaining an identity… When we build our identities through occupations, we provide ourselves with the contexts necessary for creating meaningful lives, and life meaning helps us to be well.

The necessity for people to disclose their sexual identity – specifically regarding their sexual orientation - or to 'come out', remains unique to the lived gay experience, even though it is acknowledged there is diversity within this individual experience (Rosario et al., 2011 and 2004; Plummer, 1992). For some gay people, coming out to friends and family can lead to rejection and isolation (Bergan-Gander and von Kürthy, 2006). This was certainly true for Cailey, Kiera, Lauryn, and Simone. Cailey and Lauryn each explained they were particularly mindful of their parent's religious beliefs, which constituted the main barrier to coming out to them:

> *And my parents were really, my mum particularly, was really religious and she'd already told me on two or three occasions that, you know, we could do this, that, and the other, but under no circumstances could we be gay. You know, that would be like the end of all things!* (Cailey).

> *… I grew up in a very rural community and my parents were – they're not now – but they were very religious when I was younger, um, and everyone I knew who knew kids who had been gay got kicked out or disowned or beaten up so, yeah, it took me quite a while to get to that point* (Lauryn).

Growing up in homophobic home environments negatively impacts upon non-heterosexual children and contributes to their social exclusion, particularly those that already live in rural communities (such as Lauryn described) (Robinson et al., 2014; Logan and Buchanan, 2008). Some of the R2's fears of being rejected or isolated were also compounded by feelings of regret for not coming out earlier. Kiera said: *'… it makes me angry because of my regrets because I didn't come out any earlier. Because*

obviously, I've missed a big chunk of my life of who I actually really am'. Likewise, Campbell (2008) found all 10 woman-to-woman rape victim/survivors in her research remained silent, and most did not seek help or disclose their trauma because they feared their friends, families, and communities would discover they were gay. Additionally, for different reasons, research has shown victim/survivors who disclose their rape can be rejected and isolated from family, friends, or their community through disbelief, victim blame, and protection of the offender – especially where the perpetrator is an intimate partner (Menaker and Franklin, 2015) or family member (Taylor and Norma, 2012).

Social death (as explained by Taylor, 2004b) can mean victim/survivors' social work, social connections, and sense of belonging is damaged due to the stigma they experience because of rape which can, in turn, lead to non-disclosure. Being at an increased risk of further victimisation (Miller et al., 2011) due to not disclosing was reported by Campbell (2008) and Girshick (2002), following some of their respondents' female-perpetrated rape or sexual assault experience. Though not a finding from my research, I am mindful of the emerging contemporary concern of the silencing of women from Black, Asian, and Minority Ethnic (BAME) communities in the UK; these women are raped by men and silenced by the pressure to avoid shaming and dishonouring their perpetrators, families, and communities (Rehal and Maguire, 2014). Expectedly, in consideration of this, the response to, and understanding of, woman-to-woman rape is unknown amongst BAME communities.

4.3: Sexuality

Sexuality is a person's sexual behaviour, including their feelings about sex and sexual attraction (Sadock and Sadock, 2007), which can be individually experienced to different degrees, and in diverse ways. Sexuality is understood as a fundamental right and a vital part of people's identity (Parker and Yau, 2012). Sex (and sexual activity) is

now regarded as an occupation; for instance, the American Occupational Therapy Association (AOTA) (2013) claim that occupational therapists include sexuality as part of their standard assessment of clients. However, this is largely not the case for occupational therapy practice in the UK; a fact that is indicated by the absence of discussion within core occupational therapy pre-registration education textbooks (e.g. Bryant et al., 2014; Duncan, 2011). Yet, in the wider public health domain sexuality is increasingly regarded as a crucial component to health (and healthy ageing), indicating healthcare professionals need to be prepared to address sexual issues and related needs (McGrath and Lynch, 2014).

Apart from Gabby (whose story was told by Danielle), all of the R2 raised their sexuality as an important factor in their lives today. In particular, their victimisations have impacted upon their subsequent feelings of sexual attraction and sexual (or intimate) experiences, as these excerpts convey:

> *I tried to sort of block it out, but when it came to having my first relationship with another woman it kind of ruined that really. I tried to think of it like it's not part of it… it should have been like an amazing, like, first-time thing but it did, it overshadowed it* (Isla).
>
> *I wasn't myself so therefore I was very unhappy. I went through relationships with, with men, um, not feeling comfortable, not really feeling that I could love – because I didn't really love myself – because I wasn't being true to myself* (Kiera).
>
> *I have huge problems with intimacy. I find it difficult to trust men because of the rapes I endured but I also find it hard to trust women because I know from first-hand experience they can and do rape* (Tanya).

Such a resounding finding echoes some of the experiences of Girshick's (2002) respondents, in terms of the damage to their self-perceived ability for intimacy, and their sexuality. This raises concerns for woman-to-woman rape victim/survivors, considering that a person's identity - as an occupational being – is formed by those things we do that are satisfying and stimulating, plus who we are, in terms of our roles and relationships (Kielhofner, 2008b). Simone expressed the importance of being an

intimate and sexual partner to her current partner, and the impact both her victimisations have had upon that:

> *… if we're talking about the impact, that's certainly also impacted upon – well both have impacted upon – relationships… I'm in a relationship now and its wonderful… its taken time for me to trust my partner…. we do have a good sexual, physical relationship but that took time, um, and, you know, she was patient with me… I needed time to be able to trust and then to be able to enjoy sex again. Which, which now, thankfully, as I say, I'm in a relationship where that's been able to happen.*

Consensual sex is an occupation that people can choose to engage in, and one which can generate meaning and satisfaction in people's occupational lives. The assertion that engagement in meaningful occupations enhances peoples' health and wellbeing (Doble and Caron Santha, 2008) therefore implies there are consequences for a victim/survivor who finds they are no longer able to engage in, or find meaning and satisfaction from engaging in, sexual activity.

4.4: Gender identity

Sociologically, gender is viewed as socially constructed to describe the characteristics of women and men (Rahman and Jackson, 2010); gender identity is a person's self-perceived concept of being either female, male, a combination of both (Gilbert, 2008), or as gender diverse, which includes being agender or neutral-gender (Riggs et al., 2015). A person's biological sex and socially-constructed gender remains a crucial determinant of their health, as there are general trends amongst women and men in terms of differing patterns of health-seeking behaviour, risks to health, and health outcomes (WHO, 2015b). For such reasons, Wilkins et al. (2008) advocate for a gender-sensitive approach to service design and delivery, especially in terms of meeting the needs of male as well as female victim/survivors of sexual violence.

Findings from my research suggest that gender-sensitivity needs to expand beyond consideration of the victim/survivor's gender to that of their perpetrator; this concurs

with Girshick's (2002) assertion of the necessity for (social service) agencies to meet woman-to-woman sexual violence survivor needs. Owing to this latter point, my identification of gender-related subthemes relates to each and every R2, because their narratives were all rich with discussion regarding their gender identity and that of their perpetrator/s'. For this reason, gender is explored further in section 4.7: women as sex offenders).

Here, I discuss gender identity in terms of the R2s' self-perception and identification of being female, male, or a combination of both (Gilbert, 2008), which was particularly resonant in the narratives of Ali (who identified as 'female-bodied trans masculine', as well as 'bisexual female-to-male transsexual') and Sarah (who identified as a 'transgender lady', and as 'bisexual'). The complexity of sexual identity, gender identity, and sexuality – which I regard as fascinating and essential aspects of the subjective experience of occupation to consider – is epitomised well through Ali's narrative:

> *… in a sexual sense, I've always kind of, and still do to an extent, identify as female; in terms of in intimate relationships I'm actually quite comfortable with kind of female anatomy and stuff so, like I've had top surgery but I wouldn't want lower surgery… I'm comfortable in identifying in that sort of respect.*

Girshick (2002: 33-34) offers an explanation for this complexity of experience, suggesting: 'Identifying who you are and what community you belong to is particularly complicated for the transgender individual… they experience a lack of fit between biological assignment at birth and how they feel'. However, this assumption is not necessarily representative of the totality of every trans person's experience, nor their self-identified and perceived identity. Certainly, for Ali, he identifies as female in terms of his sexual identity and sexuality, but as male in terms of his gender identity; he explained:

> *… I think presenting as male is more, I don't know, more a kind of identity thing, but maybe in the way that I'm perceived by other people, not kind of necessarily*

> *aligning my body with my mind, but just more of an overall sort of presentation type thing* (Ali).

In contrast, Sarah referred to the importance of aligning her mind with her body (her being) in order to become who she felt she was: '*I remember my shrink, years ago, said: "Your sex is between your legs, your gender is up there" [pointing to head]… And fortunately my sex and my head now match'.* Interestingly, Ali and Sarah's self-perceived concept of their respective trans identities do not correspond with literature that strives to categorise trans gender identity. For example, a transsexual identity is said by Colton Meier and Labuski (2013: 291) to be '… characterized by beliefs about mind-body incongruity and (most typically) a desire to have one's body align with one's gender identity or reassigned into the other sex'. This does not represent Ali's experience of his gender identity as a bisexual female-to-male transsexual. Moreover, Colton Meier, and Labuski (2013: 291) state a transgender identity describes '… persons who do not feel like they fit into a dichotomous sex structure through which they are identified as male or female'. Whereas Sarah was very clear about now identifying as a (trans) woman. This highlights the need for flexibility within identity models, if the diversity of trans experience is to be accommodated and explored (Diamond et al., 2011).

Ali and Sarah both experienced similar difficulties to the other R2s, in terms of facing issues regarding their sexual identity, sexuality, and coming out. In addition, both told me about the challenges they endured in relation to their gender identity, coming out about this, and the transphobia they experience. In consideration of the occupational therapy profession's lack of regard for people with trans identity (Beagan et al., 2013), evidence that contributes to generating some understanding of the lived experience of trans people, and their subjective experience of occupation, is essential. Certainly, Ali and Sarah's respective trans gender identities have contributed to shaping their subjective experiences of occupation throughout their lives. For instance, during childhood development:

> *… my mother was a lesbian. She could not cope with a boy so I was dressed as a little girl… Until I was about four and a half, nearly five… my school years were purgatory… I didn't know what I was* (Sarah).

In the workplace:

> *… from my early adult life 'til I was 40 I was a steward with [airline company]… some of them thought I was gay… I got to 40, my 40s, and I thought I couldn't go on like that… And I wanted to come out… it was not a thing that [airline company] could handle… I was an embarrassment to them, so err, in those days, err, they err, they paid me off, basically. Um, they offered me a full pension, at retirement age, and a severance lump, if I would just go away* (Sarah).

At school:

> *… at that sort of age you kind of have a group of friends at school and they kind of like swap partners… You know, boyfriends, girlfriends and all that sort of thing. And I kind of felt excluded by that and obviously because, you know, because I was kind of, I guess seen as being neither one or the other* (Ali).

And within intimate relationships:

> *… I do have relationships, but…I find it, my relationships I have are with couples…. with another woman present… With three of us I'm relaxed and I'm okay with that* (Sarah).

These findings are consistent with Beagan et al.'s (2013), who found that trans gender identity affects occupations considerably, and that transitioning presents occupational gains as well as losses in trans people's lives. In addition to this, being a WTWRSA victim/survivor was found to present further complications to the trans gender respondents' occupational lives; Ali's experience directly impacted upon his gender identity and transitioning:

> *… I was really set to like, you know: "This is a totally biological thing". And, you know: "It's in my genetics"… And now I kind of reflect on it in a much more sort of contextual way, and I think it's, well, yeah, you know there might be kind of some biological thing but I think it's, it's almost, I don't know, sort of impossible*

> *to take away the social context from it, and the experiences that I've had, especially around that time and, um, the fact that, you know, she was female and that I kind of felt uncomfortable in identifying in certain ways myself, and I don't know if that kind of made me even more inclined I guess to transition… I didn't think at the time that there was any sort of link but I guess that the idea of kind of getting away from my body as it had been sort of, I guess, used, by her… and kind of removing parts of myself that I didn't like. And certainly she contributed to that dislike so, I guess, in the sense that I transitioned and she was sort of involved in how I felt about myself, you know, I guess that could be a physical impact, in some sort of way* (Ali).

Issues with body image after rape and sexual assault are internationally reported for the population of female victim/survivors of male-perpetrated rape (Davidson and Gervais, 2015; Weaver et al., 2014). Rather than feeling disconnected from his body - which is understood as a dissociative PTSD response, termed in the DSM-5 (APA, 2013a) as depersonalisation - Ali experienced a conscious desire to physically disconnect from parts of his body. This disconnection by 'removing parts' was, evidently, in reaction to being raped by another woman, as well as part of his want to transition, and to be able to identify as male.

Whereas, Sarah felt a close female friend that she disclosed to attributed the blame toward her specifically because of her trans gender identity. Such a reaction reinforces the rape myth that: 'Lesbian, gay, bisexual or transgender individuals deserve to be raped because of their lifestyle' (Sexual Assault Prevention and Awareness Centre, no date). Below is an excerpt from my interview with Sarah:

> *I talked to somebody that I thought I was quite close to, with… she said: "Well, what did you expect?" Err, and I realised she wasn't that good a friend* (Sarah)
>
> *What do you think she meant by saying: "What did you expect?"?* (Me)
>
> *I don't know. Whether she thought because I was transgender. Whether I, I have thought since that actually lesbian women do not like transgender or transsexual people* (Sarah).

Transphobic attitudes can cause trans gender individuals – such as Ali and Sarah – to feel isolated, vulnerable, and less likely to seek help at the point of need (McNeil et al., 2012). Moreover, a history of sexual and physical violence has been found to be

associated with trans gender-related discrimination which, in itself, adversely impacts upon community connectedness (Bradford et al., 2013). Beagan et al., (2013) suggest that - due to their engagement with individuals and communities - occupational therapists could advocate for trans people, helping to address these issues of discrimination and marginalisation as they provide intervention in the transitioning process.

4.5: Conceptions of self

Every R2 described having changing self-conceptions. In particular, two sub-subthemes that emerged were their conceptions of self as victim/survivor, and as daughter.

4.5.1: As a victim/survivor

Understanding and naming what has happened to the rape or sexual assault victim/survivor is necessary for any healing and recovery to occur (Klein, 2014). Table 4.1 shows how the R1s named their experiences. In contrast to Girshick's (2002) respondents, the majority named their experience 'Rape'. Two further respondents that selected the 'Other' option also included the term 'Rape' in their description (as highlighted in bold).

Table 4.1. R1s' descriptions used for their sexual victimisation experience/s

Naming your experience	Number	%
Rape	23	38.9%
Sexual assault	19	32.2%
Sexual violence	10	16.9%
Other: 1. 2 incidences, first sexual violence, second sexual assault 2. Abuse 3. At the time, I thought it was expected of me to allow this 4. Covert sexual abuse 5. Domestic violence **6. Incident - I can use rape when talking about other peoples but even as I type this I feel physically sick** **7. Sexual abuse and rape** 8. Sexual and Manipulative abuse	8	13.5%

Of the five R2s who named their experience 'Rape' (Ali, Cailey, Lauryn, Simone, and Tanya), each referred specifically to the implications of the UK law regarding rape. Ali and Tanya discussed the current legal definition in terms of the impact upon their feelings about being raped by a woman and identifying as a victim/survivor. Ali spoke about his questionable sense of entitlement to feel how he does, in response to being raped by another woman, when this perpetration is not legally recognised as rape. Similarly, this was echoed by Tanya, who also wrote about her rights to justice:

> *Laws need to be changed so that all victims get justice. I will never ever get justice for many reasons. One of the biggest reasons is because my rapist was a woman. The law means a woman cannot rape. This means I am silenced. It means I do not even have the right to label what happened to me it is already determined by others who cannot imagine what I have suffered. I am invisible when it comes to victims. I am a survivor but when it comes to the abuse I suffered from my mother I do not exist.*

I discuss the implications of the lack of legal recognition for these WTWRSA victim/survivors in C5, 5.4: 'Reporting, proof, and justice'. What is clear is that – in terms of identifying as a victim/survivor - the current UK CJS is failing woman-to-woman rape victim/survivors by the use of gendered language, and the associated invisibility of women as rapists. To illustrate, the Crown Prosecution Service's (CPS) (no date a) discussion of societal rape myths neglects to mention women as rapists (of men or women), but does include the myth: 'Only Gay Men Get Raped/Only Gay Men Rape Men'. On the topic of rape myths, Lauryn also identified as a rape victim/survivor, however she struggled to make sense of what had happened to her. Lauryn's perspective regarding the legal position was cognisant of the myth regarding strangers and dark alleys (Rape Crisis, 2004-2013):

> *… in British law rape is penis and vagina or, you know, something else, but it, you know, it involves penises. Well at least it did 10 years ago; I'm not certain about now. Um, and Danny had been too drunk to do that; although he had done everything else. And Lisa obviously didn't have one so I was just, I wasn't sure because it wasn't legally rape, and because one of them was a woman, and because one of them was my friend, and because I've gone over there without being, you know, it wasn't a stranger jumping out from a dark alley.*

In addition to feeling silenced and having no rights to justice under the current UK CJS, other respondents felt their conceptions of self as a victim/survivor were undermined, or dismissed, by others. Two of the heterosexual R1s named their experience rape; one commented:

> *I have received a great deal of invalidation from some people ("friends", etc) who have suggested that the rape I experienced by a woman was at least more "gentle" and "less violent" than rape by a man. I have experienced both, and this statement is not true and is very hurtful (*R156).

Such a response highlights the existence of another seemingly widely-held myth: the concept of a 'lesbian utopia', whereby women are understood as incapable of violence toward other women (Wang, 2011; Hassouneh and Glass, 2008; Girshick, 2002).

An additional disturbing feature identified within the R2s' accounts of being a victim/survivor was that of enduring prior (or additional) male-perpetrated sexual victimisation. Though not directly asked about this, it was reported to be experienced by Eleanor (abused as a child by her father), Gabby (also abused as a child by her father and, as Danielle mentioned, she was very nearly assaulted as an adult by another man), Isla (who stated: *'… it triggered an earlier experience from when I was fourteen. So, yeah, it sort of just seemed to add on top of that really'*), and Tanya, who wrote of her harrowing abuse history: '*From as young as I can remember I was raped by my own father, other male relatives and was brought up in a pedophile ring and so was raped and abused by multiple abusers. I grew up thinking rape was normal'.* Compared to these male-perpetrated traumatic experiences, the experience of being raped by her mother is what Tanya believes prevents others from identifying her as the victim/survivor she herself identifies as. Tanya also explained how her mother was both perpetrator and facilitator of her rapes and abuse:

> *My mother performed every sexual act on me that a woman can perform on another woman. This means she touched me in sexual ways. She performed oral sex on me and made me do the same to her. She penetrated me with her fingers and with sex toys. Likewise I was made to do the same to her. My mother also helped me by the way. Oh yes by pinning me down so that other men could rape me was her way of helping me. It meant I was unable to struggle or push anyone away and so by keeping me still it was suppose to cause me less pain.*

Girshick (2002: 117) articulates the implications for woman-to-woman rape victim/survivors (like Tanya) of not being recognised as this: 'If society at large does not accept women as sexual perpetrators, the survivors of sexual violence in same-sex relationships will not find the acceptance of their experiences as valid or the resources they need to cope'. Yet, I would expand upon Girshick's (2002) reference to women in same-sex relationships; whilst this is true, and is echoed by findings from Walters (2011), Wang (2011), and Campbell (2008), it excludes those women who have been raped and sexually assaulted by other women that are not their intimate partners. Of the R2s, this would include everyone, except for Ali and Cailey (Jessica and Simone

reported a second rape or sexual assault incident, in addition to being sexually victimised by their intimate partners).

Prior sexual victimisation was reported by Gilroy and Carroll (2009), who found that Kathleen had a history of CSA and their other respondent, Sarah, had previously been sexually assaulted by a male acquaintance. Girshick (2002) also reported the majority of her respondents had CSA or male-perpetrated rape in their background. Indeed, reconsidering my discussion regarding this (C2), and the additional wealth of evidence that indicates victim/survivors are at an increased risk of revictimisation (Basile and Smith, 2011), raises the concerning question: What is the likelihood that any of the 59 respondents from my research, that have experienced a woman sexually assaulting them, will be revictimised by either a man or a woman? Findings revealed that two of the R2s (Jessica and Simone) certainly experienced two separate instances of woman-to-woman perpetration. The implication for them, however, is their self-conception as a victim/survivor has never been effectively validated by others, and for Simone, the main perceived barrier to this is having no known place to disclose that:

> *… in the case of where a woman has been raped by another woman, at the moment, where does she go to say that? Where does a woman go where she feels she can say that? I don't, I can't think of anywhere. I would really like there to be a place…*

4.5.2: As Daughter

The identification of this sub-subtheme is based upon those R1s and R2s who raised various issues related to performing their occupational role of daughter in their accounts. Of the literature I reviewed, only Walters (2011) goes some way to exploring the victim/survivors' daughter role, and only in terms of her respondents' potential disclosure, as they anticipated heterosexist and homophobic reactions from their parents and family. While this is also something reported by Ali, Cailey, Isla, and Lauren, the data revealed that, for other reasons, all of the R2s (apart from Sarah, who

only mentioned having an older Aunt who is still alive) felt the impact of their victimisation upon their familial relationships.

Ali, Cailey, Eleanor, Jessica, Keira, Isla, Lauren, and Simone were conscious their performance of their role as daughter had changed; each was determined to try and conceal aspects of their lives from their parents that had been affected by their victimisation. For instance, Kiera strongly believed her alcohol-use turned her into a different person, one whom her friends and family would not understand and would not like, stating: '*I wasn't a very nice person when I was drinking… I wasn't a very nice person to my family'*. Due to this, she increasingly isolated herself from those she had been closest to. In turn, this contributed to her sense of isolation the woman-to-woman rape had caused, as indeed all types of sexual violation can trigger (Office for Victims of Crime, 2011).

Jessica tried to conceal the detrimental impact of her first experience of being sexually assaulted by an acquaintance, in the back of a car, from her parents. However, Jessica's father had sensed something was wrong and flew to the University City she lived in to check on her. Jessica said he declared:

> *"I don't understand Jessica, you've always been physically strong and fit; you can hold your own girl. You always gave the boys a good run for their money at football". And it was really difficult for my dad to comprehend how another woman had managed to do this to me…*

Jessica's victimisation was examined by her father on the basis of her physical strength and gender, which he appeared to attribute blame to – a reaction also reported by Walters (2011), Gilroy and Carroll (2009), and Girshick (2002). Owing to this, and in consideration of her role as daughter, Jessica felt reluctant to tell her mother about either of her victimisations:

> *… and I think that's what it was really, in terms of not saying. I also think mainly I didn't want my poor mother to worry about me anymore. I put her through enough already in my life up to this point; in my adolescence I wasn't the easiest of children I don't think.*

Whereas, Cailey explained how she had always had a better, closer relationship to her father than her mother. She expressed regret at not telling her father about her victimisation before he died, which in itself left Cailey with a great sense of loss. Equally, when her father was terminally ill he expressed his own feelings of loss, of and toward his daughter:

> *I remember, just before he died he said something to me that, obviously I'll have to live with it forever and it upset me greatly – he didn't mean to upset me – but he said that he felt like the last two years – as in just before he became ill – that he felt like he had lost his daughter, and he didn't know where I'd gone, and I wasn't the same and things. He didn't know why and I'll never be able to tell him.*

I discuss the inability to disclose to family (parents, in particular) in C5. Here, in the context of grieving the loss of her father, Cailey's non-disclosure of her victimisation is understood to have impacted upon her experience of grief (Brown and Stoffel, 2011), as well as her conception of self as her father's daughter.

For different reasons, Ali expressed a sense of loss, especially when telling me about the impact of the perpetration by his intimate partner upon his familial relationships:

> *… I guess it took quite a lot of time out of family relationships… she'd kind of do similar things even over the phone that wasn't obviously sexual in nature but it was kind of like um, you know: "Oh if you hang up now then I'm going to go and take an overdose or something so, you know, stay and talk to me" and stuff. So, that obviously impacted on the way in which I was able to spend time with my parents…*

Ali's account was rich with reflection upon his identity and role as his parent's biological daughter who desperately wanted to identify as male. In reaction to Ali's want to transition, his parents may well have been experiencing any combination of feelings, such as anger, betrayal, and loss (Teich, 2012). Ali described some of his father's

reactions which, alongside the perpetration he was enduring, contributed to Ali's self-concept of being an unloved and unlovable person:

> *… at the time, my dad was sort of like saying that because of the gender type stuff, you know, no-one would be able to love me because I was neither like male or female… I was kind of hearing things like: "No-one's going to love you" and then having this girl saying things to me like: "Oh you obviously don't love me because you won't let me do this". And it just kind of confirmed that belief…*

Research exists that explores the impact of a child being raped or sexually assaulted upon their family, and their family members' roles. For example, Clevenger (2015: 2) found that mothers of children who had been sexually victimised felt their ability to do mother was compromised, and that this was intrinsically linked to their self-identity of being a mother. Clevenger (2015) suggests the mothers felt duty-bound to react in a socially constructed way that mothers are in patriarchal society, i.e. supportive and caring, even though they felt shame and embarrassment. However, a gap in the literature exists when it comes to the victim/survivor themselves and, specifically, their ability to do daughter. Equally, occupational therapists and occupational scientists have offered a wealth of evidence regarding children, family-centred practice, and the occupational role of parenting (e.g. Honey et al., 2014; Cameron, 2006). Yet, a gap is evident in relation to the role of daughter (or child) and the impact of any biographical disruption upon this aspect of their identity and being.

Another aspect of being a daughter and a victim/survivor that emerged from the data was the experience of those who were victimised by their own parent/s. I discuss this in terms of the occupational alienation it caused (C7: Occupation). In the next section, I discuss this – and other respondent experiences – by focussing on the perpetrator/s identity.

4.6: Perpetrator/s identity

Though I did not ask any of the respondents who had raped and sexually assaulted them, some R1s included it in their survey responses, and each R2 told me in their interviews/correspondence. From this data, it is apparent that the identity of their perpetrator/s categorically contributed to the overall impact upon each victim/survivors' subsequent experience of disclosure, reaction, support, and their subjective experience of occupation. A total of 13 instances (because Jessica and Simone reported two separate cases), were reported by the R2s. Of these, the perpetrator/s identity was either: acquaintances or friends (n=6, 46%: Gabby, Isla, Jessica, Kiera, Lauryn, and Simone); intimate partner (n=4, 31%: Ali, Cailey, Jessica, and Simone); biological mother (n=2, 15%: Eleanor and Tanya); or, in Sarah's case (n=1, 8%), the combination of acquaintances, friends, and strangers – the latter meaning Sarah did not previously know, or had never met, some of the perpetrator/s (RAINN, 2009b). Additionally, findings from other R1s (those that happened to mention their perpetrator in their survey response) reveal: three cases were intimate partners; one a medical professional; one heterosexual respondent who was sexually abused by her mother between age 4-18; and one respondent who was raped by an acquaintance, and who wrote of her experience:

> *I was raped during an episode of what started as consensual sex with a woman on a one night stand. I said no and tried to push her off when she went from fucking me to fisting me. I shouted but she said she knew I wanted it. I didn't and can't understand how she couldn't recognise that* (R13).

To compare this with the findings from the studies I reviewed, Table 4.2 shows the perpetrator/s identity at the time of the rape or sexual assault, as reported by each author.

Table 4.2. Perpetrator/s identity at the time of the rape or sexual assault reported in studies

Perpetrator/s Identity	Walters (2011)	Wang (2011)	Girshick (2002)[8]	Gilroy and Carroll (2009)	Campbell (2008)
Intimate partner		n=1 (100%)	56%		n=5 (50%)
Acquaintances or friends			25%	n=2 (100%)	n=3 (30%)
Dates			3%		
Professionals			7%		n=1 (10%)
Co-workers			4%		n=1 (10%)
Strangers			2%		
Ex-intimate partner	n=2 (100%)		1%		
Adopted sister			1%		
Sex partner			1%		

Evidently, apart from Gilroy and Carroll's (2009) findings, it is clear that intimate or ex-intimate partners are reported as the largest majority of woman-to-woman sexual offenders. Although, findings from my research reveal intimate partners were the second most commonly reported perpetrators, after acquaintances and friends.

Notably, none of the reviewed research (as in Table 4.2) included respondents who were victim/survivors of MDSA. However, my data analysis established that Eleanor and Tanya's narratives were intensely focused upon the identity of their perpetrators, and the fact they were sexually victimised by their biological mothers. Considering all of my data, together with the studies in Table 4.2, the importance of appreciating the victim/survivor's subjective experience is particularly valuable; this is especially so

[8] To note, Girshick's (2002) data is based upon a total of 91 incidences reported by 70 respondents (actual number of incidences are not provided because, based on the percentages Girshick provides, it equates to 92).

when exploring how the perpetrator/s identity contributes to the actual experience, and its overall impact upon each victim/survivor. Additionally, this combination of findings regarding woman-to-woman rape perpetrator identity challenges theories derivative from offender profiling and rapist typology (e.g., Lussier et al., 2005; Palermo and Kocsis, 2005).

Indeed, Tanya's correspondence was rich with data regarding the non-existent legal recognition of her mother as a rapist. Tanya titled her correspondence to me 'When rape isn't rape', in which she wrote: *'… legally even though my mother had sex with me without my consent she can't be charged with rape. Because she didn't have a real penis she will never ever be charged with rape'.* Whereas, Eleanor's narrative contained plentiful data about how the MDSA she endured left her with conflicting feelings for wanting to be away from her mother, and the home environment in which the abuse occurred. After one of her moves away from home to another far away city to study, Eleanor described how her PTSD symptoms (including flashbacks) worsened, and she decided to leave the course. Eleanor explained her decision-making at this time:

> *I made a completely stupid decision that I was just going to move back up to my mum's because I didn't know what to do… and so I was there for two years which, um, did nothing for my sanity. Um, and I couldn't really turn to any of the things that I would use to cope, like self-harm or anything because I was still worried that she would walk in or whatever and um, I'd kind of get, yeah, basically unwell again I think. But, um, all the flashbacks and stuff stopped when I moved back up to [City where Mother's home was] I don't know, it was like my brain just went: 'This is not a safe environment in which to do this so we're not going to'.*

Research into MDSA is extremely limited. However, the dated study by Ogilvie and Daniluk (1995) that explored three cases of mother-daughter incest found that the victim/survivors experienced shame and stigmatisation, feelings of betrayal and self-blame, and compromised identity development. In much the same way, Eleanor and Tanya reported such reactions:

> *I don't think I could ever be completely the person I would have been if none of this had ever happened* (Eleanor).
>
> *If I was just raped by my father I think I would find that easier to live with. I may still have a relationship with my mother* (Tanya)

Neither Eleanor nor Tanya have contact with their biological mothers, and are now left with confused reactions regarding their experiences. Of her decision to cut any contact with her mother, Eleanor said: *'… it's kind of been a long time coming but it's a very difficult decision to make. Because she is my mum'.* Peter (2006) suggests that the dearth of scholarly work regarding MDSA (or maternal sexual violence) means there is no recognition of how victim/survivors make sense of their experiences, their mothers, and of the general, yet complex, confusion this form of sexual perpetration causes.

Undeniably, types of reactions to being sexually victimised were very much dependent upon the identity of the perpetrator. For instance, Simone described some of the differences between her experiences of being raped by an intimate partner compared to an acquaintance (a woman she had met for the first time that evening in a club). Not knowing the woman, or the environment she was in, contributed to her fearful feelings: '*I was scared because I just had this woman doing these things to me and I didn't know her and I didn't know... I didn't know when I was even going to get out of there, you know?'* Whereas, because Simone knew her intimate partner (Rachael), she believed Rachael knew she was injuring Simone; something which has been difficult for Simone to comprehend:

> *… she had got hold of another dildo in her hand and just quickly shoved it into my, um, into my behind, yeah. And, um, it was so painful; I just, I started crying straight away out of the pain. And, and I, obviously I was shouting her name and telling her to stop. Um, I was trying to turn over and she was just kind of laughing really, I don't know, really, I still now think: 'How can she have laughed?' because she would have known; she knew me and, you know, I'd never been like that before so she would have known that actually: 'Shit, I've done something I shouldn't have done'.*

There is a misinformed assumption that if a person is raped or sexually assaulted by their intimate partner the impact is less severe (McOrmond-Plummer et al., 2014). In reality, perpetrators of intimate partner violence use deceitful, threatening, and isolating strategies (Levy-Peck, 2014). For instance, Jessica reported that in addition to the sexual assaults, Selena used violence, verbal threats, and her behaviour was very possessive. Jessica recalled a time Selena pushed her down the stairs; as soon as she could, Jessica ran to a friend's house, but Selena kept trying to contact Jessica by phone:

> *And I said: "Look, I'm absolutely not telling you where I am but I'm telling you that I'm not, I'm going to turn my phone off now, but I'm not coming home tonight". You know? So six o'clock that morning went home. She had stayed in my bed, in what was the spare room… There was beer and there was ash and cigarettes everywhere, and she'd like literally, you could see she'd thrown ashtrays and all the rest of it, and she'd pissed in the bed. In my bed. So, in the spare room bed. So I, and this would be logical for her: 'Well if I piss in her bed and ruin the bed then she's gonna have to stay with me in the other bed'.*

The wider societal reluctance to accept women can be violent to other women places victim/survivors like Jessica in a position whereby there is limited access to support services that meet their specific needs (Hassouneh and Glass, 2008). What is more, victim/survivors can be further isolated owing to factors such as already feeling marginalised due to their sexual identity; this makes disclosure more challenging (Wall, 2012a). Furthermore, Wall (2012b) suggests that the shame caused by intimate partner sexual victimisation damages self-esteem, hinders recovery, and impacts upon the victim/survivor's identity.

In the case of acquaintance rape, victim/survivors often have blame and responsibility attributed to them due to a variety of personal, psychological, and contextual factors (Grubb, 2008), including the very fact they were previously acquainted to the perpetrator (Cohn et al., 2009). Angelone et al. (2014) hypothesised their participants (male college students), who read vignettes describing a male-on-female acquaintance rape, would attribute more blame to victims that had known their perpetrator for longer.

Contrarily they found there were no significant effects for length of relationship on the participants' attributions of blame. This is important to consider, especially because Gabby, Isla, Jessica, Kiera, Lauryn, and Simone revealed in their interviews to me that they had known their perpetrators for varying lengths of time: from a matter of hours to a few years. Yet, findings such as Angelone et al.'s (2014) suggest each could equally experience attribution of blame.

In addition to length of relationship, the type of relationship between victim and perpetrator is a factor that influences the attribution of blame to the victim/survivor (Strömwall et al., 2013). Lauryn was very conscious of the fact that Lisa was her friend, saying: *'… even though it was Lisa and Danny, it was weird that I was more shocked by Lisa cos she was my friend'.* Lauryn reported the incident to the police but received a response that made her feel responsible, as well as misunderstood: *'They did seem to have that attitude of: "Well you made a bad decision and now you regret it"… I since kind of got the impression because it was one of my friends – a female friend as well – that was involved that they just didn't get it'.* Lauryn's feelings of being blamed, yet feeling loyal toward her friend, is something also reported by Girshick (2002) of her respondents. Girshick (2002) suggests it is for reasons such as this that victim/survivors do not report the rape. Undeniably, two major implications of victim blame, and the victim/survivor's fear of this, is the non-reporting of rape (Idisis et al., 2007), and the causing of secondary victimisation (Strömwall et al., 2013).

It is suggested that in many cases of acquaintance rape the victim/survivor may not recognise their perpetration as rape (Illinois Coalition Against Sexual Assault, 2002). However, the very fact that respondents told their stories demonstrates recognition of their victimisation, even when many were conscious of the lack of legal standing, as discussed in this chapter, C2, and C5. What is more, stories such as Gabby's demonstrate they recognised the perpetration was unacceptable behaviour at the time it occurred. Regarding Gabby, Danielle said:

> *She said that when, when they were in the club, that she'd gone to the toilet and I think this woman – I don't know the woman – I think she liked her, but it had been for ages and like she found her on Facebook and they'd been chatting for ages and stuff and then she followed her into the toilet… and [after the sexual assault] she wasn't comfortable and stuff and I think she went out to her friends and said: "I don't want to stay out, I'm going to go home".*

Moreover, the victim/survivors who were raped and sexually assaulted with a male perpetrator also present and involved – Isla, Lauryn, and Sarah – recognised each of the different perpetrator's roles in this. Hence, in terms of the female perpetrators, the respondents' stories revealed that the identity of (each of) their perpetrators was a significant contributing factor to the total impact of their perpetration. Bearing in mind the current UK position regarding rape under the Sexual Offences Act (Great Britain, 2003), cases such as Sarah's could be seen to support the argument for gender neutrality within rape law. This would mean men and women can be recognised as rape victim/survivors, and rape perpetrators (Rumney, 2007). Sarah was anally raped by a man who entered the room after she had already been vaginally raped, and was continuing to be sexually assaulted by the offending group of women. These women were not accessories to Sarah's rape; they instigated the first part of what ended up as a completed gang rape. Yet, currently, a woman cannot be convicted of rape; rather they might be convicted of being an accessory to rape, or of assault by penetration. Regarding the latter offence, the CPS (no date b) advise it '… should be charged where there is insufficient evidence to charge rape, for example, if the victim is unsure if penetration was by a penis or something else'. The CPS (no date b) stance regarding seriousness of sexual offences is unambiguous; they state that rape is '… so serious', whereas they describe sexual assault by penetration as an offence that '… is in essence similar to rape'. This leads to the final subtheme in this chapter.

4.7: Women as sex offenders

It is appropriate and respectful to begin the discussion of this subtheme with a selection of R1 and R2 views regarding women as sex offenders:

> *I'm glad research is being done because women can force other women into things sexually and are as equally capable of rape as men* (R13).
>
> *People don't take it seriously at all, in fact it's almost funny for guys to contemplate* (R111).
>
> *It's unreal. You expect stuff like that to come from men. Not women* (R146).
>
> *It seems that no one acknowledges women sexually abuse and if they do the pain etc caused is minimised* (R150).
>
> *… you're the first one that I've ever heard of or seen that's doing any kind of research on it so it will be good to get it out there, I guess. Because I suppose if you ask many people about it, there's not many people that, that think women are violent, in a sexual way* (Kiera).
>
> *… there was definitely this thing in the back of my head for a while going: 'But she's a woman and they're not supposed to, they're not meant to do that'* (Lauryn).
>
> *I suppose what I was shocked about was that I never, I never up until then thought women were ever violent to other women, and that was the big surprise* (Sarah).
>
> *I know that women are able to do things, are able to rape other women, or to do things and force that upon other women against that other woman's, you know, will or consent* (Simone).

My data explicates just how a WTWRSA victim/survivor's experience of disclosure, reaction, and support is dependent upon a multitude of factors; above all, the fact their perpetrator/s were female governed most aspects of their subsequent lived posttraumatic experience. This is consistent with literature regarding woman-to-woman intimate partner violence (Wendt and Zannettino, 2015; Walters, 2011), and women as sex offenders (Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Denov, 2003; Girshick, 2002). Examining gender as a key factor contributing to the respondents' post-rape or sexual assault experiences - particularly when help-seeking - is complex: on the one hand, a focus on gender is necessary when both victim/survivor and perpetrator identify as women, because of the limited acknowledgement of this sexual

offending (Hassouneh and Glass, 2008); on the other hand, the need to expand the understanding of this issue necessitates that gender-based assumptions are eradicated. Walters (2011) supports this, asserting that gendered assumptions permit the continued renunciation of the fact that women can and do commit violence against other women. Clearly, when victim/survivors and perpetrators are the same gender, neither of their roles (victim/survivor or perpetrator) can be determined based on their gender (West, 2002). However, there is still a trend to assume, for instance, that the same-sex perpetrator is butch and the victim/survivor is femme (Miller, 2005). Such pervasive role expectations have the capacity to negate the range of possible scenarios in which a woman is the sex offender and the victim/survivor.

That said, Ali, Jessica, and Kiera were certainly mindful of the extent to which their perpetrators exhibited masculine or feminine characteristics. Ali's post-perpetration interactions with his friends changed somewhat, as he felt he was in no position to listen and make judgements with his friends about their intimate relationships. This self-doubt stemmed from the challenge of accepting what his perpetrator had been '*… capable of doing [because] at face value she was a really gentle person, you know... really short; long blonde hair; like the softest voice imaginable and stuff'.* Contrastingly, Jessica reflected on how each of her perpetrators exhibited more *'masculine'* or *'butch'* characteristics, evident from the language she used; of the first (acquaintance) perpetrator Jessica said: *'… everyone was scared of her… she was pretty much quite a bully woman, quite, er.. domineering, very masculine'.* Regarding Selena, Jessica told me how the experience made her feel about future potential intimate partners:

> *… now I wouldn't go near any woman who was even just slightly butch… she is the only – out of all my girlfriends – actually she's the only one that was a bit more butch. Up to that point, everyone before that were actually smaller than me, very feminine, quite, you know, a bit more unassuming…*

Yet, at no point did Jessica attribute each perpetrator's masculine or butch characteristics as the reason for them sexually assaulting her; rather, she said that her

experiences have *'shaped'* her as a person and made her realise *'… people are fucked up and people can do mentally, crazy things',* and that she doesn't *'… put anything past anyone anymore'.* Girshick's (2002: 158) findings concur with this, and she states: 'Abusers are not necessarily butch'. Some of Girshick's (2002) respondents noted the butch or femme traits of their perpetrators, yet they saw the use of power and control as behaviour that both women and men are capable of. However, it is this aspect of woman-to-woman violence that respondents feel others do not acknowledge or understand. For instance, Kiera spoke about her perpetrator as someone who was physically capable of pinning her down, but she felt this was not taken as seriously by the witnesses as if it had been a man pinning her down. Sometime after the incident Kiera told her best friend and described the response received:

> *… back then it was: "Well, it was a girl, why didn't you just tell her to get off?" Well, it's a bit hard when she's got you pinned down and got you by the throat… And when they're twice the size of you. But, yeah, it was just always: "Well, you know, it's just a girl isn't it?"*

Though not an excuse, the witnesses' behaviour in response to seeing what Kiera's perpetrator did to her, and her best friend's response, could be representative of, and explained by, the wider cultural and media representation of women's violence and aggression; this predominantly portrays women's use of violence as less serious and, even, as desirable traits (Carrington, 2013). Lauryn told me about a researcher's work she had read regarding the media representation of female sex offenders, and how such media portrayals impacted upon her:

> *… she says that the way people tend to deal with, um, female perpetrators is to either dehumanise them as women and say: "Well, they're just monsters" or to sort of make them seem harmless, and the newspapers did both… To, um, Amanda Knox. I couldn't cope with it, I couldn't. Every time there was an article about how sweet and innocent she was I felt like they were telling me that I wasn't raped by a woman.*

Clearly, of the literature reviewed, and from the data from my research, women are capable of sexual offending. The issue is, however, that victim/survivors feel their

experience/s are either completely negated, or only minimally acknowledged. To address this, Carrington (2013) suggests there needs to be a feminist theory of female violence to counteract the anti-feminist explanations of female violence. However, this in itself presents numerous challenges, as Peter's (2006: 287) perspective highlights:

> According to Belinda Morrissey (2003), who wrote on violent women in general, most people prefer to "ignore rather than accept that women are as capable as men of condemnable and abhorrent acts" (p. 174). One word of caution is in order here. By making such a claim, I am not suggesting that women sexually abuse in equal proportions. Rather, my stance is that women are in fact just as capable as men to commit sexual violence. It is important to point out, however, that being capable of violence and committing sexual abuse in equal proportions are fundamentally different claims. Although I believe that it is important to address women's capacity to perpetrate sexual abuse, it should not be used as a tool to minimize the social problem of male violence.

In response to Peter's (2006) perspective, it is valuable to find work that supports the assertion that women are just as capable of sexual offending as men; it also affirms the lived experience of WTWRSA victim/survivors. Peter (2006) asserts the reality of women's capability justifies the feminist hesitancy to tackle the issue of women as violent perpetrators. However, it is my understanding that Peter's (2006) resolute need to emphasise that female perpetration should not be used to deflect from male perpetration serves three functions: it supports the traditional feminist reluctance to address the problem of female sexual offending (Fisher and Pina, 2013); it assumes perpetration rates are different (and higher for men), even though there is a widely-held acknowledgement that statistics regarding female sexual offending are limited (Brayford and Roberts, 2012); and it reinforces the apparent need to ensure women are not viewed in the same negative light as men, and that blame for the social problem of sexual offending lay predominantly with men (Allsop, 2014). As such, the argument for acknowledgement through, for example, social science research into women and crime, seems to ask for the marginalised and invisible (Schram and Tibbetts, 2014) to be included and made visible; yet, it upholds gender-based differences (in terms of male-centeredness) that caused this marginalisation and

invisibility. Here, it is fitting to end with thoughts from Eleanor about her wish for greater visibility of women as sex offenders:

> *I think visibility around the fact that, you know, if abuse occurs they expect it to be by a man towards a woman. That's kind of out there and accepted and known, and people would know who to seek out and speak to about things like that. There are still issues about people being believed but I think that is kind of a visible thing. Um, but I think in an ideal world it would be more about visibility of the fact that people may mention the fact that female abusers exist as well. Because it seems to be that people are very, very threatened by that idea, or they think it's not relevant, or they think that it happens to only a tiny minority of people. And that's interesting because… I do actually know of other friends and people who have been abused by a woman as well; so it doesn't seem quite as unusual as everybody seems to be saying it is.*

4.8: Reflections

From the findings discussed in this chapter, and returning to Wilcock's (2006) theory of occupation, it is clear that the things victim/survivors have done (their doing), have had done to them, and their sense of self and feelings about this (being) has led to a realisation of who they are (becoming) and their identity. However, in the context of being a victim/survivor, this has led to a heightened awareness of not achieving a sense of belonging. Therefore, the formation of aspects of their identity (including sexual and gender) has been disrupted: a 'biographical disruption' (Bury, 1982) which highlights the loss of meaning, value, and belonging in their occupational lives. That said, a strength that each respondent possesses is the ability to assess their conceptions of self – in consideration of their identity and that of their perpetrators – and to be able to articulate how they feel, and the sense they have made (or are making) of this. Their conceptions of self are influenced by the fact their perpetrators were women, and this is confounded by the misconceptions of others (those they have disclosed to and the general public) regarding women as sex offenders. The culmination of data, and those from the literature, is evidence of this ability to express, and to develop, their self-perceived personal identities in the sequelae of being sexually victimised.

Chapter Five
Emotion

5.1: Introduction

Key social psychological theory affirms that emotions are the outward display of how a person is feeling, and affect is the non-conscious experience of intensity which enables people's feelings to be felt (Shouse, 2005; Massumi, 2002). Emotion, therefore, incorporates the complexity of everyday human lived experience, as people subjectively experience a range of affective feelings that, in turn, affect the quality of their health and wellbeing (Panksepp, 1998). For this reason, 'emotion' befitted as the overarching theme for this chapter, which presents a discussion of the R1 and R2 data pertaining to emotion. Specifically, the victim/survivors were emotionally (as well as psychologically, physically, and sexually) violated, since their traumatic experiences have overpowered the internal resources that, ordinarily, provide people with the ability to cope through having a sense of control, connection, and meaning (Bryant-Davis, 2005). The magnitude of the emotional impact of being raped by a female perpetrator is clearly exemplified by something Tanya (R2) wrote: '*I should never have to feel that what I went through with my mother isn't as bad as what I went through with my father. Emotionally it's the worst thing I have lived through'.* In this chapter I discuss the following seven subthemes of emotion in turn: secrecy; disclosure; reporting, proof, and justice; belief and support; shame; fear and anger; and hope.

5.2: Secrecy

> Sexual trauma is more deeply internalized than any other trauma because it is locked within the victim as a silent secret. The entire being of the victim herself must become engaged in managing the internal pressure of keeping the secret, coping with that shame. This alone causes the brain to expend enormous amounts of energy to sort through thoughts, feelings, and beliefs after the trauma of rape or sexual abuse (Atkinson, 2013: 245).

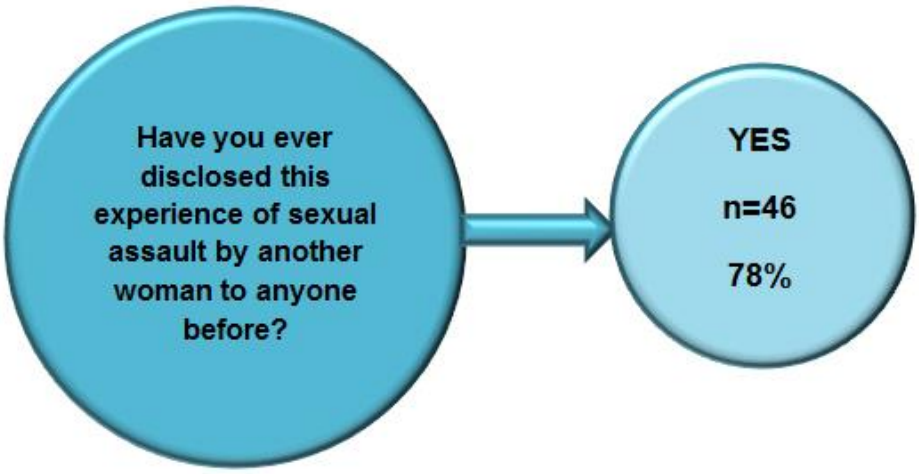
‘Secrecy’ is a term that represents the nature of sexual trauma that Atkinson (2013) writes about, as it denotes: silence; concealment; invisibility; solitariness; privacy; the unknown; and the hidden – all of which are recognised as prominent features of the victim/survivor lived experience (Walters, 2011; Gilroy and Carroll, 2009; Ahrens, 2006; Girshick, 2002). Whilst the discussion in this section relates largely to experiences of not disclosing, ‘non-disclosure’ does not represent the multifactorial nature of the findings from the data. Rather, ‘Secrecy’ represents the respondents’ range of subjective emotion-based experiences of keeping their rape or sexual assault a secret.

Secrecy surrounding rape and sexual assault, and the fact it has occurred, is experienced by victim/survivors in two ways: they are either made to keep their victimisation a secret (as found by Walters (2011), for example), or they themselves decide to do so (as found by Campbell (2008), for example). From the perpetrator perspective, it is thought that people are more likely to be victimised if they are regarded as less likely to disclose (Mason and Lodrick, 2013). It is crucial to consider the reasons as to why any victim/survivor may choose to remain silent (Ahrens, 2006), particularly because silence can intensify the impact of trauma (Phillips, 2015). Goffman’s (1959) *The presentation of self in everyday life* provides a useful way to understand instances whereby people (actors) need to prevent others (audience) from discovering their secrets. This dramaturgical perspective analyses the context of human behaviour using the metaphor of theatrical performance; people (actors) formally perform to, and socially interact with, their audience when they are on stage in front of them. It is in this front region that actors control the information they reveal and, therefore, they keep secrets. In doing so, people monitor (or manage) their emotions. Hochschild (2003) suggested that this self-management of feelings (acting) involves creating an illusion for the audience. However, Hochschild (2003: 48) warns the implication of doing so (and of keeping secrets) for people is that: ‘In the theater, the illusion dies when the curtain falls, as the audience knew it would. In private life, its consequences are unpredictable, and possibly fateful’. The ‘emotion work’ (Hochschild,

1983) of managing feelings can, nonetheless, regulate the boundaries between self and other (Freund, 1998) that are perceived as necessary by victim/survivors to maintaining their relationships with others. The specific reasons for secrecy amongst respondents are explored in this section of the chapter.

Firstly, it is useful to examine the prevalence of non-disclosure amongst the R1s and R2s. As presented in C3, 59 R1s specified that they are woman-to-woman rape or sexual assault victim/survivors. Of these, 46 (78%) respondents disclosed to at least one other person (see Figure 5.1), although 2 (3%) of these did not provide details of who or how many people they disclosed to. This leaves 13 people (22%) who did not disclose to another person.

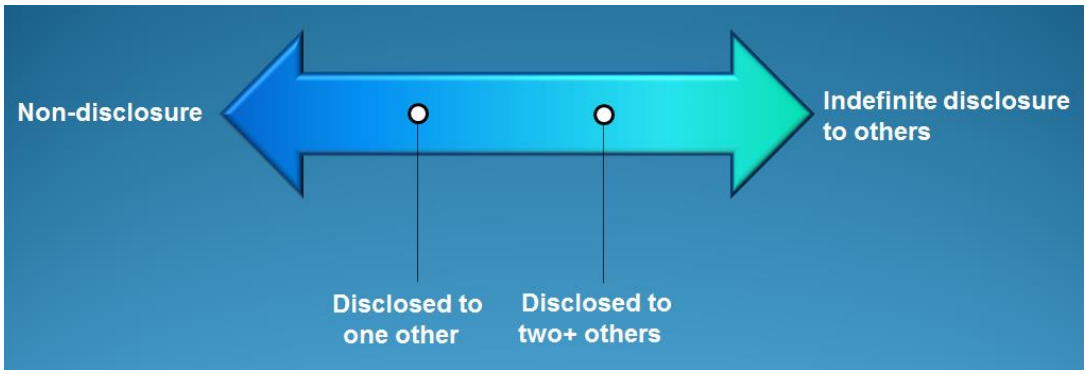
Figure 5.1: Amount of disclosure to at least one other person amongst R1s



Overall, the differences amongst the n=57 (97%) victim/survivor respondents (that did provide details of who they disclosed to), in terms of how many people they disclosed to, is understood to range from: complete non-disclosure (n=13, 22%); to disclosed to one other (n=18, 31%); to disclosed to two+ others (n=23, 39%); through to an indefinite level of disclosure (n=3, 5%). I have theorised this as a continuum of

disclosure (see Figure 5.2.). My rationale for doing so originates from the findings regarding disclosure from the R1 and R2 data, and is further supported by other research about the nature of disclosure post-sexual victimisation (e.g. Jacques-Tiura et al., 2010; Ahrens, 2006; Girshick, 2002). Hence, I appreciate disclosure is not experienced as a singular event but, rather, disclosure occurs as a continuous phenomenon that victim/survivors' consider throughout their lives, subsequent to being raped or sexually assaulted. This phenomenon, and the reasons for its occurrence, is substantiated by other researchers of woman-to-woman sexual offending (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). Owing to the emotional toll of disclosure, the process occurs along a continuum because victim/survivors often reveal pieces of information (not necessarily in chronological order) to different people (Ciarlante, 2007).

Figure 5.2. The continuum of disclosure



Non-disclosure is a feature of rape and abuse (Taylor and Norma, 2012, Miller et al., 2011, Priebe and Svedin, 2008), regardless of the gender of the offender; yet, findings indicate that, for some of the victim/survivors, non-disclosure was made more complex because of the gender of their offenders, as expressed by the following R1 account:

> *There's not enough publicity or advice for women to help them assert themselves or recognise it for what it is and while it's very much described and portrayed among men and women or men and men with women it's hidden but very prevalent* (R40).

Evidently, the difficulty to accept that women can sexually offend other women is influenced by the dominant stereotypical beliefs about traditional gender roles regarding what constitutes appropriate female behaviour (Goodman and Moradi, 2008), and the associated misconception that women are not capable of committing serious sexual offences. Denial of the reality that woman-to-woman sexual offending occurs can place victim/survivors at an increased risk of further victimisation and limited support (Walters, 2011), therefore increasing the likelihood of nondisclosure.

Of the 13 R1s that had not disclosed, one left the comment: *'Thank you'* (R124). Another, likewise, expressed thanks and wrote: *'Thank you for looking at this area. I have felt alone but I can't be. Good luck with the study'* (R86). Feeling alone in the aftermath of being raped by another woman was experienced by respondents in the literature I reviewed (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). In terms of the gratitude these R1s express, I can only surmise they were doing so in response to having had the opportunity to share their experience, by means of completing an anonymous web-based survey. The survey provided the opportunity to disclose, and to have that disclosure recorded, documented, and – potentially – shared in public forums (such as through conferences and publications). Seemingly, many of these women chose to respond specifically because they have felt alone with their experience (Johnson, 2009). Realistically, those that did respond to my survey might represent the tip of the iceberg (Johnson, 2014) of WTWRSA victim/survivors.

All of the R2s reported they had disclosed to at least one other person (they are therefore not included amongst the n=13 (22%) of R1s that have not). This could be indicative of their consent to take part in the second phase of the research, and to feel

able to share their stories with me. Undoubtedly, a pre-requisite for disclosure to others is the victim/survivor's own acceptance of the sexual victimisation as a part of their life experience, as I discussed in C4, 4.5: 'Conceptions of self'. Yet, as discussed in C2, a key barrier to identifying as a rape victim/survivor is the influence of rape myths and beliefs about what constitutes a 'real rape' (Maier, 2014; Hayes-Smith and Levett, 2010). Additionally, the first-ever instance of disclosure necessitates the victim/survivor to expose what had, up until that point, been a secret. However, Dickson-Swift et al., (2007) report that the researchers in their study - which explored the challenges of doing sensitive research - believed their respondents experienced a sense of relief, specifically from being able to talk about their secrets.

The level of disclosure amongst the R2s was variable, yet each one of their accounts contains reference to the perceived need to maintain secrecy regarding their victimisation. Namely, Sarah and Tanya were made to keep their victimisation a secret, and Ali, Cailey, Eleanor, Gabby, Isla, Jessica, Kiera, and Simone decided they have – at times – needed to keep it a secret. Even Lauryn – who was very clear that she believes it is important to tell people she knows – mentioned an occasion this felt impossible. Lauryn told me she felt she had to decide against officially exposing the secret of her victimisation, when she decided not to press charges against her perpetrators. This was because she feared they would find her at home and kill her. Undoubtedly, the decision about whether to report rape or sexual assault is just one amongst a range of other decisions about important life issues that victim/survivors have to make (Astbury, 2006).

The threat of harm or adverse personal repercussions for the victim/survivor is something Girshick (2002: 63-64) places on a continuum of violence; she explains:

> My use of the word "continuum" is similar to that of Liz Kelly's. Items on a continuum have a basic underlying character, and the elements pass into one

> another… the continuum allows us to link behaviors and analyze them in the context of the society.

This embodies the nature of the ongoing threats to victim/survivors of intimate partner violence, as frequently reported in the literature (Nichols-Hadeed et al., 2012), as well as the type of violence within the family (Taylor and Norma, 2013). With regard to the latter, the influential function of perceived or actual harm was experienced by Tanya, who has moved and changed her name several times so that her perpetrators cannot trace her. However, Tanya's story was centred around her belief that if she remained silent she would be reinforcing the denial by others - including rape crisis campaigners - of woman-to-woman sexual offending (specifically, in her case, mother-to-daughter):

> *I can not afford to be silent because I am fully aware that silence allows abusers and rapists the biggest tool they need to carry on… To me staying silent is allowing her to rape me all over again because my silence allows people to think it didn't happen and doesn't happen.*

In a different way, Sarah was threatened to keep her *'mouth shut'* because one of the offenders was a police sergeant; she said: *'So I just put it, as best I could, I put it behind me. I've never really talked about it since then until now'.* This enforced silence is recognised as a perpetrator tactic (Wall and Quadara, 2014) and, for Sarah, it means she has been alone with the after-effects of being raped by a group of women and a man. Maintaining silence is understood as a painful emotional burden (Townsend, 2014). For some, not wanting to talk about their victimisation is understood as a coping mechanism; Danielle speculated whether the reason Gabby did not want to tell her own story was because she was *'… trying to shut it off still'*. The problem with trying to forget anything happened is that this in itself becomes a secret the victim/survivor has to keep to themselves (Atkinson, 2013).

Another reason Isla, Jessica, and Simone maintained some secrecy was their perceived need to protect their family – particularly their parents - from finding out about their experiences. Simone said: *'I probably stayed away from my family as much*

as I could… I would speak to them though, you know, on the phone because I just didn't want them to think something was wrong'. Jessica's decision not to disclose the victimisation by her partner at the time – Selena – was based on her heightened awareness of the difficulty of having to explain woman-to-woman rape, as well as the fact her parents already knew Selena had been physically abusive to Jessica, who said:

> *… I didn't want to worry them anymore. And I think as well the explanation of, well, you know: How does a woman rape another woman actually? You know. I suppose that was it really. I suppose I wanted to protect my mum a bit.*

Such secrecy is concerning, considering Walters' (2011) suggestion that when lesbian intimate partner violence victim/survivors seek help (therapy, in this instance), yet keep the physical and sexual violence a secret, the 'batterer' is empowered. Walters (2011: 263) explains this empowerment arises because the perpetrator has made '… the survivor participate in the sabotage of outside assistance. By the survivor purposefully keeping this information from the therapist, the batterer's behaviour is minimized along with the seriousness of the situation'.

As discussed in C4, Cailey, Kiera, Lauryn, and Simone were each worried that disclosing their sexual victimisation to their parents would also mean exposing another secret: their sexual identity. They were therefore fearful that disclosure could lead to isolation and rejection. Smart's (2011: 542) work on family secrets explicates how people either remain silent about their gay sexual identity because of their family's conflicting values or, for those whose families knew, they felt they were then '… the family secret because of their sexual orientation'. These feelings mirror similar concerns reported to be experienced by non-woman-to-woman rape victim/survivors, who fear social rejection and isolation due to disclosing their victim/survivor identity (Taylor and Norma 2012; Taylor and Gassner, 2010). However, when there is potential for other personal information to be revealed – such as sexual identity – this fear is further compounded. Rejection following disclosure can be detrimental to

victim/survivors' psychological wellbeing (Chaudoir and Fisher, 2010). For Cailey, knowing that her parents would be opposed to her gay sexual identity impeded any thoughts of disclosing her experience (which she named sexual abuse and rape) and, ultimately, became a key precursor to self-harming: *'… as I've looked back and had counselling and reflected back I've realised that that was maybe because I wasn't out and I couldn't tell anybody'.* Cailey's experience concurs with Phillips' (2015) findings that when trauma goes relatively unspoken it can manifest as more violence to self. Posttraumatic secrecy was also enacted by Kiera - who tried to keep the amount of alcohol she was drinking a secret from family and friends - and also by Ali and Eleanor, through their secreted self-harming behaviour:

> *… I kind of developed a pattern of being secretive about the self-harm thing* (Ali).
>
> *I was self-harming by the time I was eighteen but not before that because I had no privacy at all. And so anything that I'd done, my mum would see and know about* (Eleanor).

Understandably, at any point along the continuum of disclosure (Figure 5.2), the event is an exposing experience. This feature of disclosure as exposure is something I introduced in a paper I gave at a BSA Auto/Biography Study Group conference (Twinley, 2015). For my respondents exposure has been multifaceted and has included any combination of exposing the secret of their victimisation along with: their sexual identity and orientation; the gender and identity of their perpetrator; the details of the actual act of rape or sexual assault; the impact upon their mental and/or physical health; and their engagement in self-harming behaviours.

5.3: Disclosure

In addition to the barriers to a first ever disclosure (and any further subsequent disclosures), findings from analysis of the R1 and R2 data have revealed: the reasons for, and facilitators of, disclosure (discussed in this section); and reactions to disclosure

(discussed throughout this chapter). Figure 5.1 illustrates that a total of n=46 (78%) of the 59 victim/survivors have disclosed the experience of rape or sexual assault by another woman to at least one other person. Disclosure to at least one other person is encouraging, considering that this can be the gateway to victim/survivors receiving support and, potentially, accessing health and criminal justice services (Ullman, 2010; Ahrens et al., 2007). What is more, disclosure breaks the debilitating nature of keeping rape a secret (Atkinson, 2013).

One of the web-based survey questions asked R1s to write their relationship with the person, or people, they have disclosed to; 44 (76%) provided a response to this question. Figure 5.3 is a word cloud[9] created to visually display the range of people these respondents have disclosed to.

[9] Figure 5.3 was created using www.wordle.net, a free on-line software system that enables users to generate '…"word clouds" from text that you provide. The clouds give greater prominence to words that appear more frequently in the source text' (Feinberg, 2013).

Figure 5.3. A word cloud presenting the prominence of the people R1s named that they have disclosed to[10]

Clearly prominent are: partner (not including the other related descriptors respondents used, also visible in the word cloud: 'girlfriend', 'current partner', 'current civil partner', 'ex-girlfriend', 'ex-partner', and 'husband'); friend (other descriptors used were 'friends', 'close friend', 'close friends'); and 'therapist' (other related descriptors used were 'psychotherapist', 'psychiatrist', 'psychologist', and 'counsellor'). Similarly, Girshick (2002) found those respondents in her research that expected to be believed had told intimate partners, family, or others they knew well and trusted. However, she does not explore whether these disclosures were initiated by the respondents; Ahrens et al. (2007) certainly found that of the 94 rape victim/survivors who had disclosed to at least one other person, 36.2% (which I calculate as being n=34) reported these disclosures

[10] The word cloud includes police because two respondents noted (only) 'police' in their response to the survey question asking them to write the relationship to them of the person or people they have disclosed to. I am aware this is likely due to my design of the survey, and because I included police in the list of examples provided (as well as: partner, family member, GP, colleague, and distant friend). I am aware disclosure and reporting to the police are very different acts, with differing consequences. For this reason, reporting to the police is discussed as a sub-subtheme (Reporting, proof, and justice) later in this Chapter.

were initiated by others. Here, it is fitting to discuss the reasons for disclosing, and factors that facilitated this, amongst the respondents.

Just as Girshick (2002) reports, the R2s disclosed to people they expected to be believed by, and/or knew well, and/or trusted. For instance:

> *… she's still a close friend but like, yeah, at that time she was like my best friend* (Ali).
>
> *I talked to somebody that I thought I was quite close to, with* (Sarah).
>
> *… I found it easier with my current partner because, well, I just felt I could tell her* (Simone).

For some respondents, telling me their story in their interview was one of very few disclosures they had made:

> *I think the only person I've told is you, about that and, um, a very good friend of mine* (Jessica).
>
> *… you're only the third person in the world who knows. There is Zoe [current intimate partner], there's this police officer [close friend] but she doesn't know too much detail, she just knows patchy details, then you and that's it because I don't really like talking about it* (Cailey).

Even though talking about being sexually victimised can be difficult and distressing, experiencing an emotional disclosure by either telling someone or writing about it (as Tanya did) is understood to help the victim/survivor to gain increased insight and understanding about their victimisation, as they create a structured narrative about the incident/s (Gilroy and Carroll, 2009; Pennebaker, 2000). This was something Cailey, Eleanor, Isla, Lauryn, and Simone reported when they spoke about the more supportive reactions to their disclosure they received from their current intimate partners. Interestingly, researchers such as Jonzon and Lindblad (2005) found supportive reactions from partners can have a positive influence on the victim/survivor's health. However, this does not negate the emotional impact of being raped or sexually assaulted upon the victim/survivor and their intimate partners, as illustrated by

something Isla said when she spoke about the effect on her current partner and their sexual intimacy:

> *[She was] really supportive but, obviously, it does impact on her. And, um, when the same things keep happening, the same difficulties keep coming up, it's really frustrating and upsetting… it's definitely impacted on the relationship and what it could have been like if, if maybe I didn't have this experience.*

Likewise, Simone explained how the primary factor that led her to want to tell her current partner was their sexual relationship:

> *I had to say something because I, I knew I wanted to be with this woman, you know, in every sense and I wanted this relationship to be a positive and healthy relationship and, so, when I started to tell her she actually said that she had never thought another woman would do such things.*

However, even though Simone's partner reacted with some shock, Simone told me what her partner's overall reaction, and want to understand, meant to her:

> *But she immediately told me she wanted to understand as best she could and that, yeah, I guess that was the difference. She was honest and said she hadn't considered the possibility of a woman raping another woman but she, I don't know, she just didn't immediately react with a, um, a look of shock, or a look of not understanding and that meant a lot.*

For Ali, Cailey, Eleanor, Jessica, and Lauryn, a factor that contributed to some of their disclosures was their knowledge that the person had also been sexually victimised. Cailey said her partner had *'… had a similar experience when she was growing up. Not anything like it, she was with a boy and he tried to rape her and she got away and, um, she told me about that and she knew that there was something that I was not telling her'*. Ali spoke about his second experience of telling a friend:

> *[It] was actually quite recently and that was more of a, um, in the context of talking about past life experiences… so he mentioned that this had happened when he was younger and so I suppose I just sort of shared similarly, you know, that I was in a relationship with someone… and similar things happened, and it hurt still.*

Jessica's experience of being sexually victimised by her intimate partner – Selena – was something she disclosed after learning her close friend was also a victim/survivor of woman-to-woman rape. I asked Jessica *'So, did you find out about that after you told her about what happened with you? Or-'.* Jessica replied: *'I think she started telling me first… We, as soon as we met we were like kindred spirits me and her and, and there were no holds barred with the chin-wagging, you know, about it all'*. Hence it appears the factor facilitating Ali and Jessica's disclosures was to help another person, after learning they had also been sexually victimised. This finding is concurrent with Jacques-Tiura et al. (2010), who found similar experiences amongst the 136 African American and Caucasian victim/survivors in their sample. Jacques-Tiura et al. (2010) affirm that the personal characteristics of recipients of disclosure can influence who a victim/survivor discloses to, and their reasons for doing so.

As Figure 5.3 shows, the other prominent recipients of disclosure were professionals that use talking therapies. I discuss the respondents' experience of disclosure to therapists for the purpose of seeking therapeutic support in C6, 6.7: 'Accessing support'. Here, it is worth noting that, whilst the access to this support is encouraged for WTWRSA victim/survivors (Gilroy and Carroll, 2009), affirmative relational issues between client and therapist are necessary for a positive therapeutic relationship (Briere and Scott, 2013). Girshick (2002: 112) certainly noted the positive influence individual or group therapy had for 21 of the women in her study, stating that therapists are: '… experts who listen to secrets others in society might try to silence and whose legitimate role is to examine, name, and give meaning to experience'. Yet, as I discuss under the subtheme 5.5: 'Belief and support', not all disclosures by respondents – be that to therapists and/or significant others – were met with acceptance and support.

5.4: Reporting, proof, and justice

Every victim of crime has the right to report this to the police, and to make a Victim Personal Statement that explains the impact of being victimised, all with the aim of seeing their offender brought to justice (Gay, 2015). However, the decision to report a sexual offence necessitates the victim/survivor self-identifying as such, and thereby recognising they have been raped or sexually assaulted (Krahé and Berger, 2009). Moreover, a particular concern is that, compared to the last fifteen years, victims and witnesses of crime are currently waiting longer in the hope of seeing offenders brought to justice (Rossetti, 2015). With sexual offences recognised amongst the most challenging problems criminal jurisdictions face (Taylor and Gassner, 2010), the decision to report woman-to-woman rape or sexual assault is, understandably, fraught with many challenges and complexities.

Only three (5%) of the R1 victim/survivors indicated that they had reported the woman-to-woman sexual offence to the police. As explained in footnote 9, under Figure 5.3, R19 and R53 noted 'Police' when asked to write the relationship to them of the person or people they disclosed their perpetration to. A third respondent (R126) mentioned the police in the free-text box at the end of the survey. Apart from R53, the remaining two felt they received support from the CJS, specifically in response to disclosing sexual assault by another woman. The level and nature of this support is unknown, yet each of them left an indicative comment about their experience:

> *The police didn't prosecute her for the sexual assault against me, but they did prosecute her for the violence associated with it (it was ongoing domestic abuse)* (R19).
>
> *Contacted the police they came to house but did nothing, this was in the 1980's* (R126).

I assume that R19 received support from the police because they did prosecute her offender, just not specifically for the sexual assault. R126's comment hearkens the

experience of Campbell's (2008) only respondent who disclosed (and reported) her episodes of woman-to-woman rape; these were reported to the police, and yet no criminal conviction was made.

Unexpectedly to me, although none of the R2s indicated they reported to the police in their survey responses, each one of their stories was rich with narrative concerning: the police; reporting the crime; proving the crime; female sex offenders; and the current UK legal standing regarding rape and sexual offences. On reflection, I understand this commonality, or coherence, within the R2 data is likely due to their feelings of being in a difficult dilemma. On the one hand, victims of any crime are encouraged to report; yet, on the other hand, sexual offences remain underreported crimes (Opinion Matters, 2010; Ewing, 2009) with extremely low conviction rates (Ministry of Justice, Home Office, and the Office for National Statistics, 2013). Still, the pressure to report is compelling:

> If you have been raped or sexually assaulted, you should report it to the police as soon as possible. You will be dealt with sensitively by specialist officers… You may be asked to give the police the items of clothing you were wearing when you were attacked because they may contain traces of evidence that can identify the person who attacked you (NIDirect, 2014b).

The assertion that victim/survivors have a responsibility to report rape and sexual assault can intensify their feelings of shame and guilt (Taylor and Norma, 2012). Unhelpfully, this pressure to report - as part of the victim/survivor's responsibility - is reinforced by the UK media, as evident from headlines such as: 'Madonna was too 'humiliated' to report her rape. But should victims be obliged to tell the police?' (Sanghani, 2015), and 'Police appeal for Islington rape victim to come forward after alleged attacker was apprehended by heroic witnesses' (Alwakeel, 2015). The repercussions of reporting, and the reasons for not wanting to do so, must be considered. Opinion Matters (2010) conducted a web-based survey (on behalf of a group of Sexual Assault Referral Centres in London) of 1061 people in London, with

the aim of identifying the emotional barriers that prevent victim/survivors from accessing support. In the report, it is stated that:

> It is often assumed that the reporting of low conviction rates in the media acts as a deterrent to those considering whether or not to report to the police… the reasons for not reporting are considerably more complex and involve beliefs about rape and the fear of being judged or held responsible (Opinion Matters, 2010: 2).

Essentially, together with a fear of their perpetrator not being convicted, there are other reasons for not reporting that derive from the emotional pain victim/survivors endure, as expressed by Isla: *'I would be worried that nothing would happen and it would just be more, sort of, heartache with no real consequences; like nothing would come out of it'*. Indeed, for various reasons, eight respondents (Ali, Cailey, Eleanor, Gabby, Isla, Kiera, Sarah, and Simone) felt they could not report, or chose not to report, to the police. As victim/survivors of WTWRSA, there are additional, unique reasons for their non-reporting, as highlighted in the literature reviewed. Namely, these are: fear of homophobia (or biphobia, or transphobia) and heterosexism (Walters, 2011; Sloan and Edmond, 1996); disbelief that police will respond seriously and the lack of evidence (Wang, 2011); fear of being outed (Campbell, 2008); shame and self-blame for being sexually assaulted by another woman (Gilroy and Carroll, 2009); lesbian invisibility, the myth of a lesbian utopia, and the assumption that women are not violent (Girshick, 2002).

The multifaceted emotional impact, and the ramifications of reporting to the police, was considered by every R2. This includes Lauryn - who reported to the police – and Tanya, whom I assume reported, as she wrote about the police opinion of her victimisation; Tanya expressed her feelings about this, writing: *'I have every right to call my father a rapist. I am absolutely sickened that I don't have the right to call my mother a rapist'.* In Lauryn's case, she reported to the police but decided not to press charges due to fear for her and her parent's lives. Lauryn said: *'… so eventually I went back to the police*

and said: "I can't do it" and it was a female police officer too and she said: "Oh yeah well that's probably a good thing, just put it down to experience'". When discussing what response she would have found preferable, Lauryn said: *'… even if they had just had the appearance of taking it seriously then that would have been helpful'.* Due to the absence of recognition of woman-to-woman sexual offending by and within the UK CJS, the negative first-hand experiences of victim/survivors, like Lauryn and Tanya, are damaging (to them) and disconcerting for others who consider reporting.

Jessica had police involvement in the aftermath of her violent and abusive relationship with Selena, though she never specifically reported her sexual victimisation:

> *With Selena, obviously the police got called in the end and all that sort of thing but that incident was never mentioned to the police. I mentioned all the other violent episodes, and the stories, and the locking me out, and the this and the that, but I never went into detail about that.*

As I discussed above in 'Secrecy', Jessica is not alone in deciding against reporting her sexual victimisation, within the context of her IPV (WHO, 2010). Likewise, Ali spoke about how telling the police *'…. never really felt like an option'.* Similarly, Campbell (2008) found nine of her 10 respondents felt reporting to police was not an option. Ali explained several complex reasons for his feelings regarding police involvement:

> *… I sort of thought: Well, like, anyone looking from the outside would sort of see it as two people with mental health issues - one of which is claiming that these things have happened and the other of which is saying that they were abused in the past. You know, not to mention lack of evidence… I was aware that investigations would have to happen and stuff and there was no kind of case to be made I guess… and then I think the fact that it was kind of within a relationship context… I suppose I was thinking: Well, you know anyone could kind of look in and say: "Well we saw you two out together doing different things and, you know, you were obviously happy enough then and so, you know, who's to say that you weren't quite happy going to bed and stuff?"*

Understandably, there are barriers to reporting, and difficulties with proving, intimate partner violence (Starmer, 2011). One explanation for this is because of the continuum of violence (Kelly, 1988) on which IPV has been found to exist, within opposite and

same-sex relationships (Jacobson et al., 2015). Aside from this, Ali was clearly concerned about the stigma surrounding mental health problems and being believed. This is detrimental, as a victim/survivor, like Ali, is at risk of experiencing a posttraumatic exacerbation of their pre-existing mental health problems (Brooker and Durmaz, 2015).

In Kiera and Sarah's cases, the context within which the rape or sexual assault occurred was a factor that impacted upon their decision not to report. Specifically, the emotional impact of being victimised in a social group setting was evident in their stories. Kiera explained why she felt unable to contact the police, stating: *'… it's just, the way it made me feel, because everybody was laughing and… you know, probably the police would have laughed at you. Because nobody else saw it as a threat'.* Similarly for Sarah, she reported how the whole group laughed throughout her episode of being gang-raped. Sarah was immediately left in a deep state of shock; she said: *'I had never heard of females gang-raping… I'd never heard of it. I was totally unprepared for that; that was what really shocked me. That was the, err, the shock'.* However, Sarah's reaction to the rape was diminished and, immediately, Sarah was threatened not to report, as she was warned that one of her perpetrators was in the police force. Sarah told me about her close friend's reaction to her partial disclosure of the incident, and her friend's thoughts regarding reporting to police:

> *… she said: "Yes, you really should go to the police but, let's be honest, is it going to do you any good? The publicity and the misunderstanding is probably going to do you more harm than it will do them, and you, you're not even sure you can prove it; it's your word against half-a-dozen other people so, you know, they could say you were drunk or on drugs or anything, especially as one of them-". She was appalled, especially as one of them was a serving officer, and a Sergeant, at that.*

Similarly, Cailey was advised against reporting by a close friend, also a police Sergeant, whom Cailey revealed told her:

> *… "You could put some things through with the police but", she said, "this is a minefield of a topic area. If it was a man we might be able to get somewhere but, still, prosecution is unlikely because it is a woman - you're talking about 1% prosecution rates or something". So she said: "It's not worth dragging you all through that" and she said: "No doubt Tori would just deny the lot of it". You know, because I was at my friend's house, my parents don't know to this day, um, it's my word against hers on most of it. I deleted all the emails I ever got from her, set up a new Facebook account so there is nothing that would be able to name her.*

Stories such as Ali's, Cailey's, and Sarah's reflect the concerns of Isla and Simone, specifically in terms of being able to prove the rape or sexual assault by another woman. Likewise, one of the R1s left the following comment precisely about the issue of providing evidence:

> *I went to a clinic after being violently raped by a woman and was told they could not gather any evidence as women do not leave evidence like men such as sperm. I felt I had been raped but they made me feel like I was wasting their time*.

Simone's fears of such a potential reaction prevented her from reporting being raped by an acquaintance; she reflected deeply on her thoughts and emotions surrounding this:

> *… actually when I got out of her flat, I was walking and I was thinking: Should I just walk to the police station?… I just talked myself out of it… I was thinking about: Well, actually, this has just happened to me, I have got evidence because it's just happened. But it's not obviously the evidence the police normally are used to dealing with, in terms of rape, is it? Because they would be looking for sperm and things and obviously I wouldn't have had that, but, as I say, I was cut and yeah bleeding a bit and in a lot of pain and whatever else… [I was] scared. Scared of what their reaction would be, scared of where it would lead to, you know… forward to the future and think: Oh yeah, could I be stood up in court and have some judge trying to say, you know: "You're trying to say you've been raped by another woman?" You know, I just, I don't think so, I really don't think so. And then maybe that's my own opinion and maybe I shouldn't be prejudiced in assuming others lack of understanding. But, there was just no way I could have done that, gone to the police even; that takes courage even when you can be pretty sure they understand, or have, you know, heard about what, um, the form of sexual attack that you have experienced.*

Without any (UK) literature regarding the issue of woman-to-woman rape victim/survivors providing evidence to draw upon, I can only reason that, clearly, for

respondents such as Simone, seeking justice is prevented by the combination of a perceived lack of understanding by the CJS, and an awareness of the implications of the UK law for WTWRSA victim/survivors. The latter was discussed by Ali, Cailey, Danielle, Eleanor, Kiera, Lauryn, Sarah, Simone, and Tanya. Danielle and I discussed the current Sexual Offences Act (Great Britain, 2003) and Danielle observed: *'Well that's hard if there is a woman-to-woman rape, isn't it?'* On the very issue of the legal definition of rape in the UK, Cailey said:

> *… the law might need to change because I think the law is a bit – because when I spoke to the police officer she said: "Well, it can't be referred to as rape so then the sentence comes down by about eight years so it's not really worth going through all the court and things for all that and then the chances of prosecution is minimal". So I think they might need to change the definition of rape.*

Eleanor and Tanya both commented on the legal standing when the sexual offender is your own mother. Eleanor said: *'I've never spoken to the police or anything. I'm not really sure how they would, how they would classify it anyway'.* Tanya wrote about her wish for the UK law to change, so that there could be legal recognition of her experience of being raped by her mother:

> *I will never ever get justice for many reasons. One of the biggest reasons is because my rapist was a woman. The law means a woman can not rape. This means I am silenced. It means I do not even have the right to label what happened to me it is already determined by others who can not imagine what I have suffered. I am invisible when it comes to victims.*

It is not acceptable that a sexually victimised person should feel that the laws applicable in their country of residence do not represent their experience; victim/survivors should not have to express this by explaining, as Tanya does above, that: *'This means I am silenced'.* The emotional implications and exhaustion (as identified by Girshick, 2002) of being and self-identifying as a woman-to-woman rape victim/survivor in a country where this is not legally recognised as a sexual and criminal offense was also expressed by Ali:

> *… even legally the definitions are fuzzy so then… if legally you're not sure it counts and people don't generally think it counts then you're sort of stuck with not really knowing whether you're even entitled to feel the way you do.*

5.5: Belief and support

> Individuals whose identities are based in traumatic life experiences such as sexual assault and childhood abuse may need intense emotional support as they deal with intrusive thoughts about their experiences and work to regain self-esteem and trust in others (Chaudoir and Fisher, 2010: 253).

Whether victim/survivors formally disclose by reporting to police, or disclose to informal sources of support (e.g. intimate partner, friend, or family member), the importance of being met with belief is vital, particularly as '… disclosure can also result in the rape victim receiving emotional support (Ahrens et al., 2007; Andrews, Brewin, & Rose, 2003; Filipas & Ullman, 2001; Ullman, 1999, 2000, 2010; Ullman & Filipas, 2001b)' (Paul et al., 2013: 2). Clearly, key to receiving this emotional support is the need for victim/survivors to be believed (Ahrens, 2006).

Unfortunately, some of the R1s and R2s have not been believed, and received unsupportive reactions from those they disclosed to. For example:

> *Its something that is hard to discuss esp when I'm still coming to terms with it myself. I told an ex once and she just laughed at me saying that's impossible how can a woman rape another woman… not the reaction I needed! I am still emotionally recovering from it…* (R149 – survey response).
>
> *People were unsure it was possible (friends and ex boyfriend) and found it hard to believe* (Isla – survey response).

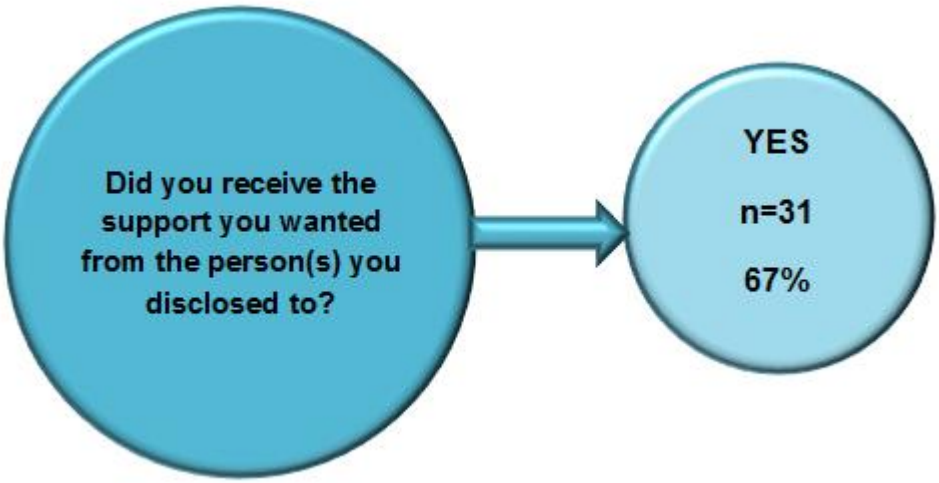
When victim/survivors seek help from services anticipated to meet their needs (CJS and health, for example), they place trust in the people providing these services, whilst simultaneously anticipating disbelief, blame, and denial of support (Campbell, 2008b).

Because of this, disbelief can be more than a one-time occurrence, and may be experienced as multiple reinforcements of disbelief, as expressed by Tanya, who wrote:

> *The law tells me my mother didn't rape me. Rape crisis campaigns tell me my mother didn't rape me. Society and its attitudes and beliefs tell me my mother didn't rape me. The police tell me my mother didn't rape me.*

However, as Figure 5.4 shows, of the 46 respondents that have disclosed to someone informally, n=31 (67%) felt they received the support they wanted. This is encouraging to learn, and it would have been interesting to know how long after their victimisation they sought support. Girshick (2002: 130) found that, amongst her respondents, there was a delayed reaction to their victimisation, and to seeking help; she explains: 'Seeking help from a therapist, an agency, or the police looked like a better option in retrospect years later than it did at the time when survivors felt shame, feared their abuser, or were uncertain of police response'. The occupational disruption that trauma creates (Rosenbloom and Williams, 2010) in victim/survivors' daily lives can mean their focus is primarily upon coping on a day-to-day basis (Campbell, 2008). Victim/survivors must rebuild themselves, and their daily lives, in a way that is compatible with their experience of being sexually violated (du Toit, 2009).

Figure 5.4. Amount of R1s that felt they received the support they wanted from the person (or people) they disclosed to



The type or amount of support received by the 46 R1s that have disclosed to someone was not clear (I did not design the survey to ask about this in more depth). One left the comment: *'I got varying levels of support, my friends were great, therapist great, parents not so much'* (R164). The type of support R2s (like Ali, Cailey, Eleanor, Isla, Jessica, Lauryn, and Sarah) mentioned was centred around being listened to, and being able to talk to someone about parts of their experiences, even when the other person did not always fully understand about the woman-to-woman perpetration. Isla felt her current partner has been supportive, and frequently expressed frustration around the impact of her PTSD symptoms upon their intimate relationship:

> *… my girlfriend's been really supportive. Um, I think sometimes it can be difficult to understand why I keep reacting in the same way… but she's very, very patient with me. I think it's quite difficult to understand as well. And I think she can get frustrated but not frustrated at me. Like, frustrated at the situation and things, which I think is understandable. Especially when it's the same situations, or whatever. One time it can be fine and other times more difficult.*

Of the R2s, Kiera, Simone, and Tanya were amongst the n=15 (33%) that have not felt supported by people they have disclosed to. Interestingly, Simone and one other R1

wrote that they have only disclosed to their partner and therapist, and both mentioned an unproductive disclosure experience with their therapist. One explained how this was a barrier to being interviewed by myself: *'This is an issue that I hope you find women who will talk about it with you. My therapist thinks I should not talk to anyone else but her, sorry'* (R60). This indicates an unhealthy therapeutic relationship that fosters dependency on the professional, which usually signals clients should plan to end their relationship with the therapist responsible (Atkinson, 2013). R60's emotionally destructive experience of therapy conflicts with Gilroy and Carroll's (2009) assertion that the effectual therapeutic relationship is egalitarian in nature. Simone's experience was in no way co-dependent. Rather, Simone left the following explanation for her survey response:

> *My answer 'no' I did not receive support was really about my therapist as I feel my partner has been supportive (even though at first she found it hard to believe or understand how women can rape women). I regret even telling my therapist*.

In her interview, Simone spoke further about her experience in therapy, and her feelings that her therapist might not understand woman-to-woman rape:

> *I also didn't feel that she felt it important to talk about the fact both people who raped me… she didn't, well, still doesn't ever analyse the fact that both were women. For me that is significant and I guess, actually, yeah, it's been a barrier and is a barrier to my therapy, in terms of how I'm engaging with it overall.*

The concern over belief and support was a key issue for many of the respondents. One R1 wrote: *'I would never disclose because I don't think current services (as above) are prepared to help and so I'm worried how some of them might respond'* (R140). Lauryn left a comment on her survey response about her *'… own experiences of health professionals being shocked by the nature of the assault on me'*.[11] Three other R1s left emotive comments related to their experience of non-support following disclosure. This

[11] I discuss the receival of support from health and/or social care services, specifically in response to disclosing sexual assault by another woman, in more detail in C6: Survival.

non-support was experienced in the form of either: not being heard, or being met with silence; invalidation of their experience; and not perceiving woman-to-woman sexual offending as serious. One disclosed to a friend, rape crisis, and a therapist, and wrote: *'When you try and talk no one wants to know. They go silent making you feel a freak'* (R150). The second – who disclosed to one friend - wrote: *'People don't take it seriously at all, in fact it's almost funny for guys to contemplate'* (R111). The third, who disclosed to her husband, therapist and friends, commented they had been supportive but that she had received '… *a great deal of invalidation from some people'* (R156).

Just as my review of the literature pertaining to woman-to-woman sexual offending uncovered, the prevailing barrier to victim/survivors receiving support, and feeling understood, is the silence and invisibility of the occurrence of woman-to-woman rape. Due to this, the victim/survivors themselves are disadvantaged by a silent and invisible existence. Emotional recovery through re-developing trust in others and regaining self-esteem cannot occur if victim/survivors are silenced and made to feel powerless (Chaudoir and Fisher, 2010; Ahrens, 2006). It is concerning that some of the people who do not believe woman-to-woman rape occurs, or react unsupportively to disclosures by victim/survivors, are people involved in delivering support services. Denov (2003) similarly found some of the victim/survivors, sexually abused by women as children, who she interviewed experienced secondary victimisation through the unsupportive reactions of professionals. Equally, it is concerning that some of this silencing has been enacted by other (feminist) women. For instance, Lauryn told me about a major feminist organisation she had contact with (for work reasons) that provides specialist services for female rape and sexual violence victim/survivors:

> *… I was a bit of a pain in the arse because it was very feminist based – as it should be, historically – but it wound me up because they were very dismissive of anyone who had not had a typical experience and they sort of vaguely insinuated that Lisa only did what she did because of her abusive relationship. And she was in an abusive relationship, but at the same time she enjoyed what she was doing. You know, I was there, I could see!*

Likewise, Eleanor mentioned her involvement on web-based feminist forums, whereby she engages in discussions and feminist posting about rape and sexual assault. Regarding the response of others, she explained how their reasoning was problematic:

> *… when it does happen, it's not just: "Well men make women do this and so it's really men's fault". Well really that's very insulting on many levels, not least which, you know, women can't make their own minds up, or decisions, ever. I mean there are instances where that happens but you know, nobody forced my mum into anything.*

Eleanor explained that she commonly receives unsupportive reactions to her online disclosure of being sexually abused by her mother, which she does with the intent of raising awareness of woman-to-woman sexual offending. Eleanor gave an example, saying:

> *… someone will jump off the deep end because you mentioned the fact that women are rapists and abusers as well, and they'll just be like: "You're just bringing completely ridiculous arguments into this; you're taking things off on a tangent; that's nothing to do with anything; it's a tiny, tiny minority", it's, you know: "It shouldn't even be included in any campaigns or anything" And it's like: "Well this, this exact response is the problem" and that's the problem that I think you get everywhere.*

Seemingly, the reality that women can be emotionally, verbally, financially, psychologically, physically, and sexually abusive is one that is in stark contrast to the traditional feminist perspective that prioritises gender oppression, and inequality, to explain violence against women (Sokoloff and Dupont, 2005). The personal stories of WTWRSA the victim/survivors shared with me challenge this rationalisation, in addition to other people's complete disbelief. First-hand lived experience should not be denied, ignored, or disbelieved. On this topic, DeKeseredy and Dragiewicz (2007) wrote an article responding to Dutton's (2006) book, titled: *Rethinking Domestic Violence*, which they believe is an example of the conservative criticism of feminist perspectives on woman abuse. Even though DeKeseredy and Dragiewicz (2007: 882) conclude by emphasising the cruciality of lived experience ('After all, who knows more about abuse than the people who experience it?'), they still observe a gendered perspective of

violence. Additionally, they make no acknowledgment of woman-to-woman rape or sexual assault. Rather, in response to Dutton's (2006) claim that women are as violent as men, DeKeseredy and Dragiewicz (2007: 875) write:

> Dutton and other proponents of sexual symmetry artificially narrow the definition of violence between intimates to obscure injurious behaviors that display marked sexual asymmetry, such as sexual assault, strangulation, separation assault, stalking… these behaviors are commonly part of abused women's experience.

5.6: Shame

It is clear from the data that victimised respondents experienced destructive emotions in response to being raped or sexually assaulted. Each of the R2s reported feeling at least one of the following: shame; stigma; embarrassment; pathetic; guilt; responsibility; or expressions of self-blame. Each of these sensations and emotions are understood as contributing to the post-trauma experience of shame in its entirety, which can affect victim/survivors perceptions of self (Australian Institute of Family Studies, 2015). Shame is indeed a key feature of the emotional distress that results from being sexually violated (Weiss, 2010).

A primary cause of the respondents' feelings of shame is the fact that their perpetrators were women, which aligns with Weiss' (2010: 288) assertion that '… the shame of sexual victimization is mediated by the ways in which the culture defines appropriate gender behaviors and sexual practices for women and men'. Although, Weiss (2010) only gives examples of male-to-female, male-to-male, and female-to-male perpetrated incidents of sexual victimisation. Nevertheless, the gender of their perpetrator was a significant cause of the R1s' and R2s' shame; for some, this shame became the very barrier to their potential disclosure. One of the heterosexual R1s left the following comment: *'It was a medical professional and they told me it was my fault. I never told my therapist because I was too ashamed'* (R160). Girshick (2002) also found that two of her respondents were sexually victimised by health and care professionals, namely

by a therapist and a doctor. The feeling of shame R160 states she experienced is not uncommon for victim/survivors that have been raped or sexually assaulted by professionals; nor is a lack of trust, considering medical professionals should respect personal boundaries and protect their patients'/clients' best interests (RAINN, 2009c).

Another R1 wrote about the destructive emotions she experienced, and the difficulty in leaving her abusive intimate partner:

> *I was raped a few times by my ex-fiancee. I knew females can assault other females given my line of work… I blamed myself for letting it go on so long, but it's hard leaving a relationship that was once okay and my career identity could have been in jeopardy if I tried to leave/access DV resources. I did talk to someone… but was scared to leave. I did finally leave the situation...took awhile though. The stigma I felt was huge* (R91).

The shame - in its various emotionally destructive forms - that being a victim/survivor of WTWRSA has caused was marked in each of the R2 narratives (apart from Gabby, whose story was told by Danielle), as demonstrated by the following:

> *… because she was female it kind of left me feeling like it was incredibly wrong and I didn't feel safe in the relationship… I wouldn't say I necessarily blamed myself because at the time, although I kind of knew that it wasn't right, I'm not sure that I saw it for what it was. Um, but I think it kind of made me far less sort of self-compassionate and just generally not liking myself very much, and then the effects on kind of my mental health in terms of, you know, not liking myself* (Ali).
>
> *I didn't know how to make it stop because I thought, on the one hand: Maybe this is normal and maybe, maybe she likes me. But, on the other hand, I didn't want it 'cos it didn't feel right… so I kept going round – and maybe that's my own stupid fault – but that's because I was young* (Cailey).
>
> *I made a completely stupid decision that I was just going to move back up to my mum's, because I didn't know what to do* (Eleanor).
>
> *I was too embarrassed to tell anyone… So, like my mum came to pick me up and that was one of the first things she asked me was: "Did anyone do anything?" I just said "No", like straight away, because I was embarrassed, and I think I didn't want to say that it was a woman as well… And if there's me and whoever the other girl was that's two of us then how many other people have there been? Probably quite a few* (Isla).
>
> *But yeah, you know, ashamed that I'm not a big enough person to be able to protect myself to be able to stop that from happening. You know? I mean what*

does that say about me? When I guess I couldn't even look after myself really. You know, and also, allowing myself to get involved with a woman like that as well, you know? (Jessica).

On discussing telling her closest friend, who reacted as though the sexual assault was not serious, Kiera said: *'I guess it made me feel, even like, even more pathetic to be honest'.* Of her victimisation, she said: *'… it was like: Oh, maybe I should of, maybe it was my own fault. Maybe I led her on then somehow without even knowing it. Don't know, without even knowing. But then maybe it was something I did'* (Kiera).

I just knew they made me do things I didn't want to do and I didn't even know if they knew at that point I hadn't even reasoned through that they must have known that I wasn't consenting because I had been so quiet the whole time. Um, from, you know, from the things they said and did and from the way I behaved now – 10 years later – I know that they can't have known I was a willing party in any of it. But at that point I was saying: "Well I didn't actually say 'no'"… I did a long time before that but I didn't say "no" at that point and so you know If I wasn't screaming and shouting was it really assault or rape or whatever? So, yeah, so I wasn't really sure what to make of the whole thing other than I was completely and utterly traumatised (Lauryn).

On reporting to the police: *'I think I was too embarrassed and I think I thought the reception I'd get would either be disbelief or ridicule'* (Sarah).

And it was just awful, it was absolutely awful and it was something that will stay with me for the rest of my life, um, but, alongside that I also have a huge sense of guilt. You know, for not having said anything and I'm always going to wonder if she did it again, and to how many people, how many women she might have done that too. Um, that really upsets me actually, I, I don't know how to, um, I don't know how to get rid of that feeling (Simone).

[I]… have to live with my abuse and the shame pain and blame that causes (Tanya).

Shame and self-blame are common reactions to being raped or sexually assaulted (Ahrens, 2006; Girshick, 2002; Weiss, 2010). Again, it is clearly evident and, I believe, crucial to emphasise that, for the respondents from my research, their shame was intensified because of the gender of their offenders. In the case of male-to-male rape, shame is also intensely experienced because of widely-held stereotypes about men and masculinity (RAINN, 2009d; Scarce, 1997). In terms of WTWRSA, Gilroy and Carroll (2009: 429) propose that the intensity of self-hatred their respondent - 'Kathleen' - experienced was because she felt the sexual assault was her fault: '… because, after all, "women don't sexually assault women"'. The guilt expressed here by 'Kathleen', and by R2s from my research, is extremely emotionally destructive because

victim/survivors feel overwhelming guilt for '… not doing more to protect themselves or others' (Rothschild, 2000: 11-12).

It is apparent the guilt and feelings of responsibility expressed by respondents were experienced to a higher degree when they considered the safety of others, rather than themselves. This sense of guilt connected to a sense of responsibility to report in order to protect other real or potential victims is common among rape victim/survivors (Taylor and Norma, 2012). Moreover, the respondents' feelings of responsibility for not preventing their victimisation represent the impact of victim-blaming upon their emotional state, especially when attempting to understand what happened to them. Maier (2014: 185) suggests that rather than blaming victim/survivors and '… advising individuals to refrain from some activities, more effort should be dedicated to conveying the message to everyone not to rape'.

5.7: Fear and anger

In relation to feeling guilty and responsible, the debilitating emotion of fear was experienced by respondents in two ways: they feared for their own safety from further victimisation, and they feared for the safety of others. Akin to fear, anger is a negative emotional state (Monson et al., 2014). However, as another common and natural posttraumatic response to being raped or sexually assaulted, anger that is expressed in appropriate ways (rather than displaced) can help victim/survivors recover (Rape Crisis Scotland Helpline, 2013). Anger and fear are two emotions that interact with each other and, as posttraumatic emotional responses, they are usually never experienced in isolation from each other; rather, '… anger attenuates or inhibits fear and controlled anger can be used adaptively or therapeutically for this purpose' (Izard, 1977: 347). The date of Izard's work demonstrates this understanding of these human emotions is well-established. This interaction of emotions is evident in the following

description from Cailey, which conveys her perspective about how she emotionally responded to her victimisation:

> *… at the moment I could compare what happened with Tori with what happened with my dad is that they're both like grief because she took something away from me that I can't get back a bit like grief. And, at first, I was just like in shock and it was like a lot longer than like death grief. I was just numb. And then I was upset for a bit, and the panic attacks started, and now I'm just angry and just want her to go away.*

On the one hand Cailey's apparent emotional processing in her daily life should lead to some natural recovery (Foa and Cahill, 2001). On the other hand, my knowledge that Cailey still experiences chronic PTSD symptoms, including anxiety and avoidance of trauma triggers, would indicate that her emotional processing is impeded (Foa et al., 2007). Cailey was not alone in experiencing these emotions, as the following examples demonstrate:

> *I was a very kind of angry teenager at home, um, broke doors and such like things. Um, because we were always having rows about all kinds of things or whatever and a lot of it was me trying to get any kind of degree of control or boundary or anything back and my mother was kind of just going: "Well you want control so I'm just going to have more control over you". Kind of trying to step up over it, and so it was a kind of constant battle, um, all of the time* (Eleanor).
>
> *I feared for my life to be honest… I'd be jumping awake, she'd wake me up by grabbing my hair, shaking my head: "I need to talk about this"* (Jessica).
>
> *I was scared; I needed to protect myself to make sure that I was never on my own with her* (Kiera).

It is only when the victim/survivor's dysregulated affective state begins to lessen that they can begin to experience some emotional coherence and wellbeing (Wilson, 2006). As the researchers of WTWRSA found (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002), all of the R2 victim/survivors reported experiencing fear-based thoughts and feelings immediately after, and/or since, their victimisation. The debilitating nature of living in fear means that the victim/survivors' subjective experience of occupation is affected, often on a daily basis:

> *I was continually looking over my shoulder for about two years of my life* (Jessica).
>
> *… not being in groups of women and, in those early days, being fearful of being alone with men, and still not comfortable being alone just with men… [and] there was a long time when I was very wary whenever I was in [City] I would – especially if I saw someone in uniform – I would look hard to see if it was her* (Sarah).

Linked to their feelings of responsibility, all of the R2 victim/survivors told me they felt a combination of anger, fear, or concern for other potential victims. For example:

> *I feel angry about what happened and feel concerned that other young girls and women are going through the same thing* (Cailey – survey response).
>
> *God knows what that girl is doing now? You know, if she thought she could do that when she was 18. I'm hoping that she's grown up a bit and realised that that was the wrong thing to do. Or, has she gone on to think: Oh actually I can do this and do worse?* (Kiera).

Tanya shared that she felt anger toward people that do not accept women can rape their daughters (and sons). Furthermore, on the topic of rape crisis campaigns, Tanya wrote:

> *These campaigns silence people who have been raped by women. It means they don't come forward. That means because survivors don't come forward society and the people behind these campaigns can go on living with the comfortable idea that women don't rape*.

Equally, Walters (2011), Wang (2011), Gilroy and Carroll (2009), Campbell (2008), and Girshick (2002) all propose that relevant services need to meet the specific needs of WTWRSA victim/survivors who, otherwise, are left feeling alone. In much the same way as respondents in the aforementioned research experienced - particularly Campbell's (2008) study - being silent post-trauma means these feelings of fear and anger must be managed alone. Simone articulated how she experienced being in a difficult position of: firstly, feeling alone as a WTWRSA victim/survivor; secondly,

realising she might not be alone; and thirdly, subsequently feeling an increasing concern that she is likely not alone. Simone told me:

> *I kind of get a little upset and possibly angry sometimes… I can't be the only one, and this is why I wanted to be involved in this research because I saw it and I thought, you know, that's immediately what I thought was: 'Well I'm not the only one, am I?'… But then that worries me because then I just think: 'Well there's, there are women out there who may have had similar experiences to me, and who have been sexually assaulted by another woman'. Um, and they probably are having to cope with that alone, just as I did* (Simone).

For other respondents, their feelings of fear for self and others could be based upon their knowledge of other occurrences of WTWRSA, in addition to their own. Though I never specifically asked the question of any respondents, three offered the information that – since their own experience - they had learnt about other incidents. Jessica told me she had a close friend that *'… had a very violent girlfriend… who broke her cheekbone, broke her arm in two places, and then abused her with a dildo*'. Kiera said: *'I've only known of one other girl to have been assaulted by another girl. Well, it was a nasty piece of work really'.* Danielle mentioned hearing about Gabby's ex-partner, who she believes was sexually assaulted by two women in a toilet. Understandably, this knowledge could contribute to the ongoing fear of revictimisation that many of the R2s have felt, and still feel. Undeniably, fear - a primary emotion - either dominated or inhibited the respondents' feelings of hope (Jarymowicz and Bar-tal, 2006), as expressed by Simone:

> *I lost the feeling of hope. I just, I felt like things were hopeless and I, I even started to think, I don't know, like I started to wonder about people and, or women, and: How many women are like this?*

5.8: Hope

> The traumatized soul yearns for inner unity and serenity. As a sense of inner coherence and structural connection among the parts of the self occurs (e.g., more vitality, energy, day-to-day continuity of experience, etc.), the trauma survivor experiences the emergence of a new "self", spiritual revitalization and regains a sense of future with meaning, hope, and capacity for simple enjoyment of daily living (Wilson, 2006: 242).

Wilson's (2006) perspective on restoring meaning in the trauma victim/survivor's life echoes Ikiugu's (2005) assertion that the way in which individuals perform their occupations affects how they make meaning of their existence, and their sense of belonging. Furthermore, it resonates with Whalley Hammell's (2004) perspective of biographical disruption. Whalley Hammell (2004; 2009a) suggests that biographical continuity can be achieved when a person can visualise experiencing a meaningful, and rewarding, subjective experience of occupation in their present and future lives. To do so necessitates hope, defined as the emotion of expectation that something desirable will occur following a threatening event (Roth and Hammelstein, 2007). Hope was experienced in various ways amongst the R2s; these individuals had hope for themselves and their healing, hope for other victim/survivors, and hope for increased awareness of, and improved responses to, WTWRSA.

In terms of their hopes for self-healing, Ali, Cailey, Eleanor, Isla, Lauryn, Kiera, Sarah, Simone, and Tanya all indicated they would have welcomed support (or further support than they did receive) to understand their posttraumatic feelings of shame, fear, and anger. The need for this support has been identified by the other researchers of WTWRSA (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). Kiera said she wished she had been *'… helped to understand that it wasn't my fault: I had to do all that in my own head'.* Sarah also wished she could have told someone, but reflected upon sociocultural changes since being raped and said: *'… if it was today one would have no hesitation… But we're talking the eighties and the prejudices in those days were far more than they are now'.*

As each R2 victim/survivor shared their fears or concern for other potential victims of female-perpetrated rape and sexual assault, some also told me their hopes. The following quote from Kiera's interview represents the hopes of many of the R2s:

> *… if I knew this had happened to a 16 year old today, you know, I would hope that they wouldn't have to hide it, or, you know, that they would get some help. And that they wouldn't be ashamed of what was happening, or had happened. And especially other people around them, to say that that's just as serious as with a guy pinning you down and doing it. And, so, it's more about, more about what we can do, I suppose.*

An interesting finding regarding hope emerged from Danielle's interview (the non-victim/survivor R2). Danielle told me she was motivated to tell Gabby's - her friend's – story because of the hopes she had for Gabby, for herself, and for others. Danielle said:

> *I think because of my friend's experience, so I was interested to see then how much – if there was any research – how much there was out there. If there were any places like she could possibly – if she wants to in the future – go and speak to people, possibly with like similar experiences… And to know that, possibly, if it did happen to me, that maybe something will be able to be done about it, in time. And to hopefully try and change these things anyway, and to get it out there.*

Though not surprising, given the silent nature of WTWRSA, Walters (2011), Wang (2011), Gilroy and Carroll (2009), Campbell (2008), and Girshick (2002) all advocate for increased awareness of this problem. Simone proficiently articulated this need for social awareness, if there is to be more understanding:

> *So: firstly, really, people need to be made aware, because it is only then that we can; secondly, expect people to try to understand so that, you know; thirdly, I guess, we can bring about some positive change. And just make people aware this is something that happens, you know, I think that's really it; you need awareness before understanding, don't you?*

Lastly, hope was expressed in the form of hope for positive change (including sociolegal); in particular, all of the R2s told me they hoped for some improved awareness that woman-to-woman sexual offending does happen. Without this, they were aware that responses to disclosures, and any necessary support, would not improve, as documented in the relevant literature reviewed (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). As this aspect of their subjective lived experience is so important to embrace – particularly as it is my intention that the research on which this thesis is based contributes to prompting some

positive change. What follows are the pertinent 'hopeful' comments shared by respondents:

Hopes for improved general awareness

> *… the only other thing I'd like to say is general awareness of, you know, women kind of being involved with sexual assault. I do, I do think it is massively under-represented… I think the only time I've really come across it has been occasionally, you know, sometimes in the media if, if a woman's kind of been involved, and normally its beside a male accomplice … [or] I've read in psychology journals, you know and normally it's kind of the LGBT journals rather than in any others. And you sort of think well even the research is sometimes hidden in really kind of inaccessible areas* (Ali).

> *I think that the first thing that needs to be done is more awareness and understanding that this goes on. Because I also think that the minute you say "women-to-women sexual assault" or anything like that then people would start thinking of lesbians as these sexual predators, and that they're all bad, and we'd be going back like 20 years to seeing them as like bad people, but they're not; there has to be more education that it's not, every lesbian is not a sexual predator, but this might happen to you as a straight woman or as a gay women. It might happen and then there needs to be places to go* (Cailey).

> *I think I would start off with better education for high school children and sixth forms and young adults about, like, abuse, or sexual violence in relationships and then, not only in relationships, just any kind of thing that would happen because – at the moment – there are some for like heterosexual relationships or heterosexual rape and youngsters get educated on it and stuff. But, I think if we can get the world up to speed where kids can come out younger, or when they're ready, and they don't really have to come out, they can just be who they are, um, then what that would result in is if everyone was more accepting of that, and educated, then when there's places for, there's like places for people to go to if they've been raped or sexually abused or assaulted, regardless of who did it – the perpetrator – then anyone can go there* (Cailey).

> *… it's not an uncommon thing that people just go: "Oh well it doesn't happen". And when you get that response it's like more kind of like acknowledgement of the fact that it does, and it's not this super-rare thing that happens to a tiny, tiny proportion of people* (Eleanor).

> *… you're the first one that I've ever heard of or seen that doing any kind of research on it so it will be good to get it out there, I guess. Because I suppose if you ask many people about it, there's not many people that, that think women are violent, in a sexual way* (Kiera).

> *… women are also bad guys and this doesn't mean that you should stop focussing on men being bad guys because they are. Often, sometimes, you know. But at the same time let's not pretend it doesn't happen* (Lauryn).

> *… for me as a [medical professional]… I would certainly like to feel that anybody, regardless of their gender, can tell me about something that's happened to them, regardless of that person's gender as well. But I, you know, I*

worry that some people might not want to be in that position and feel that they have to listen to those kinds of disclosures maybe. But for me, you know, I think, why I wanted to be involved in this is probably some of the reasons you're doing this as well is that I guess. I guess for me the bottom line is really is just to promote awareness (Simone).

I hope others are just as brave and strong and tell their stories (Tanya).

Hopes for changes in the CJS, and to their response

… legally the definitions are fuzzy… At least that would be a useful starting point: to know it's okay to feel that you have been violated in some sort of way (Ali).

On support that would have been helpful: *'I suppose just knowing that, actually, she wouldn't have been allowed around me, because then I would have felt safer. And that there wasn't going to be a threat there'* (Kiera).

[The police] do have a specialist sexual assault unit… I always thought that if there had been a bit better training then they might have understood it a bit more… I got the impression when I went that they didn't really think, they didn't seem to take it very seriously… they didn't really see it as rape (Lauryn).

My mother would be arrested for sexual assault. Sexual assault is a lesser offence than rape and so this tells me what happened was not that bad… I want a[n] equal system for everyone where every survivor of rape gets justice and every rapist regardless of gender gets punishment (Tanya).

Hopes for changes to sexual assault health and support services, and to their response

I think also with services, especially if it was like a face-to-face service, rather than a phone type thing. You know, I guess, from my perspective, sort of having the privacy, you know, to kind of walk in somewhere and not be seen by other clients who are obviously, you know, women, and maybe not expecting, you know, someone appearing male and that in that environment (Ali).

I guess like for me it was kind of, you know, it was several years back and I can see it had like a long term impact and I guess it would just be nice to see a service that is just there to address that rather than just the sort of crisis moments… Because I think that it can be really helpful to reflect on things once you are in a safer place sometime on. You know, obviously it's helpful to be able to cope with flashbacks and, you know, real moments of distress in a safe way, you know, I'd absolutely encourage that but if it can help people to move on to reflect on their experience sometime after - even if that therapy is kind of more long term and reflective - it would still be helpful (Ali).

… we're training doctors who have never heard of it, don't think it's important, don't think it impacts people, you know. And given the numbers of people who have been abused in general and the fact that you know, lots of various types of

so far that we've talked about, it's scary. I think that mental health professionals, you would hope have more training, but your average GP should know more about it and have it built into training because it can affect all sorts of kinds of things (Eleanor).

… when I said to like the sexual health clinic, nothing was like followed up from there. It just sort of went: "Have you told the police?" "No". "Oh, okay…. Are you going to?" "No". "Well maybe you should think about that". So yeah maybe at that, at that point it would have been good to know sort of, um, either support groups or local, um, local charities or helplines or websites or something. Um, it wasn't until by chance I found a local service maybe a year or so ago. Maybe something like that would have been good at the time (Isla).

I mentioned about a couple of therapists who were, who were openly shocked and then moved on. I also found it was quite interesting that people sort of brush over it even when they don't need to… I saw a clinical psychologist for a few, for a few sessions which was helpful, but in her initial assessment she, she did it: she wrote out the letter and she wrote that I'd been raped by a friend's boyfriend and I just thought that was interesting; I was like: "Ah, you brushed over that!" and I did correct her, and she was like: "Oh, I'm really sorry!" But it's like, it's, it's not the first time that has happened because like there's been a few times when I've been, when I've seen counsellors or other health professionals and I have recounted the story to them and… they always just sort of glaze over that and go: "Oh yeah, raped by a friend's boyfriend". "No!" (Lauryn).

So, obviously health care for the aged now is quite a big issue and one of the things I want to raise is the health care of transgender people… in the community, um, be it whichever, um, whatever they present themselves as. You know, the understanding there (Sarah).

I think we need to, you know, allow people to feel that they can disclose things so that then they can get the necessary healthcare provision and that ongoing support that they probably do need, and probably will need at some point, you know. And, um, as I say, it certainly for me the impact of being raped, both times, was both initial… as well as being enduring… and I worry that services are not set up for that, you know, for, I think it's almost dealing with the different types of, er, and levels of the impact that it has on people's lives, really (Simone).

How can I be a survivor when what my mother did is not even seen as rape? How can I feel normal when I am bombarded by rape crisis campaigns showing every possible scenario of rape but not one where a woman man or child is raped by a woman? These campaigns exclude me and yet the campaigners are ignorant to the damage they cause me as to them people like me don't even exist. They tell me to keep quiet. They tell me my experience was abuse not rape. They tell me women don't do that sort of thing. They tell me rape by women is not as bad as rape by men because women can not and are not charged with rape (Tanya).

This range of comments demonstrates to me that being raped or sexually assaulted has had deleterious emotional consequences for each of the R2s. Yet, each has a sense of hope, which might have, in part, contributed to their motivation to be involved

in the research on which this thesis is based, and to share their emotionally exhausting experiences.

5.9: Reflections

The multiple ranges of emotions and emotional responses to being sexually violated by another woman are undeniably complex and, what is more, they severely impact upon the victim/survivor's sense of self, identity, subjective experience of occupation, health, and wellbeing. Discussion of disclosure-related emotions run throughout this chapter and, it is evident, neither secrecy nor disclosure are always a decision based on a person's own wishes or desires. In such circumstances, silence perpetuates silence and the perpetration of WTWRSA. For some respondents, the need to maintain secrecy regarding their rape or sexual assault was enforced, or deemed necessary. Likewise, the decision to disclose was very much emotion-based; driven by a need to feel less alone with the secret. Hence, victim/survivors who have disclosed did so to people they either knew well, trusted, and/or expected would believe them. Still, the rate of disclosure, in terms of how many people victim/survivors disclosed to, was low. Moreover, none have successfully reported to the police. The key implication of the lack of disclosure of woman-to-woman sexual offending is the associated lack of understanding of the emotional (and other) impacts this traumatic experience has upon the victim/survivors' lives.

Evidently, the traumatic experience of WTWRSA can overpower and disrupt the victim/survivor's internal resources; as these are compromised, so is their ability to have and maintain biographical continuity in their daily lives. The ways in which secrets contribute to our identity must not be overlooked; we are who we are, partly, because of secrets we have chosen or been made to keep. The emotional effect of being sexually victimised by another woman impacts upon the victim/survivor's ability to integrate past and present aspects of their selves, their lives, and the social world.

Nevertheless, the respondents' hope for positive change is crucial to their emotional recovery. Achieving biographical continuity is essential so that the victim/survivors can incorporate the traumatic experience into their ongoing daily lives; so they can continue to be, to do, to interact, and to experience improved emotional stability and posttraumatic experiences.

Chapter Six
Survival

6.1: Introduction

To survive is '… to continue to live or exist, especially after coming close to dying or being destroyed or after being in a difficult or threatening situation' (Cambridge University Press, 2015). In terms of WTWRSA, survival could be understood to activate when the victimisation is happening, as the victim/survivor's nervous system responds to the traumatic threat by stimulating one of three automatic survival actions: fight, flight, or freeze (or tonic immobility) (Rothschild, 2000). Often rape victim/survivors freeze, which is by no means a passive response but one of resistance: an instinctual means to survive and to avoid further harm and, even, death (Atkinson, 2013). This is regarded as the first phasic reaction to being sexually victimised that constitutes Rape Trauma Syndrome (originally termed by Burgess and Holmstrom, 1974). Other reactions include: acute (disorganisation and emotional, physical, somatic, and psychological reactions, experienced immediately after victimisation); reorganisation (making sense of what happened and coping with intrusive, avoidance, and arousal symptoms); resolution (processing and integrating the trauma experience into their lives) (Terry, 2013; Horowitz, 2011).

However, victim/survivors endure a range of post-victimisation reactions that extend beyond those now commonly explored as PTSD (Vickerman and Margolin, 2009). Certainly, findings from my research explicate the importance of respecting the subjective experience of posttraumatic reactions and adjustment. After being raped or sexually assaulted, survival takes multifarious forms; victim/survivors experience varying degrees of surviving (through self-defence and managing past traumatic experiences) and living (through self-care, thriving, and having a sense of wellbeing).

Hence my use of the term victim/survivor which, as Taylor (2004a: 5) explains, describes:

> … the reality of victimisation as well as the fact that the person who is victimised also survives – survives and conquers a crime that society is still unable to deal with effectively. Victims… victors… survivors… rebuilders: of lives badly wronged by others.

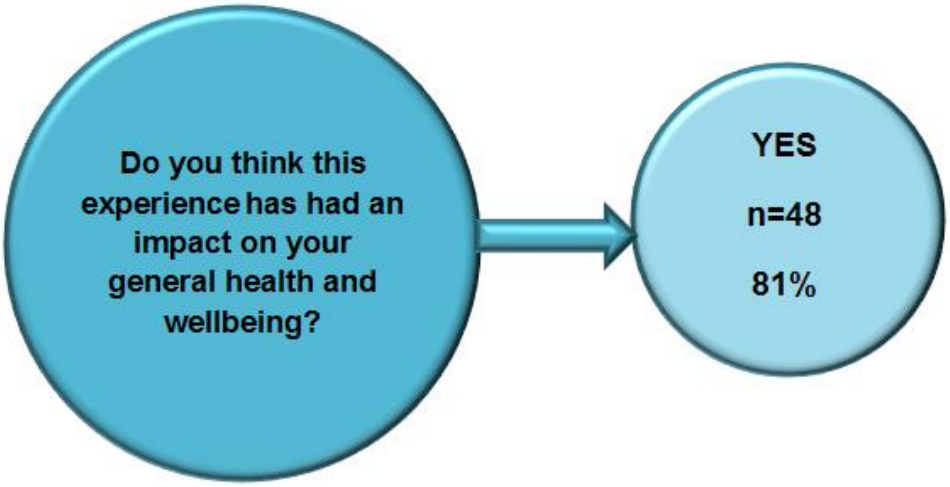
Whilst much of the content of this chapter largely relates to the impact of WTWRSA upon, and the individual experience of, health and wellbeing, this is explored from a perspective that recognises the human capacity to survive. The chapter is organised by my discussion of the six identified subthemes of 'Survival', namely: 1) general health and wellbeing; 2) trauma (and two sub-subthemes: coercion, violence and injury; and multiple witnesses and perpetrators); 3) mental health and posttraumatic stress disorder; 4) alcohol use; 5) self-harm and suicidal behaviour; and 6) accessing support.

6.2: General health and wellbeing

The individual experience of health and wellbeing exists in both objective and subjective dimensions. The latter comprises of a person's subjective experience of their life, in which health and wellbeing are vitally seen as independent of each other yet, at the same time, influential upon each other. There is then the objective measurement of a person's functioning and life circumstances, which is compared against general population health and wellbeing outcomes, in consideration of wider societal trends and norms (Department of Health (DoH), 2014). Yet, objective measures alone do not capture how people feel and their subjective experiences (Cabinet Office, 2013). This highlights: the cruciality to distinguish between health and wellbeing; the necessity to consider subjective and objective measurements of health; and, also, that there are genuine implications of the reliance upon public health agendas, which remain largely targeted toward commonly-occurring risks to the health and wellbeing of the general population. Less commonly-occurring risks need explicating in order to break the

silence surrounding issues such as WTWRSA; this can – in part - be achieved through smaller-scale research that seeks to generate awareness of publicly unidentified threats to health and wellbeing, such as that which this thesis is based upon. As Figure 6.1 shows, the majority (n=48, 81%) of victim/survivor R1s felt their experience of WTWRSA impacted upon their general health and wellbeing.

Figure 6.1. Amount of R1s that felt their victimisation has had an impact on their general health and wellbeing



Amongst the n=11 (19%) victim/survivors that responded 'No' to this question, two left comments in the free-text box to explain more about their response:

> *Although I have answered no to questions 5 [and 6] this is because it occurred over 10 years ago within an abusive relationship. I have moved on and I am now in a happy civil partnership with someone else* (R25).
>
> *I reported not receiving support from health, social care or criminal justice services, but this was because I felt it to be a relatively minor incident and I dealt with it at the time* (R106).

As my analysis of the qualitative data from my research revealed, the victim/survivors' subjective experience of health and wellbeing became a prevailing theme, warranting more in-depth examination than my web-based survey facilitated. However, the R2 data certainly led me to consider the health and wellbeing consequences (as I discuss

in the rest of this chapter). In C2 I distinguished between health and wellbeing and related this to my concept of the 'dark side of occupation'. In my published work I have proposed that occupational therapists and occupational scientists need to expand their practice to consider occupations that may not necessarily lead to good health and/or wellbeing (Twinley, 2013). The rest of this chapter offers findings that indicate the types of survival reactions and behaviours that can be understood from the conceptual perspective of the 'dark side of occupation'; these are things victim/survivors do that are, for instance, harmful, violent, health-compromising, and maladaptive. The data also shows the destructive and harmful things perpetrators do.

6.3: Trauma

To begin to comprehend the impact of the traumatic experience of being raped and sexually assaulted, I feel it is necessary to return to what we can understand about sexual offending. A definition I find helpful describes rape as:

> … any form of unwanted sexual behaviour that is imposed on someone… when someone uses their power, manipulation or force to intimidate, humiliate, exploit, degrade or control another. Rape diminishes a person's dignity and their human rights to safety, choice and consent… Rape may not involve actual physical injury. It is an act that may be experienced as a violation of the physical body, and/or on emotional, intellectual, and spiritual levels (Brisbane Rape and Incest Survivors Support Centre, no date).

All of the R2s endured rapes and/or sexual assaults in which the trauma was further compounded by either: the use of physical and/or sexual violence; the causing of injury; the use of threats and coercion; or the context within which it occurred (in group scenarios, for instance). Each of these aspects of their victimisation is discussed in the two sub-subthemes below.

6.3.1: Coercion, violence, and injury

Specifically, Ali, Cailey, Eleanor, Isla, Jessica, Lauryn, Sarah, and Simone talked about being threatened and coerced, either before, during, and/or after being raped and

sexually assaulted. I learnt from Girshick's (2002: 111) book that many of her respondents came to name their experience 'sexual coercion', and that this was characterised by '… being manipulated, persuaded, or talked into sexual activity… This pressure is primarily verbal and emotional… [and there is an] imbalance of power' (2002: 106). Coercion can indeed take many non-physical forms; it can involve being psychologically intimidated, blackmailed, and threatened. It can occur when the victim is unable to consent due to, for instance, being under the influence of drugs or alcohol (Krug et al., 2002). Examples of coercion from the R2 stories include the comments:

> *… I sort of started to realise that something was kind of wrong and the amount of pressure I was feeling when it started to become slightly more emotional blackmail* (Ali).
>
> *They'd been on at me for quite a while and eventually when Lisa started getting off the bed and started kissing me I just thought: Oh, I can't really get away with saying no anymore. I just, I thought they were going to kill me, so I thought I'd better go along with it* (Lauryn).
>
> *…one of the women said: "Well you better keep your mouth shut because one of the women there is a WPC"* (Sarah).

Sexual coercion has been found to impact upon the psychological, physical, and sexual health and wellbeing of female victim/survivors (e.g. de Visser et al., 2007, who cite various studies). Equally, this is evident within the data – as I discuss throughout this chapter. Nevertheless, there is limited evidence to facilitate an understanding of woman-to-woman sexual coercion. Waldner-Haugrud's (1999) review of sexual coercion in lesbian (and gay) relationships highlighted the concern that woman-to-woman sexual coercion is ignored because it is not perceived as a possibility. Certainly, commentaries on the issue of sexual coercion remain ignorant of women as perpetrators of other women; for instance, White (2013) explains that traditional gender roles reinforce the belief that men are meant to initiate sexual activity, or to convince women into it. White (2013) recognises the impact traditional gender roles can have upon men who themselves do not want sexual activity, but makes no reference to the possibility of woman-to-woman coercion.

In addition to non-physical coercion, the use of physical and/or sexual violence, including force, was reported by Ali, Danielle (when telling Gabby's story), Jessica, Kiera, Sarah, and Tanya. During their victimisation, Jessica, Kiera, and Sarah's perpetrators forcefully positioned their own bodies on top of them, holding them down. Jessica described the scene during which Selena violently sexually assaulted her, stating she *'…. pinned me down, put her fingers inside me, was very rough, made me bleed, terrible, whilst strangling me, broke my ribs'*. Jessica told me that Selena's use of violence escalated after she changed jobs. This meant Jessica worked further away from their home and could not meet Selena over lunchtime (Selena worked from home). She described Selena as *'possessive'* and *'domineering'*, *'neurotic'* and *'psychotic',* and felt this worsened because being further away made Selena feel insecure. Jessica explained:

> *And there'd been other incidences where she'd been physically violent as well but not sexually. But like I say, in the end it became, you know, using the physical violence to get whatever she wanted sexually.*

Jessica's victimisation echoes that of Susan, the victim/survivor of intimate partner violence in Walters' (2011) study. Both experienced physical violence that escalated to sexual violence. Likewise, Ali experienced a rapid escalation in his partner's behaviour, whose use of coercion started from the first time they met, and began with *'emotional blackmail'* to coerce Ali into being sexually intimate. This coercion soon grew forceful and violent in nature, and included her use of objects and blades that caused Ali injury and bleeding. Ali described having had a history of self-harming and recalled the time when his parents discovered blood on his bedsheets:

> *… one night they had driven her back to the station to go back to [CITY] and stuff and I got back in the car with my dad and he just exploded: "Why have we found blood in your bed?" Um, at which point I was just sort of thinking like, you know: What, what do I say now? You know? What would you say? But he was angry at, sort of, at me, and maybe at her, but mostly at me because he thought*

> *that we were self-harming together, and kind of being a bad influence on each other.*

An argument between Ali and his parents escalated, leading to Ali feeling the need to withhold the truth; he told his parents the blood was due to his loss of virginity, which Ali found triggering in terms of his gender identity issues. Moreover, the truth about his perpetration, and the associated injury this was causing, remained unknown to his parents, whom he valued his relationship with so much: *'And so this massive family argument was going on and I was kind of actually thinking: Yeah but really none of this is what actually happened anyway'.*

Ali referred to these sadomasochistic acts as *'fetish type stuff'* and made no reference to ever consenting to sadomasochism (S/M) as a feature of his sexual relationship with his ex-intimate partner. However, Girshick (2002) dedicates a section of her book to this very topic because, she explains, it was mentioned by 13% of the women in her study. Girshick (2002) states several of her respondents had consented to S/M, though not always freely; many were raped and assaulted when their perpetrator had disregarded sexual boundaries by, for example, ignoring the victim/survivor's use of their safe-word. Though not a finding from the research reported here, many respondents' accounts bare features of sadomasochistic behaviour; it appears their perpetrators derived pleasure or satisfaction from inflicting pain and using more force than necessary. In Simone's account of her second victimisation by a woman she had met in a club, Simone described how her hands were tied to the bed and, of her perpetrator, she said: *'... she was just like: "Just calm down and it will be, you know, I'm sure you'll enjoy it. I'm sure I will". Laughing too. And I was just laying there saying: "Untie me, I want to go, I don't want this, clearly"'.*

An interesting discussion point is whether the possibility of gender empathy means same-sex rapes can be understood as more sadistic than rape between people of the opposite sex. Albeit dated, Coleman et al. (1983) conducted research comparing

arousability and sexual satisfaction in gay and heterosexual women. They found gay women had more frequent sex, more frequent orgasms, a greater number of sexual partners, and more sexual satisfaction than heterosexual women. Later, in 2002, Matthews et al., similarly found that - in comparison to the heterosexual women in their study - more of the gay women reported having had more than one sexual partner in that previous twelve month period, felt sex had been very important to them during their lives, and that they frequently achieved orgasm whilst having sex. More recently again, Newman and Newman (2009) assert that women in gay relationships are more likely to describe greater sexual satisfaction than women in heterosexual relationships. Coleman et al. (1983) offer an explanation for this difference, hypothesising that, amongst other factors, gender empathy could account for the more satisfying sex lives amongst gay women in their sample.

Conversely, it is debatable as to whether there is complete empathy between women. For example, all women have different and individual sexual needs and responses. Nevertheless, from a physiological perspective it is more likely a person will know what arousal, sex, and orgasm feels like to their same-sex partner. If we are to accept there can be an increased level of intimacy, or empathy, with what it is like to have sex with a woman, then the act of raping another woman could be seen to foster a unique power dynamic (in comparison to opposite-sex rape). Thus, introducing a specific type of sadism that is empathy-based - which I suggest could be termed ‘empathetic sadism’ - in which pleasure derives not solely from inflicting pain, but from having a sense, or a level of empathy as to how that could physically, emotionally, psychologically, and sexually feel.

However, for trans individuals, such as Ali and Sarah, there are further complexities to consider. In Sarah’s case, she was (neo)vaginally raped and sexually assaulted by women and anally raped by a man. This type of sexual offence, along with all other types of offences against trans people, is lacking research, including that which reports

on incidence rates (Turner et al., 2009). That said, during the 1990s some acknowledgement grew regarding the possibility of trans people being raped. The first ever national survey on violence against trans people was conducted in the US between 1996-1997; this study found that 48% of respondents had been victim/survivors of assault, including rape and sexual assault (Lombardi et al., 2002). Moreover, in Scarce's (1997) book regarding male-on-male rape he writes about the rape of transgender people. Scarce (1997: 79) states that because of a '… lack of compliance to gender roles that society deems to be "normal" and "healthy", transgender people are frequently targets of physical abuse, including sexual abuse'. Whilst I am in disagreement with Scarce's use of the term 'compliance' – as this suggests that trans people are intentionally rebellious in their non-conformity to gender-based norms – his assertion does highlight that trans people are victimised due to heteronormativity. Lloyd (2013: 819) terms sexual offending against trans people as '… heteronormative violence, that is, violence that constitutes and regulates bodies according to normative notions of sex, gender, and sexuality'. Undoubtedly, the nature of coercion and violence used, and injury caused, in woman-to-woman sexual offending is not understood, meaning the survival, health, and wellbeing needs of victim/survivors (including trans) are, equally, neither understood nor met.

6.3.2: Multiple witnesses and perpetrators

From analysis of the R2 data, it also became apparent that some of the perpetrators derived pleasure or satisfaction from raping and assaulting their victims in front of others. Jessica and Kiera were victimised in the presence of other people. In Girshick's book, we learn that 'Diana' was raped by her best friend's friend early one morning after they had been out drinking as a group. Diana is quoted by Girshick (2002: 78) as stating: '"I was lying in bed on my back, my partner to my right, dead asleep and five other people in the room"'. In comparison, Jessica and Kiera's experiences occurred directly in the conscious presence of other people. These people were therefore

witnesses, as they would have been able to provide information which could be used as evidence in court proceedings (CPS, no date c).

Jessica spoke about two separate incidences; the first she named 'sexual violence' in her survey response. Jessica elaborated on this at the start of her interview and said:

> *I differentiated between how I would describe each one of them because one of them was violent but definitely sexually motivated, and that was the reason for it happening.*

Jessica's perpetrator got a lift back home in the same car as Jessica after a night out in a neighbouring city. Jessica explained:

> *And then it became clear that she was making advances towards me, sexually, which I wasn't interested in, whatsoever. And, um, to the point where, well, she became very agitated, was trying to, you know, force herself on me as much as you can do with other people present in a car and, eventually, you know, clearly there was a commotion going on in the back of the car and the driver slowed down, um, and I got thrown out the car by this girl!*

For Kiera, her experience of being sexually assaulted directly in front of a group happened on more than one occasion. Understandably, Kiera felt humiliated during the actual experience of being sexually assaulted:

> *…she thought it would be really funny just to pin me down and try and kiss me and things in front of a big group of people… she made sure that other people thought that it was a bit of a laugh, bit of a joke*.

Kiera's description certainly is representative of the assertion that rape is an act of humiliation, expressed by the perpetrator through sexual means (Sadock and Sadock, 2008). In many respondents' cases, other people took a more active role than that of witness, and actually participated in the perpetration. Tanya's mother regularly raped and abused her, as well as assisting others (men) to do so; seemingly, from what Tanya wrote, this was justified under the pretence of helping her daughter:

> *My mother also helped me by the way. Oh yes by pinning me down so that other men could rape me was her way of helping me. It meant I was unable to struggle or push anyone away and so by keeping me still it was suppose to cause me less pain.*

Whilst the type of rapes described here by Tanya are male-perpetrated - and ones in which her mother is an accessory - the repeated incidences of rape and abuse perpetrated upon Tanya by her mother highlight the very real implications of the current UK law regarding 'rape'. Furthermore, experiences of MDSA and rape (such as Eleanor and Tanya's) challenge sociocultural assumptions, such as that mothers naturally love their children, and would not cause them any harm (Peter, 2006), or that mothers can play a key role in their daughters' healing process (survival) following being raped (Atkinson, 2008).

Isla, Lauryn, and Sarah's episodes of rape and sexual assault involved more than one female perpetrator. Isla and Lauryn were both assaulted by a female and her male partner, and this occurred while all were present in the same room. In Isla's case, there was also another female victim present. In some contrast to this finding, Campbell (2008) found that, of her 10 respondents, one was (repeatedly) raped by her female co-worker and the co-worker's male partner; the remaining nine were raped by one woman. It is difficult to ascertain how many of the 70 women in Girshick's (2002) study had more than one perpetrator. However, she does mention Leigh - who was kidnapped, sexually threatened, and assaulted by her female friend and the friend's male partner - and Judy, who was raped and sexually assaulted by her female friend and the friend's female partner.

Evidently, Isla, Jessica, Kiera, Lauryn, and Sarah were subjected to pain, suffering, and humiliation (Prentky and Burgesss, 2000) and, consequently, disempowered. This was certainly the case for Sarah, who was humiliated whilst being raped and sexually assaulted by a group of people. Having been invited to a BBQ at a female

acquaintance's house, Sarah went to find the woman to thank her, before she left the event. Sarah opened the door to a bedroom where she thought the woman was, stating:

> *I thought she was in the other room and I walked, opened this bedroom door and there were four or five women in there, almost all naked, and one of them had this massive strap-on on*.

Sarah was pushed by another (sixth) person through the door and onto the bed, on her back; with her underwear pulled down, her dress thrown over her face, Sarah was held down while the woman wearing the strap-on vaginally penetrated her. Sarah explained how this caused great physical pain because she had only ever dilated since her gender reassignment surgery. Dilation is a method of maintaining the opening of the neovagina, necessary for male-to-female patients to perform after their surgery (Bowman and Goldberg, 2006). Sarah's victimisation continued, as she described hearing a man's voice enter the room, whom she assumed was the partner of the woman whose house it was. At this point, the entire group were involved in raping and sexually assaulting Sarah:

> *… and I was rolled over on to my stomach and this man penetrated my behind. Which is something I'd had in the past, so that wasn't new, in quite a, and, err, while I was held on my all fours, um, another woman sat on the bed in front of me, with my head between her legs, and I was made to stimulate her with my mouth…. And they kept, if I didn't do things, my behind was smacked. Whacked.*

Although based upon findings from a sample of adolescent female victim/survivors of male- perpetrated rape, Edinburgh et al. (2014) emphasise how multiple perpetrator rape in a single event is a severe and rare form of sexual offending. Edinburgh et al. (2014) conclude that multiple perpetrator rapes pose a substantial risk for deleterious health outcomes, for which the victim/survivor will require long-term healthcare and support. However, this finding refers to victim/survivors that disclosed their victimisation after being identified as at risk of sexual perpetration. Victim/survivors in my research, such as Sarah, never became known to health, care, or criminal justice services.

6.4: Mental health and Posttraumatic Stress Disorder

The impact of rape manifests as an acute traumatic reaction, originally categorised in psychological literature as 'rape trauma syndrome' (Bliss, 2015) (see C3). More recently, the term 'posttraumatic stress disorder' (PTSD) has replaced this, to describe what happens to victim/survivors (Sharratt, 2011). In terms of the respondents' mental health, it is important to highlight the significance of the identification of this theme, particularly in consideration of the stigma that has long been associated with rape, sexual assault, and mental health problems – to include PTSD (Ullman and Brecklin, 2002). Stigma and fear of stigma can cause non-disclosure of sexual victimisation which, in turn, increases the risk of additional victimisation (Miller et al., 2011) (see C2). Ultimately, the mental health and wellbeing of the respondents in the research on which this thesis is based was either compromised (whereby victim/survivors developed mental health problems) or exacerbated (whereby victim/survivors pre-existing mental health problems were intensified).

Common amongst each respondent was the report of symptoms of RR-PTSD, which is now recognised as an anxiety disorder in the current version of the Diagnostic and Statistical Manual (DSM-5), produced by the American Psychiatric Association (APA, 2013a), which states: 'The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning' (APA, 2013b: 1). Notably, of the literature reviewed, Gilroy and Carroll's (2009) paper explored PTSD as experienced by two victim/survivors in greater depth; their report of Kathleen's and Sarah's cases explains the approach taken to treatment in therapy with their respective clients. For example, regarding Kathleen, Gilroy and Carroll (2009: 425) state: 'Because Kathleen's symptoms (flashbacks, intrusive thoughts/images, nightmares, hypervigilance, insomnia) were recurrent and impeded her ability to complete daily tasks, these became the focal point of therapy'. Such symptoms of PTSD are now grouped into four

categories in the revised DSM-5 (APA, 2013a). However, there is much debate surrounding this revision; in particular, it is argued the new criteria for diagnosis of PTSD now excludes people who would have previously screened positive under the DSM-IV criteria (APA, 2000). This has been found by Hoge et al. (2014) amongst a population of US combat soldiers, and Kilpatrick et al. (2013) similarly found rape and sexual assault victims met DSM-IV criteria for PTSD, but not DSM-5 criteria. One explanation for this is because the new definition of PTSD increased the number of symptoms from 17 to 20. As an alternative to the DSM, the World Health Organisation's (WHO, 1993) International Classification of Diseases (ICD) is used in the UK. However, the DSM is still regarded as a dominant manual to mental health, often cited as the 'bible of psychiatry' (BBC, 2013b; NHS Choices, 2013). I certainly found the criteria for PTSD cited in both the ICD-10 (WHO, 1993) and DSM-IV (APA, 2000) aided my exploration and discussion of the victim/survivors accounts of their own experiences:

1) Re-experiencing

'A primary component of the symptomatology of PTSD is the reexperiencing or reliving of the traumatic memory, that has both elements of psychophysiological reactivation and psychological distress' (McFarlane, 2010: 4). Indeed, the reliving of the trauma of rape and sexual assault was experienced through psychophysiological and psychological symptoms by every respondent (apart from Gabby, whose story was told by Danielle). Eleanor spoke about the anxiety she experiences as a result of her victimisation, which can be understood as manifesting in psychophysiological ways. Talking about the impact of her mother's perpetration, she said:

> *I think it's, yeah, mostly sort of the mental health side of things but, um, it has had an impact on my physical health as well. I have hypermobility in my joints… and so it [anxiety] kind of impacts on that. I end up with a lot of pain because I get so tense or whatever. So anxious. So I think it makes that type of things worse.*

Eleanor's experience echoes findings from research in psychiatry which confirm an association between the severity of anxiety and of joint hypermobility (Garcia-Campayo et al., 2011). Other anxiety-related symptoms were expressed by respondents, such as Jessica, who explained how her symptoms are still triggered by seeing women who remind her of Selena. She described an example of when this occurred:

> *I was a nervous wreck and I became very anxious, you know, the sweaty palms, the typical adrenaline kind of thing, just thinking, and even, I'll tell you what even now – because she's got this curly long, all this curly shaggy blimmin hair, loads of it – even now I'll see the back of someone with brown curly hair and I'll go [inhales hard and deep], even now!*

Cailey described a similar trigger, through which she can re-experience symptoms if she sees women older than her that remind her of Tori; she said: *'… unless I know that they are in a committed relationship and stuff, um, I'm really wary of older gay women because I'm convinced that all of them are going to try and look for younger girls'*. Cailey explained the overwhelming impact that her symptoms of PTSD have upon her:

> *… if we're in a club or something and there's like a group of older women… I'd have really bad panic attacks and it would sometimes lead me to going, to having to go to hospital sort of thing… because then I start having, um, like images coming into my head of being held down by Tori and that suffocation.*

Additionally, Cailey said another main trigger to re-experiencing symptoms is her phobia of body hair. Whilst Cailey was the only respondent to specifically refer to the manifestation of a phobia, others certainly described the fears they had developed and the psychological distress these caused. Often these fears were associated to being alone with, or being around people that reminded them of their traumatic incident/s (see C5). The development of phobias (types of fears) after rape and sexual assault has long been explored by rape trauma researchers, such as Burgess and Holmstrom (1974), who first termed the psychological effects of

rape they observed in their study of rape victims as Rape Trauma Syndrome. Phobias are recognised as very common and disturbing experiences for victim/survivors (Benedict, 1994), and can be experienced either as immediate or long-term psychological health consequences of rape and sexual assault (Jina and Thomas, 2013). Although, Jina and Thomas (2013) refer to 'long-term' as based upon women's reports of phobias up to one year after being sexually assaulted (by a man). The findings from the respondents in the research on which this thesis is based demonstrate that – like other victim/survivors – they develop phobias in the immediate and longer-term. Additionally, however, 'long-term' extends beyond a one year period and, for respondents such as Sarah, phobias are experienced over 20 years on.

The intrusion of the respondent's traumatic events was described as interrupting their everyday lives, as it is re-experienced through symptoms such as flashbacks and sleep disturbance. In C7 I refer to how respondents experienced these symptoms during the day and/or night. This finding regarding the psychophysiological sequelae of WTWRSA is consistent with the results from the studies by Wang (2011), Gilroy and Carroll (2009), Campbell (2008), and Girshick (2002). Apart from Gabby, all of the respondents experienced reliving the trauma in this exact way. For some, like Isla, this psychophysiological response was immediate; the morning after her sexual assault Isla said she was *'… feeling so anxious and just remembering little bits of what happened and, sort of, whenever I get anxious or upset I get nauseous. So just waves of it would come over like so intense when I just remembered little things'.* For others, like Tanya, reliving of the traumatic memory was a long-term disturbance. Although Tanya did not use the term flashbacks, she experiences reliving of traumatic memories, conceivably as part of her diagnosed PTSD and dissociative identity disorder (DID). Tania wrote of her perpetrators:

They do not have to live with my memories of feeling like I was only good for sex by everyone in my life… [and] the biggest betrayal of trust as the last person anyone thinks would sexually abuse their child is a mother. There is not a day that goes past that I don't think of my abuse.

2) Avoidance and numbing

The DSM-V (APA, 2013) criteria for PTSD specifically require both active avoidance and emotional numbing symptoms for a diagnosis. However, in DSM-IV (APA, 2000) both are included in the same cluster and active avoidance was not essential in order to be diagnosed. The victim/survivors reported both avoidance and emotional numbing symptoms of PTSD. Active avoidance symptoms were similar to those uncovered by Wang (2011: 172), who explains that immediately after Judy was raped '… she used avoidance/tension reduction strategies to cope (e.g. denial, avoiding the perpetrator and the gay bar, only hanging out with her gay friends, crying, keeping busy)'.

Avoidance of distressing reminders of the event was something respondents experienced a heightened awareness of. Simone regularly avoids entering into discussions at work about sexual violence, and Cailey uses a variety of avoidance symptoms, including staying away from places and events that have the potential to remind her of her experience, or her perpetrator. Consequently, Cailey intentionally missed sporting events and celebrations, and intentionally avoided using a train that went on a specific route. Due to the phobias they developed, respondents such as Cailey, Sarah, and Simone reported avoiding being in situations with women, even where those women were known to them as friends:

> *I withdrew completely from the team that I played for… they were a great group of girls but actually I think I was also a little wary of being in that group, you know, being in the team and being with all women really… I was wary of being with women* (Simone).

In the next chapter, I examine how each of the R2s felt the enduring impact of their victimisation upon their daily, occupational lives. For instance, after Sarah discussed her posttraumatic fears related to being alone with groups of women, or with men, she said: *'… that's not gone away'.* Evidently, though the extent of PTSD varies between the second phase respondents, its symptoms continue to be experienced by each of them. Categorically, being raped and sexually assaulted by another woman has left its disruptive legacy.

The numbing symptom (the feeling of emotional numbness) can be attributed to a deliberate attempt to not feel anything, and blocking the experience of being raped or sexually assaulted altogether, as my review of Girshick's (2002) work uncovered (regarding her respondent Melanie). This numbing response is understood as a constriction of affect and a psychological withdrawal (Dolan, 1991). Typically, there are three symptoms of emotional numbing: '… loss of interest in activities, detachment from others, and restricted range of affect' (Feeny et al., 2000). A loss of interest in activities was expressed by every R2, as I explore in C7. Emotional numbing through detachment or restricted range of affect was particularly discussed by Cailey, Eleanor, and Isla, who spoke about its manifestation in their intimate relationships. This is understandable, considering intimate relationships can be characterised by varying degrees of interdependence between each person. In particular, affective interdependence involves each partner being affected by the emotional wellbeing of the other (Jackson-Dwyer, 2014). Eleanor actively tried to detach herself from others, and from the potential to be involved in an intimate, affectively interdependent relationship:

> *… in terms of dating other people and stuff I kind of made a pact with myself when I was 16 that I was never ever going to be with anybody or anything… I guess because of everything that had happened I just didn't want anything to do with it.*

In addition to emotional numbing, Eleanor's wariness was further compounded by her fears about others discovering she was gay:

> *I think that was partly because of everything that happened and partly because I was going: It's not acceptable to be gay, people will freak out and hate me, which I had very little to base it on considering how accepting my friends are.*

3) Arousal

APA (2013: 1) state '… arousal is marked by aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems'. Hyperarousal is therefore understood to be experienced as a state in which a person is easily startled, feels tense, and is hypervigilant. R2s described arousal symptoms in various ways by, such as: *'social anxiety'* (Ali); *'constantly on alert'* (Lauryn); *'just aware'* (Sarah); and *'I get so tense'* (Eleanor) - all of which they continue to experience in their daily lives. This arousal to trauma-related cues is concerning given that, of the PTSD symptoms discussed here, hyperarousal is the strongest predictor of physical health symptoms and, ultimately, poor health outcomes (Clum et al., 2001). However, as Au et al. (2013) highlight, most studies of sexual assault victim/survivors have focused on those seeking treatment; thus, arguably, this finding is based upon a sample of people who are experiencing the physical and more salient impacts of the psychological distress caused by PTSD. That said, hyperarousal symptoms undoubtedly have a debilitating impact upon the health, wellbeing, and daily subjective experience of occupation for rape victim/survivors, as they make it hard to sleep, eat, concentrate and perform daily tasks (National Institute of Mental Health, no date). This description from Lauryn about her PTSD symptoms illustrates the entirety of the effect arousal can have:

> *I was bordering on sort of psychotic symptoms which, of course, now I understand isn't massively uncommon in posttraumatic stress disorder, but at the time I just thought I was going mad. I was like thinking there were monsters after me and that if I turned my light out and closed my eyes they would come through my wall, and there would be people trying to grab me under the, under the door in, in like toilets at college… vaguely seeing things behind bushes that I thought were men with guns... But it still has a bit of an affect: I'm still quite hyper-vigilant.*

6.5: Alcohol use

Alcohol played a key role at the time of three of the incidents described (by Cailey, Isla, and Lauryn) and was used in the aftermath by five of the victim/survivors (Jessica, Keira, Lauryn, Sarah, and Simone). As a maladaptive coping strategy (Macy, 2006), alcohol was reportedly used as either an escape, an attempted way to feel better, or as a means to think less about what had happened to them:

> *… as soon as I knew I had clear time out and off work and things I would drink really heavily. So I guess it would probably be almost like binge drinking in terms of the pattern of my drinking behaviour… when I had time and space I filled it with getting drunk because, er – and it didn't make things better – but it's, it's how I coped, it's what I did* (Simone).

> *… I wasn't a very nice person when I was drinking, but I was drinking because I was trying to hide something I guess* (Keira).

Sexual victimisation has been strongly associated with an increased dependence on alcohol (Ullman et al., 2005), which, albeit maladaptive, is recognised as a way of coping in the aftermath of being raped or sexually assaulted (Crown Copyright, 2014). However, as I highlight in C7, the victim/survivors' alcohol use clearly compromised their ability to self-care. In Hughes et al.'s (2001) study, being a victim of CSA was associated with alcohol misuse in adult lesbian and heterosexual women. Yet, they found that ASA was associated with alcohol misuse for heterosexual women only. Aside from the uncertainty regarding the gender of the people that sexually assaulted the 24 lesbian respondents in their study, Hughes et al.'s (2001) conclusions regarding alcohol use amongst adult non-heterosexual women certainly differ to the findings from my research.

My identification of the sub-theme 'Alcohol use' refers also to the exploitation of alcoholic drinks by the perpetrators to either intoxicate (in Lauryn's case) or to spike their victims with state-altering drugs (in Cailey and Isla's cases). Lauryn was given lots of alcoholic drinks by Danny (the male perpetrator) and, as she became increasingly uncomfortable, she tried to hide some under his bed. Lauryn reflected: *'… it was definitely a 'let's see if we can get Lauryn drunk', um, approach. And I just became more and more uncomfortable with the situation'.* Later, when trying to think of reasons to use in order to escape and to be let out of Danny's room, Lauryn described an unsuccessful attempt in which she tried to let her perpetrators know she was feeling sick, and that she had a phobia of vomiting:

> *I decided that the phobia of being sick was probably my best defence. So, he kept saying: "What's really the matter?" I was like: "I'm really phobic of being sick, you know, I think I drank those [drinks brand name] a bit fast earlier; I'm feeling really nauseous, urgh"… So, yeah, that was a bit of defence. Um, then they decided that – he decided – he was like: "Oh well, you know, if you're not feeling well then maybe we should just go to bed". So he, he tried to get me to get in bed with them.*

Both Cailey and Isla reported that their drinks were spiked with a state-altering drug; the impact of which has made both wary about what and where they now drink. Cailey described a time she had been out socialising in a pub, after a sporting match, and her perpetrator (Tori) asked Cailey if she wanted to go back to her house. Cailey declined because she had to go back to her parent's home. She then described what happened, and how she felt:

> *I woke up in the early hours of the morning really ill, and I had to go to the hospital and it turned out I'd had my drink spiked… And, I blamed the pub, as if that's ever going to happen. So I could never, ever prove it and couldn't ever take it to the police but, um, I have spoken to a friend who's a police officer and she's convinced that while it was happening she's probably putting things in my drink and then, that night, to get me back it would be like: "Oh you're tired, let's take you back to mine".*

NHS Choices (2014) state that every year in the UK it is estimated that hundreds of people have their drinks spiked, and that some of these victims will be spiked with a date rape drug prior to being sexually assaulted. Isla believes that her drink was spiked with a drug at the party, on the night she was sexually assaulted. She told me about how this made her feel and act, saying:

> … *I don't know what it was that I was spiked with but it was like there was a, a glass screen and I thought 'I want to do this' and the opposite would happen. So, for example, I wanted to be really nice to someone but instead I shouted at them, or whatever. So I was completely out of control of what was happening, so I don't know what it was; it was horrible.*

Isla explained how she was firstly sexually assaulted by the female whilst the male was sexually assaulting the other female victim/survivor. After this, the perpetrators swapped to sexually assault each of the women. At this point Isla said that she felt sick, which she believed was attributed to her drink being spiked:

> *I sat up because I was going to be sick. So, um, I said: "I'm going to be sick" and, um, she handed me my underwear and my leggings and I left. I had a dress on over the top… and I left and I was in the bathroom for the rest of the evening.*

In a similar way to Lauryn, Isla used the fact that she felt sick to try and get out of the situation. Unlike Lauryn – who was unable to escape – Isla believes that the sickness she experienced was – whilst unpleasant at the time – a state through which she managed to escape from further assault. She then expressed concern for the other victim/survivor that was left in the room:

> *But I do think it was a lucky escape actually because I do think it could have carried on and got worse… I've heard rumours… I heard that things carried on, um, and she wasn't in such a good way the next day.*

Wider public discourse about drink spiking and sexual assault has been largely unsupportive for genuine victims. For example, in 2009 many newspapers reported that drink spiking is an 'urban myth' or 'legend' (see Adams, 2009 and Martin, 2009). These

articles were published in response to a study by Burgess et al. (2009) involving university students in the UK and US. Their aim was to explore beliefs about drink spiking and the risk of drug-facilitated sexual assault (DFSA). The researchers suggest that rather than an individual attributing loss of control and awareness of their own actions to their own alcohol intake, the idea that this could be attributed to a drug secretly given by someone else is appealing. In part response to this study, Brooks (2014) recommends there is a need for a gendered and feminist understanding of women's fear of, and the reality of, sexual violence. Brooks (2014) analysed the narratives of 35 young women regarding their personal safety in pubs and bars in Scotland. She concluded by suggesting that participants such as those in Burgess et al.'s (2009) study may actually typically minimise their suspected experiences of drink spiking. Moreover, Brooks (2014) found that the women in her research were often reluctant to disclose their experiences of sexual assault, sexual harassment, or possible drink spiking, particularly when they had consumed alcohol voluntarily at the time.

Myths that are linked to rape often shift the blame from the perpetrator and place it on the victim/survivor (Suarez and Gadalla, 2010). In C2 I agreed with Ewing (2009) that the reinforcement of rape myths contributes to the under-reporting and poor prosecution of sexual offending. However, in terms of drink spiking and DFSA, the assertion that this *is* a myth, and the denial of its occurrence, is conceivably a factor that contributes to victim/survivors - such as Cailey and Isla - not reporting the crime.

6.6: Self-harm and suicidal behaviour

Self-harm has been defined as: '… when somebody intentionally damages or injures their body. It is a way of coping with or expressing overwhelming emotional distress' (NHS Choices, 2015). In addition to alcohol use, self-harming and suicidal behaviours were performed in completely contrasting ways amongst the victim/survivors and their

perpetrators. Of the R2 victim/survivors that mentioned this, Ali, Cailey, and Eleanor self-harmed, and Eleanor and Keira attempted suicide; this was either in response to their victimisation - as a coping strategy - or as a way to express the need for help. This finding is synonymous with the findings from Wang (2011), Gilroy and Carroll (2009), and Girshick (2002). In addition to their own self-harming behaviour, Ali, Cailey, and Jessica's perpetrators – whom they had each had an intimate (although not always consensual) relationship with - used the threat of self-harm or suicide as a means to remain in contact, or in a relationship, with them.

Ali described how he had previously struggled with self-harm and issues related to his identity. He said that during and after his abusive relationship with his perpetrator this became worse: *'At the time I was very triggered by it. I think, um, certainly sort of self-harm and stuff sort of escalated. In response to it'.* Pre-existing self-harming and injurious behaviour is not uncommon amongst the known population of people who have been sexually assaulted. Creighton and Jones (2012) reviewed the psychological and psychiatric histories of 269 adults who attended a UK-based Sexual Assault and Forensic Examination Centre. They found there was a higher prevalence of deliberate self-harm amongst this sexually assaulted community, and surmise that deliberate self-harm and suicide attempts were factors that contributed to their vulnerability to sexual assault. Nothing is known about this for woman-to-woman rape victim/survivors, due to the silence surrounding this type of sexual offending. The psychologist, Phillips (2015), wrote about how silence can intensify the impact of trauma. For Ali, Cailey, Eleanor, and Keira, their trauma has gone relatively unspoken and, as Phillips (2015) also found, has manifested as more violence to self.

There are a multitude of meanings behind the act of self-harm, which can be better understood with an appreciation of the sociocultural conditions within which the act of self-harm is performed by an individual (Steggals, 2015). Occupational therapy literature lacks any exploration of the meaning of self-harming as an occupation, and its

impact upon the daily subjective experience of occupation for victim/survivors of sexual assault. Rather, the focus is upon intervention strategies to encourage the transition from using maladaptive to adaptive coping skills (Lambert and Carley, 2013). Considering my concept - the dark side of occupation (Twinley, 2013) – this engagement in self-harm behaviours is not extrinsically healthy, or restorative, but it could be that they are performed as survival occupations, following experiencing profound biographical disruption (Whalley Hammell, 2004). This means the victim/survivors may do them in an effort to maintain a state of wellbeing at the rudimentary point that they are able to cope with their daily lives.

In Cailey's case, her deliberate self-harm was driven by what Scoliers et al. (2009) term a 'cry for help motive'; Cailey expressed her reason for self-harming was a purposeful attempt to get help from teaching staff she felt closest to at the time:

> *I went down the route of self-harming in quite a bad way… as I've looked back and had counselling and reflected back, I've realised that that was maybe because I wasn't out and I couldn't tell anybody, and so if someone saw that on my arms or on my body - particularly because the people who I related best were the P.E. staff and they would see me in the least clothes – if they noticed that they might be like "What's wrong?" and might be able to save me from it. Um.. and helped me.*

In cases such as Cailey's, victimisation in early adulthood and the associated PTSD symptomatology is understood as a significant predictor for non-suicidal self-harm (Nada-Raja and Skegg, 2011). PTSD - as a consequence of the serious trauma caused by being sexually assaulted - is also a recognised risk factor for suicide attempts amongst victim/survivors (Jeon et al., 2014). Cailey declared having suicidal thoughts which she felt she *'came through'*. Eleanor and Keira reported non-fatal suicide attempts. Eleanor mentioned this in the context of her depression, saying: *'I attempted suicide when I was 16, which obviously didn't achieve anything'.* Keira spoke to me about her feelings after being sexually assaulted by a woman, and her heavy alcohol use, and said: *'But, it came to a point where, when I tried to take my own life,*

that I woke up the next morning – thank god that it didn't, I didn't'. Eleanor and Keira's suicide attempts are representative of findings that victim/survivors of sexual assault and rape are more likely to consider, attempt, or commit suicide than other women (The White House Council on Women and Girls, 2014). Fortunately, Keira's suicide attempt was non-fatal and actually became the catalyst to find help through the form of a counsellor: *'Once I tried to commit suicide then it was time to live or die, basically, so I thought: Well, if you're going to live, you might as well live a happy life'.*

In addition to living with the symptoms of PTSD in the aftermath of their victimisation, Ali and Cailey were subjected to ongoing emotional abuse from their perpetrators, who threatened suicide as a means to get them to do something they did not want to do. In C2 I considered the Glasgow Women's Aid (2009) problematic perspective regarding intimate partner violence, and their exclusion of the reality of female offenders (of other women). However, they do identify offender threats of suicide as one of the common factors of an abusive relationship (Women's Aid, 2009). In terms of the research on which this thesis is based, I would therefore suggest that the offending women used threats of suicide within the context of being an abusive and controlling (ex) intimate partner to the victim/survivor. For instance, when talking about Tori, Cailey explained that after she had met her current partner (Zoe) Tori continued to contact her, using threats of suicide in order to get Cailey to go back round to her house - where the perpetration had taken place for over eighteen months:

> *… she used to contact me… texting me or sending me a message on Facebook to say: "If you don't come round I'm going to kill myself ", and I'd witnessed two or three attempts of her trying to kill herself, and I knew she was capable and she would if I didn't go round.*

Similarly, Ali's perpetrator also used threats of suicide and self-harm as a way to manipulate Ali into remaining on the phone, or going to see her:

> *… she'd kind of do similar things even over the phone that wasn't obviously sexual in nature but it was kind of like um, you know: "Oh if you hang up now then I'm going to go and take an overdose or something".*

Threats of committing suicide are recognised as a risk factor within domestic violence investigations in the UK (National Policing Improvement Agency, 2008). As the CPS (2014: 50) acknowledge: 'The dynamics of violence within same-sex or transgender relationships are similar to those within heterosexual relationships, but there are likely to be additional barriers to reporting'. These barriers include fear of being outed, fear of homophobia or transphobia (including if a gay woman accesses a women's refuge), and being more likely to have less options of safe places to stay. Certainly, for Ali and Cailey, they didn't know who they could disclose this emotional abuse to, let alone where they could access support.

6.7: Accessing support

The impact of rape and sexual assault can be influenced by the victim/survivor's experience of the various services (such as health and criminal justice) she/he has contact with following the incident (Daane, 2005). Namely, the health and care professionals that R1s disclosed to were: counsellors or (psycho)therapists (n=16); psychologists (n=2); sexual health doctors (n=2); and a psychiatrist (n=1). However, only n=10 (17%) of victim/survivors felt they received the support they were seeking from these service providers, specifically in response to disclosing sexual assault by another woman. This certainly reflects the findings from my review of the literature that few rape victim/survivors seek medical care (Zinzow et al., 2012), or other formal care and support services (Orchowski and Gidycz, 2012). As Campbell (2008) established, it is understood victim/survivors can feel hesitant to seek therapeutic support, and so remain silent.

In terms of understanding the support received, just three of the R1s left written comments, stating*: 'therapist great', 'I received the support I wanted from*

my…therapist', and *'Counseling helped me to heal from it'*. This is encouraging to learn, particularly in consideration of Gilroy and Carroll's (2009) finding that, during their initial therapy sessions, neither Kathleen nor Sarah responded as well to therapy for their woman-to-woman sexual victimisation as they had previously for therapy related to being sexually assaulted by men.

Of course, success of psychological therapy is dependent upon multiple factors, such as the type of therapy, the focus of intervention, and the therapeutic alliance established between therapist and client (Ardito and Rabellino, 2011). For instance, positive outcomes for (non-woman-to-woman) rape victims have been reported by Bowyer et al., (2014), who applied compassion-focused therapy and trauma-focused cognitive behavioural interventions. Vickerman and Margolin (2009) reviewed empirical findings from the literature and also found cognitive behavioural interventions lead to improved PTSD outcomes, in comparison to supportive counselling. However, they also found that over one-third of women retain a PTSD diagnosis, either post-treatment or at the point of discharge.

The type of therapeutic approach was not discussed by any of the respondents. Some did, however, refer to the relationship (or alliance) between themselves and their therapists. Ardito and Rabellino's (2011) review discovered that positive therapeutic outcome is linked to a quality therapeutic alliance; the latter is founded upon the client's perception of their therapist as empathetic and supportive in the early stages of therapy. Considering the significance of this factor for success of therapy, it was discouraging to learn that some respondents did not experience a quality therapeutic relationship. This was owing to the reaction, or fear of reaction, received from therapists upon disclosing their difficult traumatic experiences. This was experienced by Lauryn, who described therapists being *'shocked'* by her disclosure of woman-to-woman rape.

Of the R2s, Ali, Cailey, Eleanor, Gabby, Isla, Kiera, Lauryn, and Simone reported accessing support in the form of therapeutic counselling. Yet, only Eleanor, Isla, and Lauryn disclosed their experience of woman-to-woman victimisation. Isla said she saw a counsellor for six sessions and that:

> *I went specifically to have, to look, to look at that… I did feel as though I had resolved some things and sort of able to move on from things a little bit and, um, my girlfriend said that she'd noticed a bit of a change as well, for the positive. So I guess it's sort of more accepting what happened and being able to move on from it and not letting it keep sort of creeping up on me.*

At the time of the interview, Isla explained that she had just returned to another form of therapy as she *'… noticed that things are starting to get on top of me again so I thought I'd try something different*'. This reinforces findings from the literature that victim/survivors have an increased use of healthcare services, owing to their elevated experience of the long-term health consequences of rape and sexual assault (Amstadter et al., 2011).

By contrast, Ali, Cailey, Gabby, Kiera, and Simone discussed other issues in therapy sessions that were directly related to - and were often a consequence of – their WTWRSA experiences:

> *For my drinking, yes, but not for how the drinking started, no. I didn't. I had to figure that all out myself* (Kiera).
>
> *I never ever told the counsellor in depth anything that had happened. I just touched on things like that I was having panic attacks, that I'd self-harmed, but I never, I've not really had counselling for it* (Cailey).

Cailey sought counselling after her father's death, which triggered her self-identified need for support. Cailey explained how she felt her victimisation was something she would never tell anyone about. As discussed earlier, for Kiera, it was her non-fatal suicide attempt that triggered her decision to talk to a counsellor. Keira took control in a very self-empowered way; she said: *'… that was my decision, yeah. That was my will*

to be, like, not to be so selfish and to actually just go and, go and sort myself out. And be the person I was'. Yet, evidently, for these respondents, other issues were the focal-point of discussion in therapy. For instance, Danielle reported that Gabby had experienced a series of upsetting personal events and that, after her victimisation, she suggested Gabby saw a counsellor: *'… not necessarily about this but, like, about things in the past, because she had questions… that seemed to be going really well'.* Likewise, Cailey and Kiera received helpful support from their counsellors/therapists for different health and/or wellbeing-compromising issues they were experiencing. However, it is clear that Ali, Keira, and Simone wanted the opportunity to disclose their victimisation within the therapeutic relationship, as Rodriguez et al., asserted (1996). Unfortunately, for various reasons, this opportunity was either denied or not realised. For Ali, he and his parents were in family therapy for issues related to his gender identity. He felt unable to disclose, explaining that:

> *… they were quite reluctant for me to be seen on my own, so that really put, you know, boundaries up because I just thought: Well I'm not going to mention it in front of my parents. So, there was no way I was going to mention it, even though I was sort of thinking this is something that I'd quite like to talk about.*

It was only when Ali was allowed to see the psychologist on his own for half hour sessions that he felt more able to disclose. Yet, he never completely did so:

> *I was talking a bit at the time about the sort of gaps in my memory and things and I eluded towards the fact that I had been in a relationship that wasn't that helpful. Um, and she was concerned and she was quite helpful in terms of, um, helping me move forward in my relationship with [wife] and stuff… that was sort of like helpful, in terms of moving forwards, but not on actually reflecting on what had happened.*

Simone also expressed her want to be able to talk specifically about being raped and sexually assaulted by other women, but felt this had been overlooked:

> *… I'm not completely one hundred percent confident, let's say, that my therapist completely understands, let's say, where I'm coming from when I've tried to talk about what happened with that ex-partner and that woman – the stranger. Um,*

> *so you know, we've kind of had discussions about, not so much literally what happened, but, but, err, kind of broader discussions so, it's not, it's never been focussed on it being another woman or, or the impact of that upon me as a gay, well, as a woman myself.*

This finding is in stark contrast to Girshick's (2002), as 21 of her respondents felt their therapist helped them to examine and name their experiences. Yet, in my research these R2s, and three of the R1s, commented about being unable to disclose or receive therapeutic support in the aftermath of their sexual victimisation by another woman. The issue of seeking support and disclosing traumatic experiences is assumed to be an adaptive and healthy way of coping, and has received some critical empirical examination (McNally et al., 2003). There is a wealth of evidence that advocates for disclosing to a supportive person and longer-term, preventative intervention, which can benefit the physical and mental health of victim/survivors by, for example, reducing the incidence of PTSD (Hyman et al., 2003). This potential for some improved health has not been available to all of those respondents who, for whatever reason, did not disclose to a therapist/counsellor.

6.8: Reflections

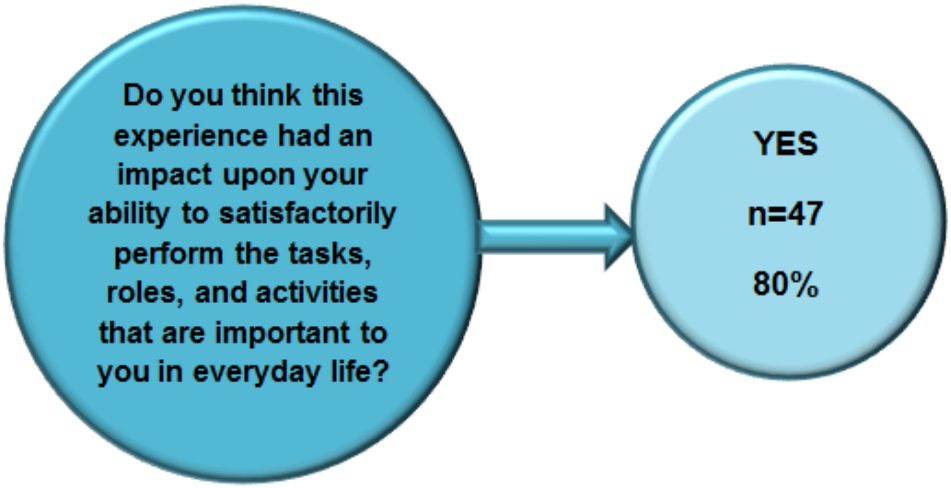
The experience of surviving WTWRSA is a deeply subjective one, and one that changes victim/survivors' perceptions of themselves, others, and the world. Each of the implications for the victim/survivors' health and wellbeing discussed in this chapter are universally discussed in relation to the experience of rape or sexual assault, such as alcohol dependency, suicidal feelings, and PTSD (Crown Copyright, 2014). Whilst it is appreciated that people respond differently to these traumatic events, there is certainly a shared experience of the physical, mental, and emotional effects upon the health and wellbeing of victim/survivors' of WTWRSA with the victim/survivors of any other type of rape and sexual assault. Yet, a disparate experience is evident for WTWRSA victim/survivors when they have tried to access, or use, services and support that they perceive, or have experienced, do not meet their unique survival needs.

Chapter 7
Occupation

7.1: Introduction

As all of the things that individuals do in their lives every day (Sundkvist and Zingmark, 2003), occupations are understood to impact upon, and be impacted by, our health and well-being. When a person experiences disruption in their lives that affects their health and well-being their subjective experience of occupation consequently alters. It is during or after this disruption occurs that occupational therapists work with people, usually with a focus upon the ways in which their occupational performance has been compromised (Doble and Caron Santha, 2008). From an occupational therapy and occupational science perspective, the term ‘occupation’ can be difficult to explain; in many countries, including the UK, it is usually inferred to mean the work that people do (which is just one category of occupation). I therefore chose not to use the term ‘occupation’ in my web-based survey questions (which could be completed by anyone in any country). Rather, I asked respondents the question as shown in Figure 7.1. The pie-chart shows that n=47 (80%) of victim/survivors felt their experience of sexual assault impacted upon the daily occupations that are important to them.

Figure 7.1: Amount of R1s that felt their victimisation has had an impact on their ability to satisfactorily perform their daily tasks, roles, and activities



In this chapter I explore the R1 and R2 data pertaining to their subjective experience of occupation. The theme 'occupation' contains the following six subthemes which are discussed in turn: daily occupations; care and restoration (and the two sub-subthemes of self-care and caring for others); work (with the two sub-subthemes of work as triggering and as maintenance, and could have performed better and achieved more); leisure; roles and relationships; and alienation and regret (failure to satisfy inner needs).

7.2: Daily occupations

Prior to examining different types (or categories) of occupation, it feels fitting to begin with this overarching theme because all 10 of the victim/survivors (as Gabby's story – the eleventh second phase victim/survivor - was told by Danielle) stated frankly that their daily lives and occupations were affected:

> *Now I have to live with the legacy of my abuse that impacts my life every day* (Tanya).
>
> *… oh yeah it massively affected my life… I was just really unhappy in all areas of my life really* (Jessica).

…it impacted on everything (Isla).

… certainly for me the impact of being raped, both times, was both initial… as well as being enduring, you know, it's been a short term and a long term impact on me and my life (Simone).

It's a scar I think, you know? Its, you live, you get over it (Sarah).

I think it will always be there... I just think that it will mean that I'm wary of certain situations and certain people forever (Cailey).

… it's dealt with in some ways. I certainly understand it better now and understand what they were doing and I understand it wasn't my fault… it still has a bit of an effect (Lauryn).

I knew that I was responding directly to what happened and that it hadn't been good for me at all. And so it was almost like the actual impact of it occurred once the relationship was over… it does have an ongoing impact on someone's life (Ali).

I could have experienced quite a lot different in life (Keira).

…I didn't know what normal life was like for everybody else (Eleanor).

The respondents' comments clearly demonstrate the extent of the impact their experiences had and, in many cases, continue to have, upon them and their everyday lives. With the understanding that daily occupation provides structure to our routine (Whiteford and Townsend, 2011), and is a key way in which individuals organise the worlds in which they live, this finding is wholly concerning. Occupations help shape our identities and connect us to others: 'The phenomenological experiences of day-to-day life build meaning and community in our lives' (Hasselkus, 2006: 627). The respondents' feelings of detachment, isolation, unhappiness, difference, and wariness further compound the disruption to their everyday subjective experience of occupation bought about by their victimisation.

7.3: Care and restoration

Respondents talked about the things they did (and were doing at the time of their interview) to care and to look after themselves and others. Restorative occupations contribute to a person's wellbeing and can be experienced as meaningful (Whalley

Hammell, 2009a). Overall, the R2s' ability to self-care was compromised in the initial period after their victimisation. I discuss this aspect of care in terms of their self-harming and destructive behaviours in relation to survival, health, and well-being in C6.

7.3.1: Self-care

Similar to Campbell et al.'s (2009) findings, the effects of their traumatic experiences challenged the victim/survivors' ability to look after themselves, and their physical, mental, and emotional health. Many struggled to self-care in terms of meeting their daily basic needs of eating and sleeping, for example. The latter, sleep - a restorative occupation - has only relatively recently been appreciated as an occupation by occupational therapists and scientists; it was 2008 when the American Occupational Therapy Association included 'rest and sleep' as a distinct category of occupation in their Occupational Therapy Practice Framework. Likewise, sociologists have only started to explore the social significance of sleep in more recent years (Williams, 2008). Within this body of sociological and occupational therapy literature, sleep is understood as: a bodily need; an occupation that is experienced before and after other occupations, roles, and routines (including work and parenting); experienced variably throughout the life course; socioculturally contextualised; and linked to health and illness (Coveney, 2014; Leland et al., 2014; Williams, 2008).

In terms of occupational therapy, Christiansen and Baum (2005: 10) led the work in this area, stating that sleep is a '… specific personal-care occupation that is necessary for health'. This was evident amongst some of the respondents, such as Simone, who said: *'I probably looked very pale and dark eyed because I wasn't sleeping, so that was having an effect on my heath and definitely my wellbeing was just at an all-time low'*. In consideration of other findings from the research on which this thesis is based, I would suggest that, likewise, health, wellbeing, and an appropriate environment are all necessary prerequisites for sleep. For instance, Kiera reported that her alcohol use led to feeling tired, as well as depressed. Isla felt that the repercussions from her pre-

existing depression and anxiety, and from her victimisation, all blurred into one. In her poor state of mental health, Isla's sleep was disturbed so significantly that she was prescribed medication. For Jessica, her victimisation had a varied impact upon her sleep. Firstly, her second perpetrator (Jessica's ex intimate partner, Selena) would often wake her up from sleep, either violently or by trying to pressurise sexual contact with Jessica: *'I couldn't really sleep… she'd make it impossible for me to fall asleep, and if I was asleep she'd wake me up… So I was just exhausted. I was absolutely exhausted'.* Secondly, in order to escape from Selena's ongoing abuse toward her, Jessica had to live with other people in unsuitable environments that were not conducive to sleep: *'I couldn't sleep and I was sleeping on a friend's floor, in their living room, in a shared house'*.

In total, seven R2s specifically mentioned the impact of their experience/s upon their sleep. This emulates the common finding in work regarding the symptoms of PTSD that cites sleep-disturbance as frequently experienced by traumatised individuals (Sher, 2004). Sleep disturbance was certainly a key feature in the victim/survivors' posttraumatic experiences, and for some, like Sarah, was still endured: *'I've had, well, not dreams, but certainly woke up during the night and it's been the first thing I've thought about'.* Being plagued by traumatic memories is unfortunately a common symptom of PTSD for victim/survivors of sexual assault and abuse, and can be re-experienced whilst awake, as well as during sleep (Puri et al., 2014; Duke et al., 2008) as reported by Simone: *'I still… my sleep is sometimes disturbed with flashbacks… that come to me in terms of dreams. And actually sometimes I will have flashbacks when I'm awake in the day'*.

Even though the majority of respondents experienced poor sleep and/or sleep disturbance, Cailey, Eleanor, Keira, and Simone spoke about how sport and exercise either had been, or still was, an important part of their lives. For Cailey and Keira, exercise was discussed as being their main source of self-care. Keira identified going

to the gym as her core self-care occupation. Aside from the commonly understood benefits of exercise, and the routine this provided, Keira felt that - had she not attended the gym after work - her alcohol use would have been even worse. This was primarily because she would have had more time to spend on drinking in the evenings:

> *Oh I wouldn't eat; eating was drinking… I was paying my bills and then whatever was left was just to buy alcohol, basically… I wasn't really buying any food… I probably wasn't the healthiest. But I would still go to the gym but just come home and drink and not eat.*

Evidently, Kiera's subjective experience of occupation was dominated by the internal conflict between trying to self-care, by going to the gym, and self-medicating by drinking alcohol. Using alcohol to self-medicate is recognised as a means to cope with PTSD symptoms following sexual victimisation (Walsh et al., 2014). However, the repercussions of doing so can include disruption to an individual's daily routine; Kiera's alcohol-use certainly dictated when she attended the gym, as she explained she didn't go in the mornings because she would still have been drunk. Likewise, Simone's enjoyment in the team sport of netball was impacted upon in part by her alcohol-use and in part by other factors, as she explained:

> *I think all the things that I'd started to do like smoking and drinking and things and not eating meant that I didn't have energy so I stopped doing, you know, sport that I used to like doing. Um, I used to really like netball, um, and I, I just stopped going… and actually I lost contact with a few of the girls because, and that was because of me, you know, it was because I didn't return their calls, I didn't return their texts… there was no way I could have told them why I was being the way I was.*

The use of alcohol by victim/survivors in the sequelae of being raped and sexually assaulted - and indeed its dominance in victim/survivors' lives - is something that none of the other researchers of woman-to-woman sexual offending discussed in any depth (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). Girshick (2002: 77) states it '… did not figure prominently' in her study, even though she later briefly notes that three respondents went through alcohol recovery. Campbell

(2008: 92) rather nonchalantly mentions: ‘One lesbian rape survivor turned to the bottle for help; to this day she still struggles with that addiction’. It could be that the reported use of alcohol by respondents in my research also reflects the wider societal rise of harmful drinking amongst women (OECD, 2015).

Aside from the social benefits of engaging in team sports that Simone and Cailey appreciated, what was clear from their stories was the routine this afforded remained an important aspect to try to maintain in their daily lives. This is explicable if we reconsider the perspective that routine structures people’s daily occupations, influences their individual and collective identities, and provides feelings of satisfaction and autonomy (Whiteford and Townsend, 2011). Indeed, for Cailey, the motivation for wanting to keep playing the range of sports she did appeared to derive from her strive for satisfaction in doing something familiar, and doing it well: *‘I was keeping up with [sport] and I, I was keeping up with my Uni work because that’s all I knew and I wanted to do well at it’*. In Eleanor’s case, dance helped her to fill her time and provided her with a sense of enjoyment; her active engagement in occupation is therefore understood as requiring and occupying time and space: that is, the circumstances, or occupational forms, in which performance takes place (Hocking, 2009). Eleanor said:

> *I just kind of threw myself into Uni and enjoying it and getting on with everything. Um, and I was very busy… And I did a lot of [style of] dancing … so I was doing several classes a week of that… so I was kind of like just very busy and doing stuff…*

Each of Keira and Simone’s narratives about exercise also highlight their diminished performance in the self-care activity of eating. Following being raped by her former partner, Jessica described the impact it had upon every aspect of her life; she told me she became depressed and did not eat properly, and so lost a significant amount of weight. Jessica explained how the people around her did not perceive her weight-loss as a cause for concern, rather, she said:

> *… everyone was coming up to me and saying: "Oh you look really good". "Oh you've lost loads of weight". And I was like: "Well actually it's because I'm starving myself because I'm so fucking miserable I can't eat".*

Jessica's experience certainly reflects the overwhelming presence of thin-ideal internalisation, defined as '… the acceptance of and adherence to sociocultural beauty ideals for women that focus on thinness' (Suisman et al., 2014: 773). In actuality, under-eating and over-eating are known to be common ways of coping after sexual assault (Rape Crisis Scotland, 2013); weight loss or weight gain was stated by every respondent except Cailey and Tanya (Danielle did not mention anything about Gabby). Sarah spoke about her health and wellbeing, and focussed on the weight she gained through her increased alcohol-use. Increased alcohol consumption has been linked to PTSD and weight status (Kubzansky et al., 2014).

Whereas, for Isla – who spoke about her remaining feelings of anger and frustration because of the enduring impact upon her – food was used as comfort. Isla said: *'My mood was dropping. I was getting, um, really tearful, motivation was going, sleep was bad, um, energy levels. Awful. Comfort eating!'* Occupational therapy literature is deficient of work regarding emotional eating. From a psychological perspective, comfort (or emotional) eating is discussed in terms of the person feeling out of control, and the use of food as a source of comfort and/or relief from feeling fear, sadness, or boredom (Derbyshire Healthy Futures Service, 2013; Macht, 2008). Elliot (2012: 16) wrote about illness occupations that are performed as part of the eating disorder experience (such as binging) and, though her discussion is focussed largely upon anorexia nervosa, she proposes: 'Essentially, the meaning associated with engagement in everyday occupations becomes enveloped within eating disorder behaviours and cognitions'. In Isla's case, emotional eating evidently contributed to disrupting her subjective experience of occupation, to the point that she said she felt she *'… needed to stop it before it goes into a downward spiral'*.

In the wider context of their mental health, Ali and Lauryn specifically mentioned having an eating disorder (pre-victimisation). Clark and Nayar assert that the occupational performance issues people with eating disorders experience are '… global, affecting all areas of life from preparing meals, shopping, carrying out the demands of work or study, and managing difficult emotions when socialising with friends and family (Gardiner & Brown, 2010; Karpowicz, Skerseter, & Nevonen, 2009; Reiss & Johnson-Sabine, 1995)' (2012: 13). Indeed, Ali and Lauryn spoke about the disruption to their subjective experience of occupation; Ali said: *'… the eating disorder got quite severe and I actually started self-harming again'.* And for Lauryn it remains an issue in her life: *'I still have a slight tendency when things get very stressful to think: Well not eating makes me feel better: it stops me feeling things'*. Similarly, the perception of feeling in control that is linked to restricting food intake (Fairburn et al., 2008) was expressed by Eleanor, who said *'… the fact that it was something I could control, I was quite underweight. I never had an eating disorder as such. Um, I can walk the line between healthy and eating disorder'*. However, recovery can only occur when individuals can feel a sense of control that is not linked to restricting their food intake but, rather, is experienced through healthy and positive occupational engagement (Clark and Nayar, 2012).

In its most commonly referred to form, the occupations of self-care, in terms of washing, dressing, and grooming were spoken about by five of the respondents. For Sarah, *'… going home and having a very hot bath'* was the first thing she did after she was raped. For Lauryn, showering and washing was the only self-care occupation she felt she maintained her performance in:

> *I was keeping up with showering and everything but that's because I'm obsessive, I'm always the obsessive-anxious-type of depressed rather than the lethargic-type depressed and I get, it makes me more anxious not to shower than it does to shower. So I always kept up with the hygiene stuff but that was literally it.*

Likewise, Simone discussed the importance of continuing to self-care. When reflecting upon how she believed she must have looked at nineteen years old - at the time in her life when the impact of being raped by a stranger was manifesting the most - Simone explained:

> *… it was still important to me that I looked after myself, just in the basic way, like, you know, showering, getting ready and putting my make-up on. If I didn't keep on doing that I would have felt even more that I looked to, to others how I felt to myself.*

Germer and Neff (2015) name the self-care mentioned by Lauryn, Sarah, and Simone as self-compassion, proposing that severe trauma victim/survivors are self-compassionate when they know what they need in order to be kind to themselves.

In Nelson's prominent work from 1988, he defined occupation as the relationship between occupational form and occupational performance. That is, the circumstances - the physical and sociocultural dimensions - within which people perform their occupations allows an understanding of this performance. In Jessica and Eleanor's case, the occupational forms of their self-care activity of washing were the very circumstances and environment (or dimension) in which their perpetration took place; that is self-care was the time and the bathroom (shower) was the place where their rapes and abuse was perpetrated:

> *And she came in the shower and sexually assaulted me then. She was a lot bigger than me, um… and I feel, with the nervousness of it all, I'd lost about two stone in weight over the past, over the previous month to it. She was almost six foot tall… um… bigger than me; she'd put weight on and… pinned me down, put her fingers inside me, was very rough, made me bleed, terrible, whilst strangling me, broke my ribs* (Jessica).

> *… with my mum… it was more kind of complete lack of boundaries and not being able to have any privacy: her always insisting on being in the bathroom with me and watching me in the shower and making comments and things and always insisting on me being in the bathroom with her* (Eleanor).

Self-care also took the form of self-preservation by attempting to avoid potential revictimisation: Kiera tried to make sure she was always around other people when her perpetrator was present; Jessica moved out of her own home that she shared with Selena; Tanya's main strategy for survival, and to avoid further revictimisation, was to entirely isolate herself. This was essential due to the context of her rape and abuse, which was perpetrated by multiple perpetrators, including her father, male relatives, and her mother. She says: *'I have moved 13 times to get away from my abusers and changed my name three times so I cannot be traced'*; and Sarah described her self-protection strategy like a prompt to monitor situations where she finds herself in a group of people: *'I think: Sarah, be careful, you know? Think about what you are doing, look at the situation'*.

This self-perceived necessity to use strategies to avoid revictimisation is not uncommon. A study conducted in the US to explore women's self-protection strategies found that, among the 1800 women interviewed, women are most likely to use behavioural strategies - including avoiding doing things they needed or wanted to do - as protection methods (Runyan et al., 2007). This sample included women who had either been previously victimised, experienced vicarious violence, or had not experienced violence as adults. Such findings reveal that all women experience an altered subjective experience of occupation in response to concerns about being violently victimised. While on the one hand this demonstrates that women take personal self-protection measures, on the other hand this could be seen to reflect the cross-cultural belief that rape and sexual assault is the responsibility of the victim (Kalra and Bhugra, 2013). In the UK, the feminist response to victim-blaming (and against rape and all forms of male-to-female violence) includes the national women's Reclaim the Night march; one purpose of these marches is to '... use public space without fear [and to] reclaim the streets at night' (Reclaim the Night, no date). Although such events publicise the reality of sexual offending and the risk of revictimisation,

there is, within this organising network, a complete disregard for women who have been violated by other women.

7.3.2: Caring for others

The implication with the traditional use of the three categories of occupation (work, leisure, and self-care) is the limitations this places upon what can be understood and explored as an occupation. The category of self-care neither prompts nor enables occupational therapists to consider occupations that are characterised by doing for others (Whalley Hammell, 2009a). Moreover, the use of these categories does not allow for sufficient description of people's subjective experience of occupation (Pierce, 2001) (see C2). What came across from many of the R2s stories was their ability to either care or do things for others, even at times when their ability to self-care was compromised. Eleanor spoke about having to look after her mother, both as a child and as an adult. She described how her mother had depression which worsened after Eleanor's grandmother died:

> *… her mum died that summer and she, and then got really ill and I ended up kind of doing a lot more of the looking after the household that I'd kind of had, as a child my mum was always ill, when I was a kid, so I kind of, I had to do a lot of that as well.*

Eleanor herself has depression and said she believes that started in her adolescence: *'… certainly by the age of 15 and 16 I definitely was'.* Still, she was able to care for her mother: her abuser. This demonstrates Eleanor's resilience, particularly considering adult victim/survivors of childhood maltreatment have shown considerably more frequent depressive symptoms when caring for their abusive parents than people caring for their non-abusive parents (Kong and Moorman, 2013). Often in occupational therapy practice family caregivers are included as active participants in their family member's intervention as they are understood as performing the occupation of caregiving (Hasselkus, 2014). However, as Clark et al. (2004) suggest, healthcare professionals must consider that caregiver stress is determined by how the family

members functioned pre-morbidly. This study was based upon people caring for stroke survivors but it has relevance to all practice, when pre-morbid family functioning is not always disclosed or discovered.

In contrast to Eleanor's experience, Jessica, Sarah, and Tanya spoke about their desires to be a parent and have parental caring responsibilities. Sarah - who was age 72 at the time of her interview - expressed this in a very regretful way, mentioning: *'… one thing I think I would have loved is to have a child'.* The occupation of parenting is known to provide meaning in parent's lives, as they contribute to others and promote their child's development (Blank et al., 2015; Price and Stephenson, 2009). However, a critique of occupational science is that it has produced '… a largely feminized account of occupation to date [which]… is perhaps most evident in research with only female participants' (Hocking, 2012: 57), such as that exploring the mother-child relationship. The experience of caring for others as an occupation from the male and the trans person perspective warrants exploration.

Certainly, for respondents such as Jessica, caring for others can be a meaningful occupation; Jessica relished being a *'protector'*, even at times when she was aware her ability to self-care was compromised:

> *Because I kind of like take that role in life as well, like, if I was to have children, very much the protector. I like to see myself very much as the caring person who looks after people when I guess I couldn't even look after myself really.*

In her daily life, Jessica described feeling protective for others. It would appear this is linked to her own experience of being physically (as well as sexually) assaulted by a woman, as she described:

> *I get very protective now. If I ever see women and women fighting, or anything like that, I will certainly get involved. Not physically but actually go, you know go: "Come on you two". Or I will do my utmost to have a conversation with them, to*

> *talk them out of what they're doing and dissipate the situation and buy them a drink and I find I'm quite good at doing that.*

This ability and/or need to care for others is an aspect of victim/survivors lives during their recovery from rape and sexual assault that is largely ignored. Rather, there is a focus upon the interpersonal conflicts victim/survivors can experience (Office for Victims of Crime, 2011). In terms of caring for others, and closely linked to the subtheme I discuss next (work), six of the respondents were in jobs that are heavily characterised by a responsibility to care for others, either in the realm of healthcare (Gabby, Isla, Lauryn, and Simone) or education (Cailey and Sarah). They were engaged in 'emotional labour' (Hochschild, 1983) as their work roles required them to regulate their own emotions when handling the feelings of those they work with (i.e. patients, clients, and school pupils).

7.4: Work

The respondents' work activities included paid employment, full-time, and part-time education. Aside from Tanya - who in her email correspondence with me shared that she cannot work due to the substantial traumatic affects her history of rape and abuse still have upon her - the work that all of the R2s did at the time of their victimisation and/or after was affected. This concurs with research findings that work life can be disrupted (Morrison et al., 2007), and that any form of interpersonal violence in adulthood impacts upon women's employment in terms of job satisfaction and their ability to work (Banyard et al., 2011). Such findings are explained by theories regarding PTSD and the workplace. For instance, Menna (2014) suggests:

> *One of the many areas that PTSD affects is the work place. There are many individuals with PTSD who are able to work and are functioning at a level where they are able to hold a job; some successfully, and some just barely. The level of success one has at his or her place of employment depends on many factors including the level of impairment, and support outside and inside the work environment.*

Interestingly, of the 70 respondents in Girshick's (2002: 128) study, there is just one clear example (referred to in C2) of the way in which one of her respondent's work life was impacted. Perhaps this reflects the original goals of Girshick's (2002: 18-19) research, which were to document women's stories of sexual violence, to validate each as they were told, and to advocate that social services need to meet such women's needs. Indeed, the copy of the survey questions in the appendix (pages 171-174) demonstrates the focus of Girshick's survey was upon naming and describing their experience, and their response to that, rather than asking about the impact upon their lives thereafter. This demonstrates the contribution my findings add to the limited evidence regarding WTWRSA and its' impact upon the victim/survivors. From an occupational science perspective, Western culture very much privileges productivity in the form of paid employment (Whalley Hammell, 2004). Occupational science research (such as that by Blank et al., 2015) reflects this; Blank et al. (2015) explored the meanings of work for people who have severe and enduring mental health conditions. They found work was one occupation through which respondents could build and maintain an occupational identity, feel connected to others, and feel a part of society. However, just as Blank et al. (2015) found, the respondents from my research had both positive and negative experiences of work.

7.4.1: Work as triggering and as maintenance

Interestingly, all of the (four) respondents who undertake paid work as healthcare professionals respectively experience/d triggers of traumatic memories whilst in their workplace. The only non-victim/survivor, Danielle, who reported a friend's story (Gabby) on her behalf, explained she felt Gabby had been triggered to traumatically recall and remember her sexual assault two months after it occurred, whilst she was at work. Gabby worked in a healthcare service for people with mental health problems, some of whom have histories of sexual assault and abuse. Isla also works in a similar service and told me about how challenging this can sometimes be for her:

> *… you have to be very sort of self-aware when you've got patients saying similar stories, you know, is this appropriate for me to be working with them? Not putting your own judgements into it, things like that.*

Due to the distress of re-experiencing traumatic events, people with PTSD typically use avoidance to lessen the likelihood of being reminded of, or thinking about, their perpetration (National Institute of Mental Health, no date), as explored in C6. For Gabby, Isla, Lauryn, and Simone this is fundamentally impossible because their workplaces are the very environment in which their traumatic memories are at risk of being triggered. For instance, Simone was describing her symptoms of PTSD (daytime flashbacks) during which she mentioned the triggers she contends with whilst at work:

> *I actually don't know what they are triggered by… my heart races and I get sweaty and, you know, hot and things, and I noticed it's when I'm at work when, you know, obviously in my job you do sometimes unfortunately hear about sexual violence or even, you know, we have some training, not a lot, but sometimes the issue of violence in terms of sexual violence is raised…*

However, this risk of triggered memories is experienced alongside the want and need to work. Isla spoke fondly about her work-role, even though she lived with a heightened awareness of maintaining control over her own traumatic memories. Isla explained how these could easily be triggered because of where she works, and who she works with:

> *And I think in my line of work if I'm having a bad day I can't just hide behind like a computer screen in the office on my own, I have to go and put on this front, I have to be able to cope with stressful or emergency situations… so it's quite intensive, quite demanding like physically and mentally to sort of remember all these different things and active listening and all that. Yeah, it takes a lot of effort! And I love my job, I really do, um, but yeah if I'm having a really bad day then it makes it really hard at work.*

To further illustrate, Lauryn clearly valued the routine that having a work-role offered. This aligns with the occupational therapy perspective of work as an occupation that can provide a healthy routine, as well as meaningful habits and roles (White et al., 2013; Christiansen and Townsend, 2010). However, Lauryn was regretful when she explained that following being triggered about her rape whilst on a work placement, the

placement was terminated. This had a significant effect upon her everyday life, and her ability to work thereafter:

> *And that was kind of the beginning of the end of the routine because everyone else was on placement so there was no university to go to. And so then it just got more and more chaotic and it was more about self-destructing and distracting myself than actually functioning*

Here, Lauryn is clearly expressing the containing benefit that being engaged in a productive work-related occupation can afford, demonstrating that work can meet important psychosocial needs for people in western societies (Waddell and Burton, 2006). In this way, work is seen as more than just an economic necessity, but also a source of maintenance in the lives of these victim/survivors. Yerxa (1998) – a visionary in occupational science – once expressed this need as based upon the human spirit for occupation. Indeed, Danielle reported how Gabby had just finished her second degree, which Danielle felt, alongside working, gave Gabby something to focus on: *'So she has a focus, so it's not like she's just sitting around. She has to be doing something'.* Gabby's need to be *'doing'* correlates with the need for meaning, purpose, and choice following life disruptions that qualitative researchers have identified (Whalley Hammell, 2004). The need to be actively engaged, and to find purpose within that engagement, means that Gabby's work occupations became a means to cope (or survive), and so functioned as a source of maintenance. Similarly, Cailey felt her previous work roles (full-time work during holidays from her time in full-time higher education) helped to maintain her on two levels: 1) to keep her mind occupied and, 2) to avoid spending time at home with her mother – who she was still not out to – in the difficult period after her father's death:

> *I was keeping up with my Uni work because that's all I knew and I wanted to do well at it…I think that mostly what I was doing was trying to keep myself as busy as I could. When I came home I would be doing 14 hour shifts… because I didn't want to spend any time at home.*

Similar to Cailey's experience of the workplace as a place away from, or to escape from challenges, Jessica had experienced her workplace as a safe place away from her ex-partner's abusive and threatening behaviour. Although, Jessica described how Selena started to stalk her at her home and her workplace, which compromised any feelings Jessica had about her work being a safe place to be. As in Wang's (2011) case study (Judy), Jessica developed a fear for her own safety, as well as anger and fear toward Selena as a perpetrator. Jessica said:

> *I think actually work was a safe haven for me so actually if I was just left to my own devices at work I would have just cracked on and work wouldn't have suffered. But this woman was such a nutter… And she would turn up at work and she would ruin work… it consumed my time at work and my work definitely suffered.*

7.4.2: Could have performed better and achieved more

The disruption to the working lives of these respondents is also thought to occur because many victim/survivors of sexual assault have feelings of low self-worth and self-doubt (Morrison et al., 2007). Eleanor expressed such feelings when she spoke about the difficulties of trying to get a job. She felt this difficulty occurred because of the gaps in her CV that were due to the time she had out of education and work during the periods she was too unwell to attend. Eleanor explained: *'… if you try and get any other type of job it's like: "Well it's a year and a bit since you graduated, what have you been doing with your time? Go away"'.*

Ali expressed feelings of guilt over his poor performance at school due to the substantial impacts he was contending with on a daily basis. He explained how his experience of being sexually assaulted worsened his mental health problems. Ali then described how he felt his work at school was consequently impacted upon, saying:

> *I did appallingly in my AS exams and stuff. Um, so I do think that it had an impact on my ability to kind of, I don't know, maybe again it's to do with the memory thing, like retaining information and stuff like that. Um, but also maybe*

> *not caring as much as I should because everything kind of felt, I guess, meaningless in comparison to what was going on.*

Ali's reflection above really encapsulates the hidden and silent struggle that people who contend with PTSD, traumatic memories, and/or other mental health problems on a daily basis must face (Menna, 2014). Moreover, the addictive behaviours and dark occupations (Twinley, 2013) like substance use that are associated with sexual victimisation history and PTSD (Walsh et al., 2014) had a further considerable impact upon some respondents' performance at work. For instance, Kiera felt very strongly that her performance at work was affected by the amount of alcohol she was drinking each night. Keira believed that she could have performed better at work if she hadn't felt tired, hung-over, and depressed. But then Keira spoke about gradually getting her confidence back through the structure that her work role provided. However, she still reflected that her victimisation impacted upon the current position she holds in her full-time working career: *'I probably could have been even higher today in my role if I hadn't have had that blip'.*

Coupled with the fact that the majority of victim/survivors either do not disclose their victimisation, or have negative post-assault disclosure experiences (as in Walters, 2011, for example), trying to perform 'normally' at work - let alone striving to achieve - was a hidden struggle for the respondents. Sarah told me that she started drinking when she was on her own in the evening, and that her use of alcohol meant that sometimes she had to miss work. She said:

> *A couple of times I, err, had to call in sick to school because I knew I couldn't go in… And I think they knew there was something wrong… I never spoke to anybody at school actually about the incident. I just felt I couldn't.*

Contributors such as Ahrens (2006) and Suarez and Gadalla (2010) suggest that the silencing of rape victim/survivors (like Sarah) occurs because many fear their disclosure will be met with disbelief, or because of having a prior experience of being

blamed (see C5). Feelings of disappointment over not achieving as much as they might otherwise have done were sometimes linked to feelings of alienation and regret (see 7.7).

7.5: Leisure

Collectively, the main leisure occupations that were important to four of the respondents (Cailey, Eleanor, Keira, and Simone) revolved around sport and exercise. From an occupational perspective of health, this could be understood as wholly appropriate, considering the benefits exercise and sports can provide, such as: for physical and mental health; wellbeing; optimising physical capacities; enhancing cognitive skills (such as attention and memory); the routine; social connections; the value it affords, and its other cited therapeutic effects (Wensley and Slade, 2012; Cole, 2008; Flinn et al., 2008). Although, that is not to say that all of these benefits are experienced concurrently; on going to the gym, Kiera said: *'I think it was the routine, I think that was one of the only things, it was the routine'*. Yet, the fact that Kiera could attend the gym on her own was important to her at that stage in her life; Kiera was avoiding social connections and shared occupations. In fact, Keira's experience greatly impacted upon her feelings toward being with or around other people, and particularly other women, due to lack of trust. She consequently avoided certain social situations where she felt she might be more vulnerable. For instance, Keira had been a regional champion canoeist and was predicted to compete in the Olympics but she stopped canoeing because, as Keira said: *'I didn't want to be with people, not [people] that I didn't know… because these weren't people that I had known for years'.*

For Cailey, her keen engagement in several sporting activities and involvement as a team member became the reason she had to keep seeing her perpetrator. She explained the reason for this to me:

> *I still bump into her now. Cos I can't not, cos she plays [sport] for a different team now but we see her twice a season when we play that team, we see her twice a season at [different sport] when we play her team, and then at like all the league dinners and things like that.*

In contrast to Cailey's experience of her engagement in sport as being the time and place that she often had to see her perpetrator, Eleanor's involvement served as a total escape from her perpetrators. Whilst living away from home at university, Eleanor was able to keep herself busy and safe doing things she enjoyed, including dance. She commented on her first year at university: *'I just kind of threw myself into Uni and enjoying it and getting on with everything. Um, and I was very busy'.* However, weeks after returning to university for her second year, and after living at home with her mother for the summer, Eleanor's enjoyment in this leisure occupation was abruptly disturbed:

> *I just sat there thinking in, like, in one of my dance classes my friend was like: "Oh, are you alright". And I was just like, I burst into tears and she was like: "Oh, stop crying"… basically they tried to section me and I managed to convince the second doctor that this was not the plan that I needed kind of thing: "I have to stay at uni". And they were just like: "Oh, you could always move back home". And I was just like: "Oh! You completely don't get the point entirely".*

Though other respondents did not talk specifically about physical activity (exercise) or any other type of leisure occupation, many referred to their experience of socialising in the aftermath of their victimisation. Socialising with others is an important and highly valued occupation across the life-stages (COT, 2014b; Alsaker et al., 2006; Atwal et al., 2003). The experience of socialising differed amongst the respondents. Jessica spoke about her social group as if they were a life-saver to her during the period after she got involved in drug-taking following her first sexual assault; she said: *'And then I met this really lovely bunch of friends at university who I'm still friends with now actually. And they, you know, they made it okay for me and got me out of all of that'*. This certainly aligns with the assertion that social connections and networks are essential to survival, as well as to the ability to cope through adverse events and experiences that can threaten a person's sense of wellbeing (Fieldhouse and Bannigan, 2014). Indeed, the

importance of having social connections that can help people to cope was expressed by respondents such as Isla. She felt that being able to socialise involves making sure she is with people she feels safe with: *'I think I've just been a lot more wary about, um, when I'm out and drinks and who I'm with… and, you know, ensuring I'm with people I trust more'.*

7.6: Roles and relationships

> In order for occupational therapists to use meaningful occupations to improve clients' sense of wellbeing, they have to understand how occupations and occupational roles are used by people to create meaning in their existence (Ikiugu et al., 2012: 289).

Meaning is understood as being individually and internally perceived and experienced by each person, even when it is socially constructed (Hasselkus, 2002). In terms of the roles and relationships people value and find meaningful, maintaining these can provide a sense of belonging and connectedness (Whalley Hammell and Iwama, 2012). Considering the significance that our individual, occupational roles and associated relationships with others hold for our wellbeing, my discovery that the R2s' experience of these were impacted upon - in the short and long-term - is crucial to examine and understand.

The role as friend or family-member was important to each R2, and their experience of the relationships connected to these roles was either positive (supportive, affirmative, constructive, and/or meaningful), negative (unsupportive, insincere, destructive, and/or abusive), or a combination of both. In terms of familial relationships, Eleanor and Tanya shared the experience of being sexually victimised by their own mothers, as well as their fathers. They also shared the experience of having meaningless relationships with their biological parents, in the sense that they felt a lack of connectedness and wellbeing that would normally be experienced through feeling loved and safe within a

parent-child relationship (Lezin et al., 2004). Sociologically, it is understood that the familial social unit should afford interconnectedness with other social units (Ballantine and Roberts, 2012). This includes the ability to establish social connections at school. However, Eleanor and Tanya's family units actually created social disconnectedness and perceived social isolation which, in turn, carries risks to health and wellbeing (Cornwell and Waite, 2009). This disconnectedness and perceived isolation was expressed through Eleanor and Tanya's accounts, particularly as they told me about the conflicting feelings they held toward and about their parents. For instance, commenting on how society might perceive her experiences of being raped by her mother, Tanya wrote: '*They do not have to live wondering what made my mother hate me so much… I can not understand why my mother didn't love me'.*

Eleanor spoke to me about how she tried to avoid seeing or being with her parents when they were at home together, and after she had left home. She commented: *'I didn't really get that other people weren't terrified of their parents'.* Both Eleanor and Tanya now have no contact with either of their parents and so, as a consequence of being raped and sexually abused by their mothers and fathers, have been deprived of the possibility to perform the role of daughter in a healthy or meaningful way (see discussion regarding identity in C4). Albeit a somewhat dated source, Mayer et al. (2002) conducted a noteworthy study, in which they sought to understand occupational therapists' experiences of when they felt they had made a difference in parent–child relationships amongst their clients; they note the importance of a quality parent-child relationship in contributing toward the child's general development. The respondents in Mayer et al.'s (2002) study also believed the parent–child relationship was the foundation of the child's ability to develop other relationships later in their lives. This finding certainly does concur with Eleanor and Tanya's experiences in terms of the challenges to developing relationships with others throughout their lives. For example, Eleanor told me that she largely kept herself isolated from others whilst she lived at home, and that it wasn't until she was able to move out of the family home, to go to

university, that she developed superficial relationships with others: *'I moved into the same room as somebody that I knew at school. So we were sharing a room and she kind of made friends and so I was kind of friends with her friends, sort of thing'.*

Similar to Eleanor and Tanya, Gabby was reported by Danielle to have been sexually abused as a child by her father. Danielle mentioned that Gabby's mother was *'… not exactly supportive of, like, of my friend'.* She offered her opinion as to why, explaining that she believed Gabby's father had been physically violent toward her mother, then stating: *'I don't know whether she sees in my friend, like, traits of the dad… it's surprising how much alike they look'*. One of the complexities of interfamilial sexual abuse is that the child victim/survivor fears disclosing to a family member (in Gabby's case, her mother) for fear of rejection and disbelief; the victimisation is therefore never validated or acknowledged (Sanderson, 2006).

It is widely acknowledged that a sexually abused child is at a high risk of enduring deleterious symptoms, including biopsychosocial developmental complications (Trickett et al., 2011). The impact of this for victim/survivors continues into their adult lives and manifests through symptoms, such as poor physical and/or mental health and wellbeing (Flett et al., 2012; Irish et al., 2010). The dearth of occupational therapy evidence regarding CSA and ASA is astounding, especially given current services for the victim/survivors are driven to raise awareness of the prevalence, and impact, of sexual offending (e.g., RAINN, 2009b). However, occupational therapists do appreciate that a child's positive and productive engagement in occupation contributes to their role identity, and their level of competence and skill mastery (Rodger and Ziviani, 2006). It is, therefore, comprehensible that Eleanor, Gabby, and Tanya's various occupational roles have been challenging to identify with and/or satisfactorily perform.

Performing the occupational role of intimate partner was crucial for every R2, in order to generate meaning in their lives, as Ikiugu et al. (2012) assert occupational roles can

create. Ali, Cailey, Eleanor, Isla, Jessica, Lauryn, Kiera, Simone, and Sarah each specified how they have established a (positive) intimate relationship, and the reasons as to why being an intimate partner was important to them. For instance:

> *… I did find myself talking to someone I really just connected with… And it was a positive relationship… something about it kind of made me feel safer… I didn't have so many doubts about trust and stuff* (Ali).
>
> *I think that, because I found the right person, then that kind of rescued me from not being able to trust people… because I knew I could trust her. I knew I was safe and confident with her. Nothing was rushed. We, um, we made like an agreement that we would wait to do anything sexual, um, until we wanted to, until we were both ready* (Cailey).

Equally, even though the majority of R2s reported being in a positive intimate relationship at the time of sharing their story with me, every one of them also reported experiencing barriers in the aftermath of their sexual victimisation to either: being an intimate partner; performing sexually as an intimate partner; or establishing a (positive) intimate relationship altogether. We know from my discussion in C4 that Tanya stated she has problems with intimacy due to lack of trust of women and men. Sarah declared that she now has intimate relationships with couples (a man and a woman), suggesting this is linked to her feelings of nervousness of being alone with a man. Evidently, being able to express their sexuality through the occupation of sexual intimacy was important in each respondent's life. This is clearly explicable, as the healthy expression of sexuality is known to improve an individual's self-esteem (MacRae, 2013), contributes to healthy ageing (McGrath and Lynch, 2014) and is, therefore, crucial for wellbeing (Jones et al., 2005). However, occupational therapists continue to rarely address sexuality with the people they work with (McGrath and Lynch, 2014).

The implications of being unable to satisfactorily perform their various occupational roles were expressed by every R2. For instance, Lauryn spoke a lot about the disruption to her daily life, and the challenge of consistently and satisfactorily performing her various roles: *'I guess I never really hung on to any of my roles for very*

long after it happened… I managed to hang on to my day-to-day functioning but after, after it was very sort of a lot harder'. In addition to those previously discussed, the range of occupational roles that were disrupted amongst the R2s included: friend (Ali, Cailey, Eleanor, Isla, Jessica, Keira, Lauryn, Simone, and Sarah); student (Ali, Cailey, Eleanor, Isla, Jessica, Lauryn, and Simone); worker (Cailey, Eleanor, Gabby, Isla, Jessica, Keira, Sarah, and Simone); caregiver (Ali, Eleanor, and Jessica); home maintainer (Jessica, Keira, Lauryn, and Simone); hobbyist (Eleanor, Isla, Keira, and Lauryn); and sportsperson (Cailey, Kiera, and Simone). These occupational roles have long been considered as important in people's occupational lives, as demonstrated by the implementation of the Role Checklist assessment (Oakley et al., 1985). This was designed for occupational therapists to use to obtain information based upon their client's self-perceived and self-rated satisfaction with their occupational roles (Kielhofner et al., 2008). Indeed, understanding an individual's occupational roles, and the value they place upon those, is vital for identifying an individual's occupational performance (Dickerson, 2008) and, therefore, their subjective experience of occupation.

7.7: Alienation and regret (failure to satisfy inner needs)

Whalley Hammell's (2009a) proposal that occupations might be better categorised by the way in which people experience them is a useful framework in which to understand the respondent's occupational alienation, and their associated feelings of regret. In particular, the experience-based category of 'ways to connect the past and present to a hopeful future' assist with an occupational understanding of the respondents' failure to satisfy their inner needs. From this perspective, it is only when people achieve biographical continuity in their daily lives that a positive subjective experience of occupation of the past and present may be anticipated to continue in the future (Whalley Hammell, 2009a). The biographical disruption brought about by being raped or sexually assaulted has evidently challenged the possibility of this; instead, all of the

R2s overwhelmingly expressed feelings of regret. Informed by Bury's (1982) conceptualisation of the experience of chronic illness as a biographical disruption, Whalley Hammell (2004) suggests life-altering events trigger a refocus upon a person's biography and their self-concept. I suggest it was through engaging in this process that the respondents became aware of their feelings of regret and the associated failure to satisfy their inner needs.

The relationship between these sad feelings and alienation for the victim/survivors' subjective experiences of occupation is complex. For some, lasting feelings of regret are linked to a one-off experience. For instance, in her survey response, Simone wrote:

> *My answer 'no' I did not receive support was really about my therapist as I feel my partner has been supportive (even though at first she found it hard to believe or understand how women can rape women). I regret even telling my therapist*.

However, for others, their feelings of regret are not only enduring but are associated to being alienated from realising their identity (see C4). Keira had a strong sense of regret for not having come out as gay earlier in her life. Such feelings of regret for not coming out sooner, or for remaining 'closeted' is commonly reported in contemporary literature, particularly that which explores the experience for people who came out in mid to later adult life (Clunis et al., 2005; Johnston and Jenkins, 2003). In Keira's case, her regret was unequivocally caused by her experience of woman-to-woman sexual assault at just 16 years old. Kiera spoke regretfully about all the experiences and opportunities she had likely missed out on:

> *… how much time did I miss out on being with somebody? Um, and you know, had some really good memories, really good times, and if I hadn't had gone through that, and been confident to come out in my teens, or even my early twenties. Um, that's one of my biggest regrets, I suppose.*

Ali communicated his feelings of regret when he told me about the time he felt his abusive relationship was impacting upon his relationship with his parents, and the time

he spent with them. He described a time he was upstairs in his bedroom with his perpetrator and they were engaged in sexual activity which he did not want to happen. Ali could hear that his father had returned home from a trip away and wanted to go downstairs to see him but he couldn't get away (out of his bedroom) for three hours. Ali felt guilt and regret for the alienated position his perpetrator progressively forced him into; he reflected:

> *And like just the kind of little family rituals I guess you have were affected by this and they obviously never knew why. And so I kind of felt bad that I was probably just seen as ignoring them and like not wanting to be there… but without being able to explain why that sort of thing was going on.*

Occupational alienation was defined by the pioneers of occupational justice work as: 'Prolonged experiences of disconnectedness, isolation, emptiness, lack of a sense of identity, a limited or confined expression of spirit, or a sense of meaninglessness' (Townsend and Wilcock, 2004: 80). As a type of occupational injustice, this occurs when people are disempowered and/or face significant barriers to engagement in meaningful occupations (Wolf et al., 2010) and, therefore, to their experience of wellbeing (Townsend and Whiteford, 2005). When reconsidering the universally-known impacts of being sexually assaulted (which means reliance upon findings regarding male-perpetrated sexual offending of women), feelings such as regret, disempowerment, disconnectedness, and isolation understandably lead to victim/survivors being alienated from an aspect, or many aspects, of their ordinary daily lives. The concern this highlights is that during their experience of being alienated as a consequence of the biographical disruption experienced, victim/survivors were mostly alone with the trauma and after-effects (the posttraumatic reactions) of being sexually assaulted. For some such as Ali, Cailey, Jessica, Keira, and Lauryn this meant engaging in doing harmful things I regard as the dark side of occupation (Twinley and Addidle, 2012) such as heavy drug and alcohol use, or self-harming. For others, this meant they became disconnected from either: a part of themselves (for example, Keira, who disconnected from her gay identity); from others (everyone apart from Sarah

mentioned disconnecting - to varying extremes - from close family); from friends (like Keira and Isla); from other social networks (such as Simone, who disconnected from her sports team contacts), or there were those who disconnected from virtually every aspect of their lives (in particular, Tanya, who remains disconnected in terms of living with Dissociative Identity Disorder, having to change her personal identity, being unable to work or to have a family. Tanya wrote: *'I have no family whatsoever. I feel alienated in so many ways and that is because I was raped by my own mother*').

In consideration of such devastative alienation and loss, Taylor's (2004b), use of the concept of 'social death' is useful. However, it does not account for the complete subjective experience of occupation for each of the respondents in the sense that my analysis of their data clearly revealed stories of the things respondents nevertheless did, and the people they still did things with, during times their social worlds were devastated. The respondents have demonstrated survivorship in the form of being able to carry on living lives through times when many experienced severe posttraumatic reactions. Consequently, though life was full of struggle and challenges, the survivor in each respondent never gave up. This certainly concurs with Mosey's (1996) long-standing theory that the purpose of performing some occupations is to meet basic survival needs, to strive for emotional health and freedom, and to experience a sense of belonging. This innate need to be a social and occupational being (Wilcock, 1993) was something respondents such as Lauryn and Gabby strived for:

> *… sometimes I was a student and sometimes I was someone's girlfriend and sometimes, you know, I was a [health profession] student for a while. There was lots of things that I belonged to quite briefly and never quite managed to hang on too because I'd cope for a few months and it would just all go wrong again* (Lauryn).
>
> *And I think with doing this second degree it gives her something to focus on… So she has a focus, so it's not like she's just sitting around. She has to be doing something… she needs it; so my friend is quite complex really and I'd imagine it's from all her experiences* (Danielle regarding Gabby).

What is more, the concept of occupational justice - in which people are understood to have the right to participate in occupations that support their satisfactory achievement of personal needs and full citizenship (Christiansen and Townsend, 2010) - does not adequately consider scenarios whereby the realisation of certain rights might actually lead to compromised health and/or wellbeing. WFOT (2006) framed their standpoint on occupational justice within their position statement on human rights, and asserted that people should be supported to participate in occupation as included and valued members of their family, community, and society. This does not account for scenarios whereby the individual purposefully alienates themselves as a form of self-preservation or protection, as I described earlier in relation to Tanya's story. Eleanor also took the decision to disconnect herself from her father and her mother – both of whom were the perpetrators of her sexual abuse. In such cases, alienation was necessary in order to survive, to look after themselves, and to avoid revictimisation, but at the same time this has meant they have felt the ramifications on their daily lives. It is this aspect of alienation that I would suggest can explain why some people do not experience feelings of respect, connectedness, belonging, reciprocity, and mutual aid that occupational citizenship is understood to afford (Christiansen and Townsend, 2010).

7.8: Reflections

As an occupational therapist and scientist, I agree with evidence-based understandings that occupations are - amongst other things - the means through which people can express themselves, connect with self and others, derive meaning and satisfaction, and experience improved health and wellbeing. Because of this, any event that causes a disruption in people's lives has the potential to compromise these healthy, positive, and life-affirming benefits of occupation. Unequivocally, the findings here that pertain to occupation contribute significantly to answering the research question I designed to guide the research on which this thesis is based. Accordingly, the victim/survivors' reported numerous effects of being raped or sexually assaulted by a woman, and their

stories reveal the extent of the impact of this upon their subjective experience of occupation. The victim/survivors' lives, and the occupations they engaged in and performed were profoundly impacted in the sequelae of being sexually victimised. Yet, occupations such as those associated with self-care and leisure, were also the means by which victim/survivors have survived, as they continued to experience varying levels of engagement in life, and interaction with others.

Chapter Eight
Concluding reflections

8.1: Introduction

In this final chapter I reflect upon my key findings, their implications, and significant factors that relate to my auto/biographical research journey. I think it important to conclude this work by: critically reflecting upon my chosen methodological approach to this work; highlighting my appreciation of the process my respondents engaged in, through sharing their stories, and the meaning of this; reflecting on the way in which I have engaged in the emotion work of conducting a piece of trauma research, and stating my self-identified learning points; and, lastly, by affirming my recommendations for positive change and future work.

8.2: Critical reflections on the chosen methodology

The aim of my research was to explore the perceived impacts of WTWRSA, the subsequent experience of disclosure, reaction and support, and the consequences for victims/survivors' subjective experience of occupation. Through my use of a web-based survey tool, I gathered data that indicated the types of perceived impacts for those R1s that are woman-to-woman rape or sexual assault victim/survivors. This was in terms of their general health and wellbeing (C6), and their ability to satisfactorily perform the tasks, roles, and activities that are important to them in the daily lives (C7). The survey tool also enabled me to gather data pertaining to the level of disclosure amongst R1s, through which I developed my model of the continuum of disclosure (C5). The reaction to disclosure was not something that many R1s referred to and, indeed, I did not pose a specific question to gather such data. I now think my use of the open-ended question (Question 9, Appendix 10.4) asking if respondents had anything else they wanted to add could have included a motivating sentence that emphasised the importance of their

responses to the research; Smyth et al. (2009) found this can increase response length, number of themes, elaboration, and response time, in addition to reducing nonresponse. However, the survey did generate data to reveal the R1s' perceptions of the support they received, and whether this was from intimate partners, family, friends, healthcare services, or criminal justice services. In the second phase, the individual interviews and correspondence enabled me to generate further, in-depth data pertaining to each of these features of the victim/survivor's (those who became R2s) lived experience, in the form of stories, as told in their own words.

Overall, the findings from my research, and those generated by the researchers of woman-to-woman sexual offending reviewed in C2 (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002), signal that an individual's subsequent experience of disclosure, reaction, and support is dependent on a multitude of factors, to include: the victim/survivor's relationship to their perpetrator/s; their relationship to those they disclosed to; and the fact that they and their perpetrator/s identified as women at the time of the rape or sexual assault. The numerous negative consequences of being sexually victimised by another woman were extremely complex; they have relentlessly impacted upon each R2 victim/survivor's subjective experience of a range of affective feelings, and their perceptions of self, and self-identity. From an occupational perspective, it is clear these detrimental effects were experienced when each victim/survivor had to, wanted to, needed to, or tried to engage in and perform occupations necessary for their daily living. Consequently, their subjective experience of occupation was dependent on their state of health and wellbeing which, for the most part, hindered their ability to satisfactorily perform the occupations and occupational roles that were important to them in the daily lives in the sequelae of their victimisation. This finding is supported by the occupational therapy profession's core, underlying philosophical concept that engagement in purposeful and meaningful occupation has health-enhancing outcomes (Molineux, 2004). What the findings add to the ever-evolving concept of occupation is that victim/survivors of rape

and sexual assault - such as many of the R2s (e.g. Ali, Cailey, Jessica, Keira, and Lauryn) – may engage in the dark side of occupation (Twinley and Addidle, 2012), doing harmful things, such as controlled under-eating, alcohol over-use, or self-harming.

I discussed the totality of the effects of being sexually victimised within the data chapters. Specifically, the key themes I identified – identity, emotion, survival, and occupation – incorporate many of the key features of what it is to be a human and occupational being. To explicate, our subjective lived experience of daily life is: relational and contextual, driven by who we are, how we perceive and express ourselves, and how we affiliate ourselves with others (identity); characterised by our affective state of consciousness, including how we feel in response to people, things, and experiences (emotion); determined by the way in which we personally manage physical, mental, and social challenges, and the level of comfort and satisfaction we derive from doing so (survival); and daily life is arranged, performed, and experienced by the expectation, the need, and our want to do things as individuals, with groups, or with communities (occupation).

8.2.1: Auto/biography and occupational science: the methodological fit

Combining occupational science with auto/biography as an approach to researching a traumatic event has never been done before (at least, I did not find any published evidence of this). There is, therefore, no prior work, let alone quality standards, to measure my use of this methodological approach against. Due to my use of a mixed methods approach - that was weighted towards words to collect data – there will be an expectation by those working within normative qualitative research practice to evidence how I have ensured trustworthiness (rigour). Commonly, trustworthiness is evidenced by the extent to which the work meets the criteria of being transferable, credible, dependable, and confirmable (Given and Saumure, 2008). The transferability of

findings is determined entirely by contextual factors; for instance, only the reader of the work can decide if the environmental context within which I conducted the research is similar to that which they are considering applying the findings to (Shenton, 2004). Credibility is demonstrated by my presentation of the respondents' stories as a true account of their experience of WTWRSA, in addition to the description, critical scrutiny, and interpretation of my experience as researcher (Koch, 2006). Dependability – the extent to which my reasoning is clear – could be said to be achieved in part through my use of reflexive diaries, and my inclusion of the web-based survey questions (Appendix 10.4) and interview schedule (Appendix 10.9) that future researchers could utilise in an effort to repeat the study. As Abrams (2010) advises researchers that recruit from 'hard to reach' populations, I have strived to be transparent about the way in which I accessed and recruited respondents by outlining my sampling strategy (Appendix 10.3).

In terms of confirmability – which involves the researcher demonstrating how the findings emerged from the data, rather than their own subjective, biased position – I cannot and do not strive to meet this criteria. As I discussed in C3, this is because working auto/biographically has meant the individual biographies of my respondents were mediated through my auto/biography as I engaged in the process of analysing, interpreting, and re-presenting their biographies (Roth, 2005; Sikes, 2007).

Aside from the debate about assessing quality of research, and the preference for using hierarchies of evidence in healthcare (Glasziou, 2004), rightfully, different criteria are often applied to appraising quality in research. This depends on whether it is quantitative or qualitative, and what discipline the research derived from, as Boaz and Ashby (2003: 9) explain:

> … methodological debates in the natural sciences focus on the quest for 'truth' and the elimination of bias. In the social sciences the existence of objective truth is often contested, while bias is often an accepted dimension of knowledge, to be acknowledged rather than eliminated.

Yet, there is a difference between the acknowledgement of bias, and the acceptance of, and reflection upon, its inevitability. The former tends to be evidenced by discussion of strategies taken to eliminate bias in the design and conduct of the research, or a statement of the extent to which researchers' perceive bias has influenced conclusions drawn (Pannucci and Wilkins, 2010). I took the latter approach – as employed by auto/biographical researchers – and started the work by accepting and being open about my positionality (insider status) and where my loyalties lie (Letherby, 2013a). Hence, auto/biographical researchers are inseparable from the data their research generates. After all, how could I, for instance, separate myself and my subjective position as a WSSA, feminist, woman-to-woman rape victim/survivor? In C3 I embrace how the auto/biographical researcher combines inclusion of their voice with that of their respondents. Letherby (2013b; 2003) argues that reflecting upon and trying to understand the influence of sources of bias can provide valuable data. Critically reflecting upon my position (e.g. C3) has led to greater understanding of my Self which, in turn, has enabled me to understand the Other (Roth, 2005); I therefore consider that I have gained deep insights into the respondents' experiences of WTWRSA.

The interdisciplinary perspective I have taken to the work – as an occupational scientist, social scientist, and healthcare professional – has been complemented through the combined use of auto/biography and occupational science; both of which are used by, and have relevance to, a range of disciplines that research people's lives (Merrill and West, 2009). As in auto/biography, the value of interpreting and re-presenting stories people tell about their lives is appreciated by occupational science researchers (Molineux and Rickard, 2003; Wicks and Whiteford, 2003). An occupational science perspective has ensured I remained occupation-focused and, in particular, facilitated my interpretation of the data pertaining to the links between my respondents' subjective experience of occupation to their health and wellbeing (C6 and C7).

With respect to contributing new knowledge about occupation that will benefit the occupational therapy profession - as Pierce (2014b) advocates occupational scientists should aim to do - I was extremely grateful to receive email contact from Doris Pierce herself regarding some of my work around the dark side of occupation. She wrote:

> *Rebecca: I just wanted to let you know how much I appreciated your article, "the Dark side of occupation." I tracked it down after seeing it referenced elsewhere and I love it! Thanks for pursuing such innovative thinking in occupational science… your article was a real gift for me – Doris.*

Specifically, the findings reported here add to occupational science evidence regarding health through occupation in the following ways:

1) They contribute to the development of my own concept of the dark side of occupation. The respondents' stories revealed some of the ways in which they engaged in activities that are, for instance, health-compromising, negative, and unproductive, or stopped doing things that are health-promoting, positive, and productive;

2) They highlight a concerning gap in current occupational therapy and occupational science knowledge regarding trauma and posttraumatic responses. Evidently, PTSD has impacted upon the R2s' daily subjective experience of occupation. For such reasons, I have engaged in the process of supervising a Masters student project to critically explore the key characteristics of occupational therapy with people with lived experience of PTSD following a traumatic life event;

3) By providing a different way in which Bury's (1982) concept of biographical disruption can be used to explore the experience of rape and sexual assault, rather than just chronic illness (which adds to the contribution of other commentators who have adopted Bury's concept to explore other life events). This concurs with Whalley Hammell's (2004) acknowledgment that any unanticipated life event can cause a biographical disruption. It is also the first

piece of occupational science evidence to present the ways in which woman-to-woman rape causes a biographical disruption in victim/survivors lives. C7 presents how, subsequent to their victimisation, the victim/survivors subjective experience of positive, health-enhancing occupations was compromised. Yet, each data chapter reveals the ways in which the victims became survivors.

8.3: Sharing their stories: Appreciating the meaning and process for my respondents

I can recall and reflect upon moments during many of the face-to-face interviews with R2s that I experienced a heightened awareness of just what it took and what it meant for that person to come and meet me – a stranger – and tell me about being raped or sexually assaulted by another woman. For example, on the day I met Isla I was immediately aware that she seemed nervous, which she verbally confirmed almost straight away. As with every interview, I began by using the initial time for us to talk, about anything: our journeys to the place we met; the parking; the weather; how well they knew the part of the country we were in; whether they would like a bottle of water; whether they had someone waiting for them whilst they were being interviewed; where the toilets were; how they discovered the web-based survey. There is no easy or right way to lead to the opening and open-ended question: *'Can you tell me your story, from wherever you would like to start?',* not least when that story is about the traumatic experience of being raped or sexually assaulted. I truly never underestimated just how significant the next step was for each of them, as they began to tell me their story.

In the opening sentence to sharing hers, Isla revealed that it was two years to the day since her sexual assault; it was the anniversary of her sexual victimisation. Regardless - like every other R1 and R2 - she demonstrated incredible strength and resilience whilst telling me her traumatic story. Near to the end of her interview, I asked Isla how

the advert for the research made her feel when she first saw it. Isla's response indicated what her engagement in the research meant to her, as she explained:

> *… I mean like I said in our emails I thought: 'Oh this is really good that someone is doing some research on it'. Because I don't know of any major, well, I don't know about any research on it. Not that I've specifically looked, but I know that it's under-developed and I thought: 'Well, why not make something good out of something bad?'*

The decision to share a personal story in greater depth with a researcher - be that through any format, such as interview or correspondence – must only be made by the respondent. By this I mean that, in addition to gaining a respondent's informed consent, ethically the researcher must do so in the knowledge (as far as is reasonable to discern) that the respondent was not pressurised or coerced to do so (World Medical Association, 1964). When the option concerns agreeing to share a traumatic story, the decision-making process is, understandably, complex. It was important to highlight in C3 that research deemed sensitive or traumatic can have emotional threats and consequences for respondents. This includes causing feelings of shame, embarrassment, or guilt (Lee and Renzetti, 1993) because of the intrusion into the private lives of individuals (who tend to be from oppressed groups) about highly emotional topics (Lee, 1993).

Many more than the final eleven R2s indicated that they were interested in sharing their stories. Overall, 36 R1s supplied an email address for me at the end of their completed survey to contact them with further information about the research. Of these, 21 never replied to my initial email and/or a second email I sent to most, as a last check to confirm whether or not they were happy to share their story. Of those respondents that did reply to my initial email, but did not participate any further, some provided their reasons for not doing so. One respondent had concerns about her own current poor health and well-being, writing in an email:

> *Hi Rebecca thank you for the study details I suspect I am not the right candidate for the study as I was sick and signed off before and after the experience. I'm long term sick but would still participate… I have heard about 4 other ppl being attacked and can discuss that too (R40).*

Another responded in the survey that she had heard of a woman sexually assaulting another woman, but had never experienced it herself. However, she then explained she was keen to be involved, writing: 'I have experienced emotional abuse in a same sex relationship but not sexual abuse. I would be happy to discuss this further if this would help your survey' (R120). Another R1 was agreeable to being interviewed. However, after some email contact, it became apparent she could not be involved further, as her experience did not occur after the age of 16 (as my ethical approval necessitated):

> *Sorry Rebecca,*
> *I read the previous instructions too quickly. My experience happened when I was eleven so I wouldn't be of much help.*
> *Good luck with your research (R77).*

Such disclosures reveal that the want to share the experience of being victimised by another woman extends beyond the type of (sexual) victimisation which I aimed to explore.

8.4: Reflecting on my auto/biographical engagement in this work

Having engaged in an auto/biographical research process, in which reflexivity is prominent when striving to re-present each respondent's subjective experiences, I now find myself arrived at a place, or a position, in which I can clearly identify with things that I will never do in future work.

I will never… underestimate the power of silence

I am aware the terms 'silent' and 'silence' occur repeatedly throughout this thesis. In actuality, it is the silence of woman-to-woman sexual offending (and not the victim/survivors themselves) that is responsible for the limited understanding of this phenomenon and its after-effects; that is, the victim/survivors' posttraumatic lived experience. I found Phillips' (2015) contribution - regarding how silence can intensify the impact of trauma – valuable; in cases such as the respondents in my research, their trauma has gone relatively unspoken and, as Phillips' work exposed, has manifested as more violence to self, which is particularly evident in C6.

I will never… generalise

'Is our main concern to have *one* theory to explain all abusive interpersonal violence?' (Girshick, 2002: 18). Based upon my findings, and those from the research reviewed, I respond to this by asserting that one theory cannot be achieved. Clearly, there are individual differences in the experience of the impact of, and the recovery from, WTWRSA. Broad similarities exist, of course; for instance all the R2s endured long-term, posttraumatic effects. Essentially, I have no expectation that the findings presented in this thesis can be generalised to other victim/survivors of woman-to-woman sexual perpetration, nor to other contexts. However, their significance is very real in a world where human rights are restricted by an ignorance and invisibility of woman-to-woman sexual offending.

I will never… erase myself from my work

This personal learning point has become increasingly significant to me, and not least when I read Campbell's (2002) perspective on researchers' positions in, and effects upon, their research. Campbell (2002: 14) does not profess to be an auto/biographical researcher, but I found her perspective empowering as I grew in my auto/biographical research endeavour:

> Historically, social scientists have been silent, absent researchers. We have been ghostwriters for our own work… It's as if it doesn't matter who conducted the study because what really matters is the method by which the knowledge "was acquired" and the actual knowledge itself. The "I" is not in our sentences because who we are as social scientists – what we value and feel – is of less scientific interest. In some respects, this makes sense. More often than not, we are studying those other than ourselves. Who we are really isn't the focus. Yet who we are undoubtedly affects how we understand the world and hence how we understand our research. We may try to erase ourselves in written discourse, but we cannot erase our effect on our research.

Having now completed my first piece of auto/biographical work, I unreservedly advocate for its use to explore the perceived impacts of a traumatic life event, and when seeking to understand posttraumatic experiences in victim/survivor's daily lives. I have been able to acknowledge the significance of what I brought to this work; a study that was designed to explore other people's stories, in which each respondent reflected upon their experiences, as they told me their stories in their own words. I agree with Letherby (2013b) that there is complexity within the researcher-respondent relationship, and by being explicit about my subjective position, I gathered rich and useful data that meant I have met my research aim and objectives.

I will never… fail to appreciate the impact of emotion work

Though I reflect upon my perceptions of the process and the meaning of engaging in my research for the respondents, I do not know how they themselves each experienced this. I am still concerned about this; concerned in the sense that I would have liked to return to each R2 and ask them about their experience of participating in research about being sexually victimised. The value of the auto/biographical approach is the way in which it ensures sensitivity towards respondents, as it required me to engage in affective practice. I appreciate the value of my emotional engagement in, and responses to, my research (Gray, 2008).

I examined the topic of emotion work (Hochschild, 1979) for trauma researchers and documented the limited acknowledgement of this by others, including ethics

committees and colleagues (C3). One of my key learning points stemmed from the insight I gained in response to engaging in the emotion work of researching rape and sexual assault; I feel better able to explain its impact, with the knowledge that this emotional, affective response is entirely reasonable. Just as Campbell (2002:148) responsibly cautions, I was emotionally and intellectually affected and so, therefore, I echo her advice that: 'Self-care must be something that the primary researcher not only preaches but practices as well'. It took me over a year into the research journey until I effectually appreciated the need to look after myself in much the same way that I hoped my respondents would look after themselves. That said, I have no regrets about undertaking this research and creating my methodology in the way that I have. It has proven to be a methodology that has provided my work with an occupational focus, and through which I have experienced an auto/biographical growth and understanding.

8.5: Recommendations

The following key recommendations are for positive change and future directions, based upon my findings and informed by respondents. Consequently, they are categorised by the respondents' overarching hopes (see C5, 5.8: 'Hope').

8.5.1: Hopes for improved general awareness

The R2s all expressed their perceived need for there to be improved general awareness of the possibility of woman-to-woman sexual offending. As an expectation for positive change this is neither unrealistic nor unachievable. The silence of WTWRSA must not continue to be perpetuated. I consider that people all have a role to play in the communities they are a part of, and associate with; communities play a critical role in promoting safety and justice, and negating fear. There are several ways in which the improvement in, and increase of, general awareness could be initiated:

Publicity and public representation

- Rightly so, sexual offending has acquired an increasingly significant public profile in recent years, in large due to the high-profile it attracts through media coverage. Whilst some of these reports could be regarded as sensational (Murphy et al., 2009), these stories do trigger public reaction and debate; all of which contributes to an increased awareness of the types of sexual offences that occur within our local communities and wider society. These are, however, the dominant stories told about women and so pertain to male perpetrated violence. I am not suggesting that we need the media to cover stories of WTWRSA but, so long as the places and services that could and should represent the reality of its occurrence continue to neglect to do so, others (including the general public and the media) will remain unaware of the fact it can and does happen. Used constructively, mass media can facilitate social awareness, or community education, of sexual offending and to correspondingly raise awareness of prevention strategies (Saunders and Goddard, 2002).

- I contend that an increased public understanding of the diverse nature of consensual sex between women would contribute to promoting understanding of the equally diverse nature of WTWRSA. Specifically, there does not need to be a penis present for any two people to make love, or to have sex. Equally there doesn't need to be a penis present to rape, or to be raped. As Campbell (2008: 93) concisely concludes: 'Women can be rapists'.

- Autobiographies are the stories people write about themselves; their audience can be inspired, moved, prompted to make some kind of life change, even, in response to reading the story of someone else's life. A WTWRSA victim/survivor's autobiography could hold the power to reach other victim/survivors and to reassure that they are not alone. Equally, fiction writing could contribute to promoting awareness and, in comparison to auto/biography,

is less exposing of the true identity of the victim/survivor as author. In both forms of published writing, literature and fiction are (arguably) more accessible to the general public than academic publications. There are also examples of work that blend fact with fiction writing to tell an auto/biographical story (Letherby, 2015). Please see Appendix 10.15, in which I discuss my plans for sharing the findings and future publications.

- Relevant community-based forums must stimulate better representation of all types of sexual victimisation. Specifically, in healthcare, specialist sexual health services (i.e. Genitourinary Medicine (GUM) or Sexually Transmitted Disease (STI) clinics) should display posters for WTWRSA victim/survivors (including trans people) alongside those currently displayed for victim/survivors of male-perpetrated (toward women, men, and children) sexual victimisation. General Practitioner (GP) (also known as family doctors or primary care providers) practices could also display material relating to WTWRSA in waiting areas to promote awareness and, potentially, facilitate disclosure amongst their patients.

Future work (research practice)

Clearly, more research needs to be conducted. My suggestions for future work include:

- An exploration of the incidence, nature, and impact of WTWRSA; the current gap means victim/survivors are not represented in current theory, research, and policy (e.g. public health). The likely consequence of this being the continued silence of, or non-disclosure by, WTWRSA victim/survivors: women whose potential capacity for any recovery is therefore severely impeded.

- Evidently, some of the R2s had histories of CSA. It is possible that other respondents in this study may also have had. However, the interviews were focused upon inquiries into their adult victimisation. The literature reviewed (C2)

clearly concludes that risk of revictimisation as an adult amongst victim/survivors of CSA is high. Therefore, research exploring the lived experience of all victimisation (as a child or as an adult) amongst WTWRSA victim/survivors would contribute to the work and understanding about risk of revictimisation.

- Underrepresented people that are also WTWRSA victim/survivors need to be included in future work. For instance, n=7 (12%) of the R1 victim/survivors identified as heterosexual. As none were interviewed I have been unable to consider their experience in my discussion. Equally, the experience of Black, Asian, and Minority Ethnic (BAME) people, people with physical disabilities, people lacking mental capacity, and/or those with a carer (who is their perpetrator) is unknown.

- In the proposal stages of my research I was frequently asked if I would be conducting my research with the female offender (prison) population. I purposely did not want to do so, primarily because I was interested to hear victim/survivors stories who, along with their perpetrators, were members of their local communities (wider society). Also, my focus of interest was not upon female offenders in the CJS. However, that is not to say I don't think research is needed amongst female offenders (of any crime) that have, or that do, sexually victimise other women. Doing research with perpetrators of WTWRSA could generate understanding about their experience and perspective; to understand the crime research needs to explore individual patterns of criminality, especially as nothing is known about this amongst WTWRSA perpetrators.

- Every R2's story was full of life events that are research-worthy in their own right, such as the experience of: grief and loss; compromised mental health; transitioning; coming out; homophobia, biphobia, and transphobia; harassment

and discrimination; neglect; self-harm; drug use; and alcohol use. Each are relevant for a wide range of researchers, including those from health, social science, and psychology. Collaborative (interdisciplinary) projects could provide more detailed insight into the lived experience of WTWRSA victim/survivors.

- Use of terms in trauma research is a factor that needs careful consideration. I am aware my use of the term 'sexual assault' to recruit could have potentially excluded people's experiences where the perpetration was non-contact. Non-contact activities can include being made to watch or to be a subject in pornographic material, being made to watch a sexual act, and verbal or behavioural harassment (Centers for Disease Control and Prevention, 2014). This is an equally important aspect of sexual offending that warrants exploration.

- My experience highlighted the cruciality of support for trauma and/or auto/biographical researchers who are, as I was, vulnerable and at risk, just as research respondents are. Due to the traumatic nature of the topic and my use of an auto/biographical approach, this work has proven to be a demanding area of research practice; one which has had an impact upon my personal and professional life. From my experience and perspective, the impact of having to cope with emotionally disturbing data is not sufficiently considered or managed. Ethics committees need to acknowledge this and demand that researchers talk about this in their proposals, and have realistically-accessible and suitable support in place.

8.5.2: Hopes for criminal justice system (CJS) reform

Law reform

Though perhaps the boldest I make, this recommendation is neither unreasonable nor unachievable, as evidenced by the amendment to the Crime Bill to include male rape,

which was debated in the House of Commons and House of Lords in 1994 (Stonewall, 2015). The reform priorities are:

- To amend legal definitions (Acts). Currently, the UK Sexual Offences Act (Great Britain, 2003) uses gendered language to describe sexual offences (see Table 2.4, Chapter 2.6.3: 'Rape: a discriminatory definition?'). This has obvious implications when the offender is a woman. Discovering that the second largest majority of R1s (n=19, 32.2%) named their experience 'sexual assault', and the largest majority (n=23, 34.9%) named their experience 'rape' (C4) constitutes the foundations of a case to challenge definitions used for (UK) criminal proceedings. I do, after all, perceive myself to be an activist striving for acknowledgment, change, and justice (C3).

- Aside from changes to the law, the CJS needs to promote access for sexually perpetrated victim/survivors. In the UK, measures are being taken to do so; the Cross Government Action Plan on Sexual Violence and Abuse (HM Government, 2007: ii) aims to '… increase access to support and health services for victims of sexual violence and abuse [and to] improve the criminal justice response to sexual violence and abuse'. Improved access has the potential to increase the number of rapes reported. However, report rates will continue to be hindered if victim/survivors endure the experience of feeling it is they who are put on trial (Jordan, 2011) and questioned for their credibility as a person (Dellinger, 2010), particularly in respect of their behaviour before and after the incident (Klippenstine and Schuller, 2012). CJS support must be made specific to the needs of WTWRSA victim/survivors. Without this, and short of a public awareness of such support, reporting rates will remain low due to fears of, for example, victimisation, homophobia, transphobia, blame, or dismissal of the report.

8.5.3: Hopes for service-provider improvements

My findings are evidence of the fact that there are victim/survivors of WTWRSA whose needs are currently going largely unmet. Fundamental changes to the way services promote and conduct their provision are required. Simple measures such as use of gender-neutral language can help to establish more inclusive services.

Training and educational needs

Education, training, and resources must be made available to assist those who are willing, able, and responsible (particularly in cases where registered professionals have a professional duty) to offer the necessary support and guidance services to victim/survivors of WTWRSA. This is not a tenuous generalisation made solely from the reports of the respondents in this research; it is supported by the other available evidence that woman-to-woman sexual offending remains largely ignored.

Focussing on my own profession, and in addition to Froehlich's (1992) recommendations, occupational therapy students need to be trained in trauma-related issues, to include promoting awareness of symptoms of rape-related trauma. Once qualified, those who wish to specialise in this area need to train as trauma workers to '… work with persons in the aftermath of traumatic events' (Dutton and Rubinstein, 1995). For occupational therapists, this direct involvement can start from the time of crisis and extend throughout the recovery and repair from the incident and its traumatising effects.

Service provision

Hope for changes to sexual assault health and support services, and to their response to disclosures, was a prominent respondent recommendation that arose from the study (C5). Featuring strongly was the expectation respondents share with other sexually victimised people that disclosure will be met by disbelief (fear of 'coming out' about the

experience). Additionally, respondents perceived and/or experienced a lack of understanding about their experience as a woman with same-sex attraction, and/or a trans person (fear of 'coming out' about their sexual and/or gender identity, as well as the gender of their offender).

Improvements to be made across all relevant services include:

- The development and promotion of accessible, non-discriminatory frontline services, explicitly open to the needs of all rape victim/survivors, regardless of their gender, or the gender of their offender. This requires service providers to understand the diversity of people's lived experiences, which can be due to a combination of factors in addition to their gender, including socioeconomic status, sexual identity, ethnicity, and spirituality (Trentham et al., 2007).This is not to suggest people must 'out' themselves by disclosing any of these; rather, services must strive to make people feel they are in a non-discriminatory environment through the practices, language/terminology used, signs/symbols, and ways people are treated (Harrison, 2001).

- It is unacceptable to ignore the importance of readily available support, regardless of whether or not victim/survivors report to police. Support must serve the needs of the victim/survivor and their own support network (i.e. partner, family, friends); without this, and for those who do disclose, all involved will continue to suffer the potentially isolating consequences of the victim/survivor's disclosure, including rejection by others for believing in and supporting them.

- Awareness that a victim/survivor's needs may present as acute and/or chronic in the sequelae of being raped or sexually assaulted. The difficulty of recovery from traumatic experiences (like rape and sexual assault), psychological adjustment, and the effects of trauma upon health and wellbeing is well

documented for the heterosexual female population perpetrated by men (Taylor and Pugh, 2010). Far less is known about WTWRSA victim/survivors (Hughes et al., 2001). This has obvious implications for the support offered; we cannot rely on dominant heterosexually gendered models of support that were intentionally developed to respond to the needs female victim/survivors of male perpetrated violence (Ristock, 2003).

Improvements to be made in the realm of healthcare include:

- Specialist sexual health services need to explore the health needs of WTWRSA victim/survivors in order to tailor their services to meet these.

- General Practitioners are at the frontline of healthcare provision, providing routine healthcare (e.g., physical examinations and immunisations), treating acute and chronic illnesses, and offering preventative and health promotion care to their practice's local community. Other practice staff (i.e. Nurses and Healthcare Assistants) can also detect potential sexual victimisation, especially those performing routine checks like cervical smear testing (that is, for those women who feel able to attend such appointments). Primary care staff are in a prime position to be able to facilitate disclosure of sexual victimisation, especially when people present with associated clinical signs and symptoms. This includes dentists, particularly as anxious patients may be victim/survivors that find the experience traumatic (Lodrick and Hosier, 2014). When patients disclose the professional's reaction is crucial to that person's disclosure and post-disclosure experience; as the Royal College of General Practitioners (no date) advise: 'The GP/patient relationship is therefore imperative here as disclosure can signal the beginning of survivors regaining control over their own life and moving on and your reaction can be crucial'.

- Secondary or tertiary care professionals (specialists with expertise in specific health needs) like psychological therapists, psychologists, and psychiatrists are also professionally placed to deliver services to sexually victimised people. I found that R1s mostly disclosed to counsellors or (psycho)therapists; eight spoke about this. This is significant for the delivery mental health and therapeutic services which – as most R2s found – do not currently understand the needs of WTWRSA victim/survivors.

When making recommendations, I would emphasise how victim/survivors of any type of sexual victimisation will never fit into one box; just as I sought to explore the subjective experience, my suggestions must be considered together with an appreciation of each victim/survivors' subjective experience.

8.6: I do not want to believe this either

I am aware that research into the extreme deviant acts of rape and sexual assault by women against other women – which includes women with same-sex attraction (WSSA) – is something some people will not want to believe. I do not want to believe this happens but, equally, I do not want to hide the fact it does because something that is hidden can never be understood, improved, or prevented. And here I end with a word cloud (Figure 8.1) to deliberate, based upon the R2s' hopes for positive change:

Figure 8.1. A word cloud presenting the R2s' hopes for positive change

I will never be silenced.

(Tanya)

Appendices

Appendix 10.1: Ethical approval

RESEARCH WITH PLYMOUTH UNIVERSITY

21 March 2013

CONFIDENTIAL
Rebecca Twinley
Plymouth University
SF34, Peninsula Allied Health Centre
School of Health Professions
Faculty of Health, Education & Society
Peninsula Allied Health Centre
Derriford Rd
Plymouth PL6 8BH

Dear Rebecca

Application for Approval by Faculty Research Ethics Committee

Reference Number: 12/13-104
Application Title: An exploration of woman-to-woman rape and sexual violence, and the perceived impacts on survivors' occupational performance

I am pleased to inform you that the Committee has granted approval to you to conduct this research.

Please note that this approval is for three years, after which you will be required to seek extension of existing approval.

Please note that should any MAJOR changes to your research design occur which effect the ethics of procedures involved you must inform the Committee. Please contact [redacted] or by email [redacted]

Yours sincerely

Professor Michael Sheppard, PhD, AcSS,
Chair, Research Ethics Committee -
Faculty of Health, Education & Society and
Peninsula Schools of Medicine & Dentistry

Appendix 10.2: Definitions and explanation of terms

First and second phase respondents

In order to clearly identify which respondents I refer to in this thesis (in the data chapters, for instance), I have opted to refer to all of the web-based survey respondents as first phase respondents (R1s). The 10 respondents that were interviewed face-to-face, and the one respondent that shared her story through correspondence, are referred to as second phase respondents (R2s). Hence, when I refer to 'the first phase respondents' or 'R1s' I am including those that went on to become 'second phase respondents' (or 'R2s'), and shared their stories with me via interview or correspondence.

Sexual assault and rape

The title of the key text I found regarding woman-to-woman sexual offending by Girshick (2002) ('Woman-to-woman sexual violence: Does she call it rape?') demonstrates the difficulties with, and differences amongst, terms used. As I started outlining my proposal for the research, I used the terms 'sexual violence' and 'rape' interchangeably. At this point I considered the terms were suitable to represent each respondent's individual experience. However, as I came to design the web-based survey I needed to define my use of the key term. Girshick (2002, 105) provided the following definition of 'sexual violence' to her woman-to-woman sexual violence questionnaire respondents:

> … any unwanted sexual activity. Contact sexual activities include: touching parts of the body, kissing, vaginal penetration by objects, vaginal penetration by fingers, oral sex, anal sex, rubbing, and being forced to do things to yourself. Noncontact sexual activities include forced viewing of pornography

> or other sexually explicit material and being forced to watch sexual activity of others.

Whilst I am not in disagreement with the content of this definition, in that it does include the range of activities that a woman might force doing to, or having done by, another woman, it was more the use of the word ‘violence’ that I found problematic. In reading other researchers work that have examined different types of sexual offending, it occurred to me that experiencing unwanted sexual (contact or noncontact) activity does not congruently mean that it was violent in nature (American Academy of Experts in Traumatic Stress, 2012). Use of force does not necessitate that it be physical and/or violent. Instead, perpetrators may use the threat of force (or physical harm), threats of withholding or withdrawing benefits (such as job promotion), pressure, coercion, and/or blackmail (Krug et al., 2002).

For such reasons, it was important to me that respondents were able to name their experience what *they* would choose to name it. Consequently, this became a question in the survey. For the purpose of needing to use a term to describe the survey and explain the research rationale, I chose to use ‘sexual assault’. My use of this term was outlined to respondents in the following way:

> The term 'sexual assault' is used to refer to any unwanted contact and behaviour that is perceived to be of a sexual nature and which takes place without consent. It has been used here as an umbrella term to represent the different ways women may refer to their experiences.

Results from the web-based survey revealed that the majority of first phase respondents (R1s) (n=23, 34.9%) chose to name their experience ‘Rape’. Due to this I started to incorporate the term ‘rape’ in the title and discussion of respondent experiences. As an auto/biographical researcher, I would add that rape is the term I would choose to use to name my experience. However, as I discuss in the main body of the thesis, currently in the UK the Sexual Offences Act of 2003 defines rape by

stating: '"(1) A person (A) commits an offence if — (a) he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis (b) B does not consent to the penetration" (Great Britain, 2003). This definition (and its use of gendered wording) has two major implications. Firstly, women that rape are invisible from the legal definition. Instead, when they force another woman, man, or child to have penetrative sex their crime is reduced to 'assault by penetration'. Secondly, it denotes that sex without consent does not always constitute rape. Arguably, the experience of a victim/survivor of female-perpetrated rape is minimised (as well as their right to justice) because the definition conveys the message that it is not as bad or as damaging as male-perpetrated rape.

Trans (people)

I chose to use the term 'Trans' as '… shorthand to mean transgender or transsexual [and]… to be inclusive of a wide variety of identities under the transgender umbrella' (GLAAD, 2015). Transgender is a term for people whose gender differs from the sex they were assigned at birth.

Women with same-sex attraction (WSSA)

This term is used in preference to terms such as: 'lesbian', 'gay', 'bisexual', because some women do not identify with such categories; 'women who have intimate relationships with women' (WIRW), because women can feel attracted to other women but not engage in an intimate relationship; and in preference for 'women who have sex with women' (WSW), because I feel that this term excludes those women who may be in a relationship, or have been in a relationship, with a woman which has been deeply intimate but not on a sexual level. Rather, Hallman (2008: 11) explains that: 'Same-sex attraction includes any desire toward another woman, in reality or fantasy, that may involve erotic feelings, sexually charged sensations or a strong preoccupation with nonsexual physical affection such as being held, hugged, casually touched, or cuddled'.

Appendix 10.3: Sampling strategy

1) Initially, I contacted several leading agencies, organisations, and services by email to request that they post a link (signpost) to the launched survey. A copy of the email content sent to organisations can be found in Appendix 10.5. Those that consented to share the link are listed below:

- The Lesbian and Gay Foundation;
- Female offenders;
- The International Lesbian and Gay Association;
- Women's Aid;
- Refuge;
- Broken Rainbow;
- Rape Crisis and Rape and Sexual Abuse Support Centre;
- LGBT Domestic Abuse Forum;
- Galop

2) I distributed posters and leaflets by hand each time I visited a different part of the country for an interview. I specifically targeted places with gay clientele (which I am aware can be seen as both biased and restrictive), in addition to arts organisations and general (mainstream) cafes. I attempted to access some women's centres but was not successful in having a poster advertised by one.

3) I created an account on the information network Twitter with the username @W2WomSA. I used this account to send a link to other relevant users on twitter, including those associated with the above mentioned organisations.

4) I contacted the advertising team at DIVA Magazine to enquire about a web and a print advert. The DIVA website declares they are the '… only monthly glossy newsstand magazine for lesbians and bi women in the UK' (Millivres Prowler Limited, 2011). I paid for a web advert (Appendix 10.6) by booking 10,00 impressions, which meant the advert was shown in the allocated space (on rotation with other adverts) 10,000 times. However, they had some additional space so I was informed they booked a few thousand extra impressions for me. This was advertised by DIVA from July 2013. On the 17th of July 2013 I was advised by the advertising team at DIVA that the campaign had a really good click through rate, which at that time was 0.48% compared to their average of around 0.25%. Between 17th July to 17th August 2013 the survey response rate increased from 77 to 129 responses. I do not solely attribute this to the DIVA web advert as I was also more active during this period in promoting links to the survey in other ways. I later contacted the advertising team to arrange for an advert to be printed in the DIVA magazine directory section. This was published in the October 2013 edition (see Appendix 10.7).

Appendix 10.4: Launched survey

Woman-to-Woman Sexual Assault

Welcome

Hello and thank you for accessing this short survey.

This is the first phase of a PhD study that aims to explore women's experiences of woman-to-woman sexual assault, and the impact of this on their ability to satisfactorily perform any tasks, roles and activities that are important to them in everyday life.

I am conducting this research because I understand this is an important topic that has not been fully explored. Your responses are important and appreciated; they will be used to help me generate a better understanding of the impact of this experience upon women's lives.

About the survey The survey takes around 5 minutes to complete. All data collected in this survey will be held anonymously and securely. By completing and submitting this short survey you are agreeing to allow me to use this information in an anonymised form for research purposes.

There is an option at the end of the survey where you can choose to register your interest in taking part in the next phase of the study. This may consist of a one-to-one interview. I am seeking to interview approximately twenty-five women. If you choose to register an interest in taking part in the second phase of this study, an email address will be required. Further information will be sent to you and you will then have the option to consent to taking part in the interviews. Participation is voluntary and you can withdraw from the study at any time. All data will be anonymised and stored securely.

Cookies, personal data stored by your Web browser, are not used in this survey.

Please note that once you have clicked on the CONTINUE button at the bottom of each page you can not return to review or amend that page

To begin the survey, please click 'continue'.

Sincere thanks for your participation,Rebecca

Submit and continue >

If you submit your answers you will **not** be able to return to this page.

Woman-to-Woman Sexual Assault

The short survey

The term 'sexual assault' is used to refer to any unwanted contact and behaviour that is perceived to be of a sexual nature and which takes place without consent. It has been used here as an umbrella term to represent the different ways women may refer to their experiences.

Questions are mandatory unless marked otherwise.

Please note that once you have clicked on the CONTINUE button your answers are submitted and you can not return to review or amend that page.

About you

The questions below relate to your experience of sexual assault that may have occurred from anytime after you were at the age of sexual consent (sixteen years old)

1 How would you describe yourself?

- ○ Bisexual woman
- ○ Gay woman
- ○ Heterosexual woman
- ○ Lesbian woman
- ○ Other

a If you selected Other, please specify:

2 How old are you today?

Please select

3 Please select a country to describe your nationality

Please select

a If you selected Other, please specify:

Your experience

4 Please indicate which of the following best describes your experience/s that have occurred from anytime after you were at the age of sexual consent (sixteen years old). Please select all that apply:

Having trouble with the format of this question? View in tableless mode

	Yes
I have experienced a woman sexually assaulting me	☐
I have heard of a woman sexually assaulting another woman, in addition to my experience of a woman sexually assaulting me	☐
I have heard of a woman sexually assaulting another woman, but have never experienced it myself*	☐
I have never heard of a woman sexually assaulting another woman*	☐
I do not believe woman-to-woman sexual assault is possible*	☐

***If you have answered 'Yes' to either option c, d or e please go to the very end of the survey to submit. Your input to this study is greatly appreciated.**

5 Do you think this experience has had an impact on your general health and wellbeing?

○ Yes ○ No

6 Do you think this experience had an impact upon your ability to satisfactorily perform the tasks, roles and activities that are important to you in everyday life?

○ Yes ○ No

7 Please indicate how you would prefer to name your experience:

Please select
Rape
Sexual assault
Sexual violence
Other

8 Have you ever disclosed this experience of sexual assault by another woman to anyone before?

○ Yes ○ No

a Please write the relationship to you of the person or people you have disclosed to (for example: partner, family member, GP, police, colleague, distant friend)

b Did you receive the support you wanted from the person(s) you disclosed to?

○ Yes ○ No

c Have you received support from health and/or social care services specifically in response to disclosing sexual assault by another woman?

○ Yes ○ No

d Have you received support from criminal justice services specifically in response to disclosing sexual assault by another woman?

○ Yes ○ No

9 Is there anything else you would like to add about any of the questions above, or your experience?

Option to share more about your experience

For the next part of this study I am seeking to interview 20-25 women, age 18 or over, about the issues mentioned here. There will also be the opportunity for you to speak about issues you think are important.

If you think you would like to take part in a confidential interview please complete the following:

10 A room in one of several University-based locations across the UK will be used for interviews. The list below shows the confirmed locations at the time this survey was launched; other locations may have since been confirmed. Please either indicate which location/s you can attend, or please state which University you could access:

- ☐ Bournemouth (Bournemouth University)
- ☐ Brighton (University of Brighton)
- ☐ Cardiff (Cardiff University)
- ☐ Cornwall (The Knowedge Spa, Truro)
- ☐ Essex (University of Essex)
- ☐ Plymouth (Plymouth University)
- ☐ York (York St John University)
- ☐ Other

a If you selected Other, please specify:

If you cannot access any such locations, but are still interested in being involved, please do still provide a contact email address in the box provided below. Thank you.

11 CONTACT Please provide an email address where I can send you further information:

Please continue to the last page and your survey will be automatically submitted. Thank you.

Finish ✔

Woman-to-Woman Sexual Assault

Submission

Thank you very much for completing the survey. Your time and input is greatly appreciated.

Further Information

If you feel you have been affected by anything covered in this survey, you may find some of the following contacts useful:

Rape Crisis (England and Wales) - The national organisation which has a network of independent member Rape Crisis Centres

http://www.rapecrisis.org.uk/

GALOP - Offers support for victims of abuse and violence in the lesbian, gay, bisexual and transgender community in Greater London

http://www.galop.org.uk/

London Lesbian & Gay Switchboard - Provides free & confidential support & information to lesbian, gay, bisexual & transgendered communities throughout the UK

http://www.llgs.org.uk/

Counselling Directory - A database of counsellors and psychotherapists in the UK

http://www.counselling-directory.org.uk/

Appendix 10.5: Email sent to organisations to request promotion of survey

Dear ……..

Hello, my name is Rebecca Twinley. I am a Lecturer in Occupational Therapy and a PhD research student from Plymouth University, UK.

I am contacting you to ask if you would agree to help me with recruiting respondents to my research (which you may be interested in responding to yourself). I am inviting women over the age of 18 to take part in a study exploring their experience of woman-to-woman sexual assault. This research study has been reviewed and approved by the Faculty of Health, Education and Society Research Ethics Committee, Plymouth University.

Woman-to-woman sexual assault is an extremely important yet under-researched area, and so the needs of those women affected are relatively unknown; a gap I hope to begin to address. Participation in the study is completely voluntary and respondents can withdraw at any time, without any disadvantage to themselves. Any information collected on a participant who withdraws will be destroyed.

In terms of your involvement, I am writing to ask if you could share and promote the link to a short online survey, as a way of signposting women who might be interested in completing this. The survey is intended to gage awareness of this important issue. It will explain the purpose of the research and that I am seeking to interview 20-25 women. In the event that more than this amount respond who would like to be interviewed, I will provide these women with advice on appropriate sources of support in their local area. The survey was launched on 14/06/2013 and women have already

started to respond (but not so many yet to the option of being interviewed). I have attached the respondent information sheet for your information, as this explains more about the research overall. The information contained in this is confidential. I will send this information directly to those women who would like to be interviewed.

Below is a suggested format for how to share and promote access to the research (also attached as a word document):

Woman-to-Woman Sexual Assault

An invite to women over the age of 18 to follow the link below if you are interested in taking part in a research study exploring the topic of woman-to-woman sexual assault. The link will take you to a short online survey. At the end of this there is an opportunity for those of you who would like to register your interest in taking part in the next phase of this research, and to be interviewed.

The study has been reviewed and approved by the Faculty of Health, Education and Society Research Ethics Committee, Plymouth University, UK.

- The survey can be found at: http://www.survey.bris.ac.uk/plymouth/w2wsa
- Alternatively, email the researcher – Rebecca – directly at: wtwr@plymouth.ac.uk
- Or, please swipe the QR code:
- Twitter: @W2WomSA

Currently, links to this research appear on various websites (including LGBT Domestic Abuse Forum, ILGA Europe and GALOP) and are due to appear on others, including

Women's Aid and Diva. Other major cities where Pride events are being held are also being contacted.

Please do not hesitate to contact me (details below) should you have any questions about the research. At this stage of the research, please keep any of my personal contact details below confidential to yourselves and please do not publish them on public websites.

Your assistance is greatly appreciated.

With kind regards,

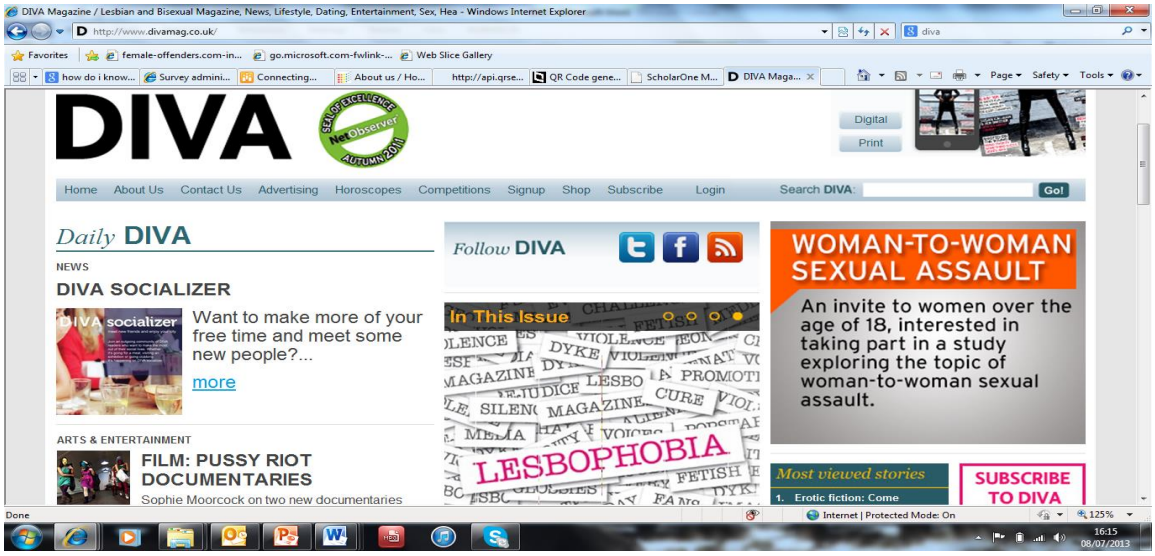
Rebecca

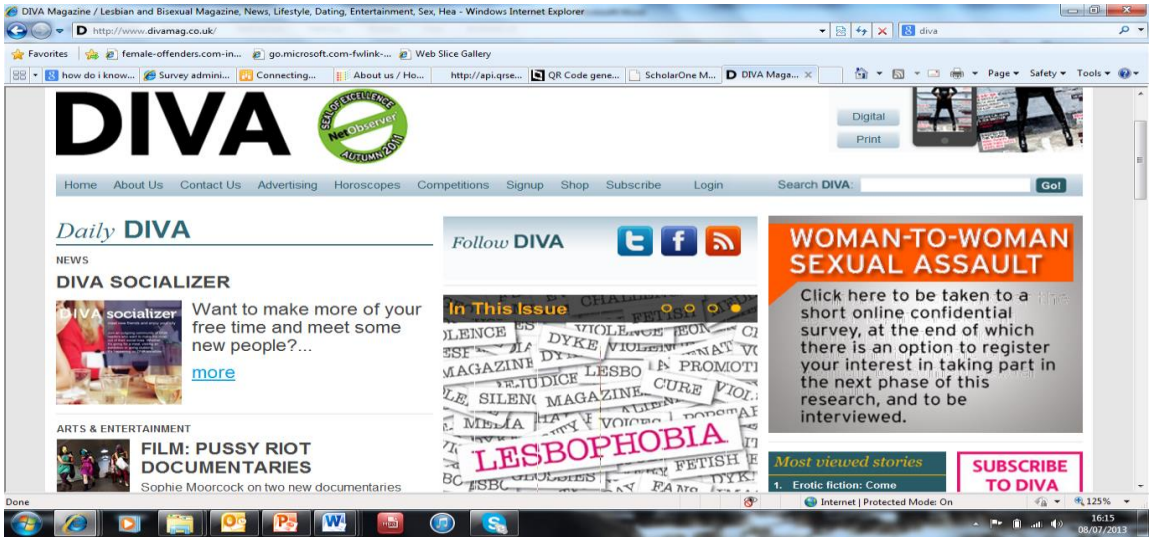
Rebecca Twinley
Lecturer in Occupational Therapy/Level 5 Lead/PhD Candidate
Plymouth University
School of Health Professions
Faculty of Health & Human Sciences
Peninsula Allied Health Centre
Derriford Rd
Plymouth PL6 8BH
Tel: 01752 587586

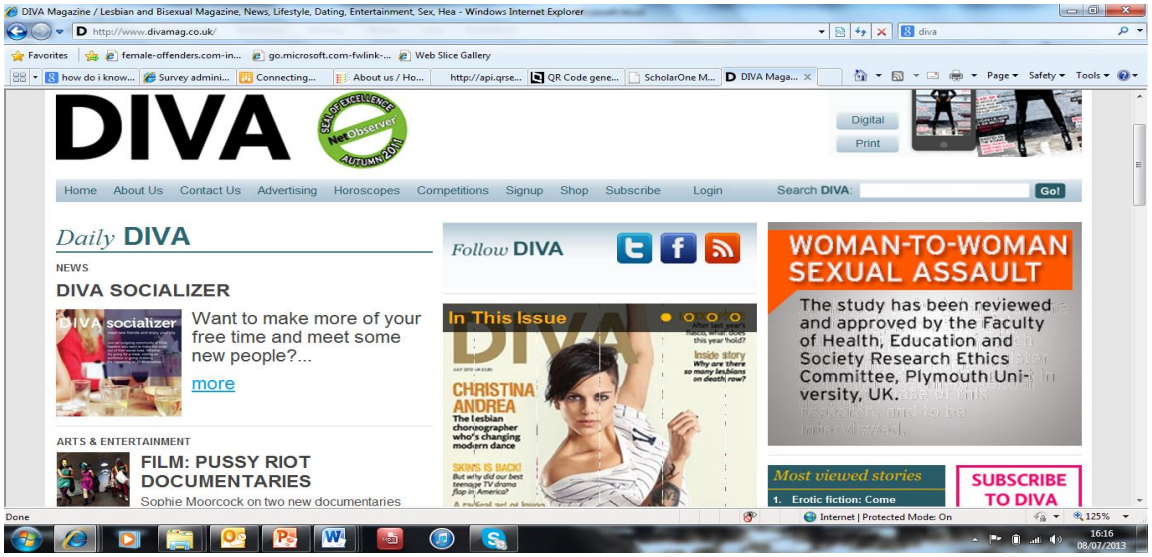
E: wtwr@plymouth.ac.uk

Twitter: @W2WomSA

Appendix 10.6: DIVA Magazine website advert







Appendix 10.7: DIVA Magazine print advert (published October 2013)

RESEARCH

WOMAN-TO-WOMAN SEXUAL ASSAULT

Woman-to-woman sexual assault is an extremely important yet under-researched area. Little is known about how the experience can impact upon women and their daily lives. I hope to begin to address this gap through my PhD research, which consists of two phases. Part 1 includes completing a short and confidential survey online. In part 2, respondents can opt to be interviewed for a more detailed discussion of their experiences and its impact on their daily lives.

I would like to invite women over the age of 18 to follow the link if you are interested in taking part in this research project. The survey can be found at:

http://www.surveybrix.ac.uk/plymouth/w2wss

Alternatively, please scan the QR code below to be taken to the survey.

The research has been reviewed and approved by an internal Faculty Ethics Committee, Plymouth University, UK.

Thank you for your interest and support in this research. Rebecca (Researcher), Twitter: @W2WorkSA

Appendix 10.8: Respondent Information Sheet

Woman-to-Woman Sexual Assault

Information leaflet for respondents

I would like to invite you to take part in a study exploring your experience of woman-to-woman sexual assault, and the impact of this on your ability to satisfactorily perform the tasks, roles and activities that are important to you in everyday life.

The term sexual assault is used to refer to any unwanted contact and behaviour that is perceived to be of a sexual nature, and which takes place without consent.

Before you decide whether to take part in this study, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully and to contact me if there is anything that is not clear, or if you would like more information. It is important you take time to decide whether you wish to take part.

Thank you for reading this.

Who is conducting the study?

My name is Rebecca Twinley. I am a Lecturer in Occupational Therapy and a PhD research student from Plymouth University.

What is the purpose of the study?

It is highly likely you are reading this because you, or someone you know, have been sexually assaulted by another woman.

My professional background is in occupational therapy which places importance on the role of our occupations – that is the activities, tasks and roles we perform on a daily basis. Our ability to perform these daily occupations is viewed as essential in order to create a satisfying and healthy life.

Woman-to-woman sexual assault is something that can and does happen. However, little is known about how the experience of sexual assault impacts upon a victim/survivor's performance of their daily occupations. Therefore, the aim of this research is to explore the perceived impacts of surviving woman-to-woman sexual assault, the subsequent experience of disclosure, reaction and support, and the consequences for the person's ability to perform their occupations.

Who has approved the study?

This research study has been reviewed and approved by the Faculty of Health, Education and Society Research Ethics Committee, Plymouth University.

Do I have to take part?

It is entirely your decision whether or not to take part. Your participation is voluntary. This information sheet is for you to keep, regardless of whether or not you decide to take part.

What if I change my mind?

Even if you do decide to take part and return the consent form, you are still free to withdraw from the study at any time and you do not need to give an explanation. If you choose to withdraw, you will not suffer any disadvantage as a result of this decision, and any information collected during your participation will be destroyed.

What will be involved in taking part?

I would like to invite you to take part in a confidential interview. The interview will include the issues previously mentioned but there will also be the opportunities for you to speak about issues you think are important.

If you do decide to take part, please respond to my email and we can then arrange a day and time that suits you in order to meet to talk with you. With your permission, I would like to audio record our interview. That is so I can then make notes from our conversation afterwards. This will help me to accurately record and analyse our conversation. On the day of the interview, I will just ask you to sign the consent form. After the interview I can send a copy of your signed consent form to keep with this information sheet.

A room in the following locations can be arranged for the interview to take place:

Bournemouth (Bournemouth University)
Brighton (University of Brighton)
Cardiff (Cardiff University)
Carlisle (University of Cumbria)
Cornwall (The Knowledge Spa, Truro)
Essex (University of Essex)
Plymouth (Plymouth University)
Salford (University of Salford, Manchester)
York (York St John University)

If you cannot access any such locations, but are still interested in being involved, please do still get in touch. Other locations may be added to this list, or other arrangements can be made, such as an interview over the telephone.

Should you need to travel to a place for the interview, I can reimburse you for a nominal amount of up to £20 toward reasonable travel expenses incurred.

What are the possible disadvantages of taking part?

I recognise that taking part will take up a little of your time. I will do my best to minimise any inconvenience by ensuring that you take part at the time that suits you best. I do not expect anyone to suffer any harm or injury as a result of participating in this study; however, it is possible that, during our conversation, you may become upset or distressed. If that were to happen then if you wish we will not continue and the audio recorder will be switched off. If, during or following our meeting, you feel that you would like to talk to someone else about how you are feeling, you will be given details of someone or an organisation whom you can contact.

What are the possible benefits of taking part?

I hope you will find it helpful and interesting to explore your views and experiences. You, along with the other women taking part in this research study, will have an opportunity of contributing to the first study of this kind on such an important topic.

Will my taking part be kept confidential?

Although (with your permission) the conversation will be recorded, only I will have access to the audio recording and transcripts of your recording. All subsequent data will be anonymised and, in addition to myself, may then be accessed by my research supervisory team and any required examiners. The data will be kept in a locked cabinet, in a locked office at Plymouth University. Your own names will not be used, as pseudonyms will be assigned to each respondent, and no personal information about yourself will be given in the final report or any associated publications.

What will happen to the results of the research study?

The results of the research study will be written up as my PhD dissertation, as well as being published in professional and academic journals and presented at professional conferences. As mentioned in the paragraph above, you will not be identified in any publications or presentations that have arisen from this research. I can provide a brief summary of findings to any woman who takes part in the research and requests this. In line with my Plymouth University Policy, all research data will be kept securely for 10 years and then destroyed.

Thank you for reading this leaflet and for considering helping with this study.

Researcher:

Rebecca Twinley

Faculty of Health, Education and Society

Plymouth University, Plymouth

Email: wtwr@plymouth.ac.uk

Appendix 10.9: Interview Schedule (used with the first respondent I interviewed)

An exploration of woman-to-woman sexual assault and the perceived impacts on survivors' occupational performance

Warm-up

Start by welcoming respondent □

Check whether they need to read the P.I.S. □

Explain purpose of interview and reasons for research □

Gain consent for interview to be audio recorded and give them Consent Form to sign□

Explain the format of the interview and that I will be taking notes □

"I have used the term 'sexual assault' to refer to any unwanted contact and behaviour that is perceived to be of a sexual nature and which takes place without consent. From your survey, I note that you named your experience as sexual assault, so for this interview that is also how I shall refer to your experience"

Can you tell me where you heard or read about this study?

Main body

Can you tell me your story, from wherever you would like to start?

Would you like to begin by telling me about yourself?

Who was/were the perpetrator/s?

How old were you at the time?

What were you doing at this time in your life?

In what ways did this experience impact upon you?

How were you affected by it?

What was the emotional impact?

What was the impact upon you in terms of day-to-day life?

What was the impact upon you in terms of your relationships with others?

You responded that you do not think this experience has had an impact on your general health and wellbeing…

Did it impact upon any aspect of your health at the time (any temporary ill-health, can be physical or mental)?

Did it impact upon any aspect of your wellbeing (your sense of how healthy or well you felt, can be physical, mental and social well-being)?

Was the impact short-term or long-term?

You answered that you do think this experience had an impact upon your ability to satisfactorily perform the tasks, roles and activities that are important to you in everyday life…

How did it impact upon your roles that you carry out on a day-to-day basis (as worker/ student / partner / parent / friend)?

In what ways did the experience impact upon your ability to do the things you would normally do on a daily basis?

Were there any activities that were important to you that you felt were affected?

Was any aspect of your daily routine affected?

Did you stop doing things you used to do?

Did you start doing things that you had not been doing before?

Did you avoid certain situations, or places?

How do you feel your life is affected now? (compared to the initial period after?)

In the survey, you mentioned that you disclosed your experience to a friend. Can you tell me more about this?

How long after did you tell them?

Why did you tell them? (What led to you telling them?)

Had you intended to tell them?

What was their reaction?

How did you feel about this?

You answered that you did not receive the support you wanted from the person/s you disclosed to… Why did you feel this?

Why do you think they weren't supportive?

Do you think they believed you?

Do you think they understood what had happened to you?

What support were you expecting/hoping for?

Why did you feel unsupported?

You responded that you did not receive support from health and/or social care services specifically in response to disclosing sexual assault by another woman...

Did you try to disclose to a service? If so, which one? If not, did you consider approaching any services for support?

Why did you go?

Did you go alone or was someone with you?

How long after the incident was this?

Why do you feel you did not receive support?

What kind of support from health or social care services would have been helpful to you at that time?

You did not receive support from criminal justice services specifically in response to disclosing sexual assault by another woman…

Did you try to approach a criminal justice service? If so, who did you approach to tell? If not, did you consider approaching them?

What support where you expecting to receive?

Did you go alone or was someone with you?

How long after the incident was this?

Why do you feel you did not receive support?

What kind of support from criminal justice services would have been helpful to you at that time?

Close

End by summarising what the respondent has said.

Allow the respondent to clarify if this is what she meant and ask her: Would you like to add anything else at this time?

Explain: The information you have shared will help to contribute to building an understanding of this type of sexual offending. I really appreciate the time you have

spent talking to me, as well as having the courage to share your experience with me.

Remember you are a strong woman for surviving your experience/s

How did you find this experience of being interviewed?

Do you have any questions or concerns yourself that you would like to ask?

Check the following:

Would you like a follow-up (telephone) interview? If so, arrange a date and time to telephone them for this interview and gain consent for this to be audio recorded too □

Would you like either:

A copy of your transcript to verify for accuracy and to make any amendments or additions (receipt of this transcript has the potential to cause some emotional distress, and you need to consider whether you feel able to receive this and, potentially, read it whilst on your own) (post/email) □

Alternatively I can send you a summary of the main issues that emerged from your interview? (post/email) □

Would you like a copy of my summary of the overall findings (post/email) □

Provide details of support services in their local area □

Check they have my email (wtwr@plymouth.ac.uk) □

What are you planning to do for the rest of the day? Make sure you do something to reward yourself for coming along and taking part in this.

Thank them for their time.

Appendix 10.10: Respondent Consent Form

Respondent Consent Form

Title: An exploration of woman-to-woman sexual assault, and the perceived impacts on survivors' occupational performance

Researcher: Rebecca Twinley

Faculty Research Ethics Committee Reference Number: 12/13-104

Respondent's assigned pseudonym: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Please read carefully and initial the box if you are in agreement with the statement

I confirm that I have read and understood the information leaflet dated 14/08/2013 (Version 4) for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☐

I understand my participation is voluntary and that I am free to withdraw at any time without having to provide a reason. ☐

I understand that relevant sections of my data collected during this study may be looked at by the researcher's supervisory team. I give permission for the researcher to share my data with these individuals and understand the above pseudonym will

be used to identify me and preserve my anonymity. ☐

I agree to take part in this study. ☐

Signatures:

Name of respondent **(Respondent to Print in Capitals)** Date

Signature

Name of person taking consent **(Print in Capitals)** Date

Signature

Rebecca Twinley

Appendix 10.11: Risk Analysis

10.1. Table to show the risk analysis I conducted prior to collecting data

Risk area identified	Potential problems	Measure to be taken or already in place
Researcher and respondent safety	Unsafe research location	• Conduct interviews in higher education institutions across the UK. These are understood to be neutral spaces which should therefore minimise both myself and each respondent feeling vulnerable, threatened or unsafe in any way. • At each institution I will be able to prepare in terms of finding out how to contact campus security, for example. • Respondents who wish to be interviewed will need to be able to get to the university location closest to them but this criteria will be made explicit from the outset (on the information leaflet), and it does have the benefit that if a respondent does not want their partner or the person/people they live with to know about their taking part in the research then they can be interviewed away from their home. • Offer option for respondents to be accompanied to and/or in their interview. • To find out details of local rape crisis and counselling services at each location (should the respondent become extremely distressed).
Researcher safety	Lone working	• As an employee and student of Plymouth University, I will follow the Safety Policy regarding lone working titled 'Code of Practice: Lone and Out of Hours Working' (Plymouth University, 2011). • I will have a travelling companion to accompany me to the various interview locations. They will not be present during the actual interviews but will be close by to ensure the interview ends safely, and for me to contact should I need their assistance. • Record of movements: 1) Use of mobile phone to call a supervisor (or another appropriate person I have agreed to be able to contact at the time of an interview) before and after each interview; 2) To inform a supervisor of exact location (campus, building and room) and time of interviews planned; 3) To find out how to call security on each campus.

Appendix 10.12: Strategy for survival

1. To implement a break from my intense immersion in the data (through the processes of collection and transcription). Gayle and I agreed this break should take the form of remaining constructive by still working on the research and writing two draft chapters (C2 and C3). This plan was also made in consideration of the need to transfer from the MPhil to PhD route of study.

2. Gayle and I reviewed my progress during supervision in February 2014, where I reported feeling some relief through having had a break from reading and/or listening to the data I had collected. We considered planning to re-launch data collection once I had written the two draft chapters (for transfer), and agreed I would stop all data collection later that year, in October 2014. At this time, had I needed to minimise experiencing trauma by revisiting traumatic experiences in the interviews, I would have delayed analysing the data. This has been found to minimise risk of harm to the emotional safety of child abuse researchers, and improved the depth of their analysis (Coles and Mudaly, 2009).

3. In May 2014, during supervision, we discussed the amount of data already collected and there was consensus that I had collected a sufficient amount to continue with analysis and to be able to write the research up as this thesis submission.

4. In 2013, after feeling the increasingly challenging effects of undertaking the research, combined with personal issues, I contacted the University staff counselling service. However, I was told they could not meet my needs within their service provision. Later, during October 2013, whilst I was away for a week travelling the UK to conduct interviews, I contacted a psychotherapist for an

initial consultation. I saw her for one year, until I changed to a different psychotherapist who I had a previously established therapeutic alliance with. I have since been seeing this psychotherapist for the therapeutic and psychological support I came to realise I needed to survive the research journey. At the time of writing this, it has taken time to begin to access, rework, and integrate my trauma memories. However, I am hopeful that as the therapeutic relationship develops it will become '… the foundation for treatment; acting as a bridge to facilitate (my) reconnection to self and offering a corrective interpersonal experience' (Olio and Cornell, 1993: 512).

Often rape victim/survivors engage in psychotherapy because of experiencing a sense of loss (Mezey, 1997). Regarding loss, Warne and McAndrew (2010) suggest there is a shared commonality for the researcher that also engages in psychotherapy. They propose people engage in psychotherapy to search (for something) and to make sense of their loss. Similarly, researchers engage in research to '… search for that which is 'missing'; a link, a correlation, new knowledge and/or increased understanding of phenomena' (Warne and McAndrew, 2010: 504).

Appendix 10.13: Literature Search Strategy

The literature search strategy involved the following actions:

1) I performed several electronic library searches using Plymouth University's electronic library gateway, Primo. Primo searches a range of resources, including books, journal articles, multimedia, conference proceedings, and theses from the research repositories (Moss, 2013). Searching electronic databases allows researchers to quickly access lots of material with potential relevance to the research question guiding the search. Please see Table 10.2 for a summary of the electronic databases accessed and the search terms used.

2) As a member of the British Association of Occupational Therapists, I have access to the College of Occupational Therapists (COT) Library. For a separate piece of work I was conducting with my colleague, Dr Lynda Foulder-Hughes, I submitted a literature search request to the library team, who kindly conducted a search for articles specifically related to adult survivors of sexual assault. The electronic databases, resources and key words used by the COT Library are shown in Table 10.3.

3) I conducted wider electronic searches using Google Scholar and Google. Use of these related popular internet search engines for the purpose of academic work could be criticised. However, one study compared use of Google with library databases and systems, in order to assess their value. Google was found to be most effective for its coverage and accessibility, whereas library systems produced a better quality of results. It was concluded that ultimate coverage requires use of both (Brophy and Bawden,

2005). My use of Google and Google Scholar certainly proved valuable in accessing highly relevant work. For instance, in doing so I retrieved key resources, such as the PhD dissertation thesis ‘Sexual violence in the lives of lesbian rape survivors’ by Campbell (2008).

4) As the COT searches were focussed on occupational therapy resources I accessed Taylor and Francis Online to search specifically within the Journal of Occupational Science for other relevant sources. Key search terms used were: ‘sexual abuse’; ‘sexual assault’; ‘sexual violence’ and ‘rape’. A total of 7 results were retrieved, of which one (my own paper: Twinley, 2012a) was screened as relevant using the inclusion criteria outlined in this appendix.

5) I conducted author searching of known authors in the general fields of either sexual assault (Girshick, 2002, for example) or occupation and its links with health and wellbeing (Wilcock, 2006, for example).

6) I performed regular citation searches by checking through the reference lists of relevant articles that were retrieved.

7) I hand-searched for any other relevant literature by scanning book titles on shelves in sections of the university library where other books were retrieved from.

8) Searching of the grey literature was crucial in retrieving any non-traditional publications. Often, grey literature may not have been peer-reviewed, but some might still contain content of relevance to my research. The York St. John University (2014) information learning service defines ‘grey literature’ as ‘… (material not published by mainstream publishers), for example

leaflets, reports, conference proceedings, government documents, preprints, theses, clinical trials, blogs, tweets, etc.'

Table 10.2. Databases, wider search strategy, and key search terms used.

Database/Search Tool	Search Terms
Plymouth Universities' electronic library search gateway, Primo, which accesses the following databases: **CINAHL** **Medline** **AMED** **PsychINFO** **Sage Publications** **ProQuest** **Embase** **PubMed** **and** **Taylor and Francis Online** **and** **Google Scholar** **and** **Google**	Bisexual Coercion Disclosure Female Gay Harassment Health Lesbian Occupation Occupational needs Occupational performance Occupational science Occupational Therapy OR OT Rape Reaction Same-sex OR same sex Sex Sexual Sexual abuse Sexual assault Sexual violence Support Survivor Trauma Victim Violence Woman-to-woman OR woman to woman Women Well-being OR wellbeing

Table 10.3. Electronic databases and resources accessed for adult sexual assault-related resources (conducted by the College of Occupational Therapists Library team during October 2013).

Database	Search strategy	Results	Relevant
AMED **CINAHL** **HMIC** **PsychInfo** **Social Policy and Practice** **The Cochrane Library** **PubMed** **OTDbase** **COT Library Catalogue**	sex* abus* or sex* assault* or sex* viol* or rape or sex* offend*) AND (victim or surviv* or disclos* or reporting or help seek* or help-seek* or support or sequalae) AND occupational therap*	7	1

Inclusion criteria

The titles and abstracts of journal articles were screened for relevance to the topic. In addition, the following inclusion criteria were used:

- Were written in English language.

- Were published in the 20 year period preceding the year I commenced the research (since 1993). Research that does exist in the area of woman-to-woman sexual assault is more recent (written in the last 20 years). Before this time, in the 1980s and early 1990s, some researchers (for example, Renzetti, 1992 and Brand and Kidd, 1986) began to explore IPV with the non-heterosexual population; their focus being upon physical forms of violence. Still,

this has helpfully left a legacy for researchers, such as myself, to put other issues related to non-heterosexual and/or same-sex perpetrated violence on the agenda.

- Content relates to adult victim/survivors of rape and sexual assault (as this research is focussed on sexual offending by adult women against other adult women).

- For the COT library search only:
    - Journal papers published since the February 1998 publication of the British Journal of Occupational Therapy. This was because my colleague, Dr Lynda Foulder-Hughes, published a key paper in this edition of the journal, for which she had conducted a review of the profession-specific literature available at that time. Foulder-Hughes' (1998) paper presents research findings from her study which aimed to examine the education and training needs of occupational therapists who work with adult survivors of CSA. In the same edition, and on a similar theme, Abrahamson's (1998) research explored the knowledge and practice of occupational therapists with regard to feeling equipped to deal with the adult legacy of CSA;
    - Literature that cited either 'occupational therapy', 'occupational therapist', 'occupational therapists', 'occupational science', 'occupational scientist' or 'occupational scientists';
    - Literature that specifically discussed the role of occupational therapy/therapists.

- Criteria regarding methodology were not included because this had the potential to further limit the literature I included for review.

Exclusion criteria

- Articles that did not explicitly represent the WTWRSA victim/survivor lived experience (e.g. Sloan and Edmond's (1996) study that asked respondents about their knowledge of services for lesbians and gay men who are survivors of sexual violence but did not explore the issue of WTWRSA.

- Articles were not used if they related exclusively to domestic violence (or IPV) and which either **a)** did not mention sexual violence in their findings (for example, Waldner-Haugrud et al., 1997), or **b)** only mentioned sexual violence in the definition of domestic violence (for example, Johnston et al., 2001). The reason for this was that I did not consider such articles to be focussed sufficiently upon the sequelae related specifically to being a victim/survivor of rape and sexual assault.

Appendix 10.14: Reflection[12] on writing an occupational profile

Reference: Twinley, R. (2012a) 'Occupational Profile: An Interview with 'Lucy': A Survivor of Woman-to-Woman Rape', *Journal of Occupational Science (Special Issue: Occupational Science in Europe),* 19(2): 191-195.

1) Experience

In the article, I shared a victim/survivor's auto/biographical experience of woman-to-woman rape, describing her occupational history, and presented as a verbatim interview with Lucy (the victim/survivor). I gained ethical approval from the Faculty Research Ethics Committee to do so. I was keen to publish Lucy's story because I knew it would be the first publication regarding woman-to-woman rape in any occupational therapy or science literature.

2) Reflection

In the article, Lucy spoke about the responsibility she felt for not phoning the police or reporting the rape, describing how: 'Someone once asked me how did I know she hadn't done that before and might do it again. That makes me feel awful, even now, it makes me feel slightly sick. It's strange, like you have a responsibility, but you are the victim' (Twinley, 2012a: 191). This sense of guilt connected to a sense of responsibility to report in order to protect other real or potential victims is common among rape victim/survivors (Taylor and Norma, 2012).

As the article is in the *Journal of Occupational Science*, the intention of the interview was to explore some of the ways in which being raped by a woman impacted upon Lucy's occupational performance; that is the physical, cognitive,

[12] This reflection was facilitated by use of Kolb's (1984) experiential learning style theory, which posits that effective learning occurs when a person progresses through a cycle of the following four stages: 1) experience; 2) reflection; 3) conceptualisation; and 4) experimentation.

and social skills and abilities that she uses when performing her daily activities (Duncan, 2011). As such, I was able to present the impact upon Lucy in terms of: subsequent and enduring ability to dissociate; (over) use of alcohol and drugs; under-eating; poor attendance at University, and the way in which she went through the extremes of socially isolating herself for the initial couple of months after the rape, to then going out every night, often having sex with different women. Many of these coping reactions to the trauma of being raped are not well-understood from an occupational perspective. For instance, even though many occupational therapists work with people with social phobias, eating disorders, and drug and alcohol problems, only a limited amount of work exists that has tried to explore some of these as occupations (for example, Kiepek and Magalhaes, 2011). I have suggested that occupational therapists and scientists need to consider the dark side of occupation – that is, those occupations that may not necessarily lead to good health and/or wellbeing (Twinley, 2013). Rather, the focus in the literature remains upon occupational therapy intervention, which incorporates the therapeutic use of occupations in working toward prevention and recovery (Stoffel and Moyers, 2004).

After recounting some of her experiences of engaging in the what I would term as the 'dark side of occupation', Lucy described experiencing the therapeutic power of occupation. Lucy spoke about how she went on a working holiday, where she stopped smoking and using drugs, and where she became healthier through occupations such as travelling, swimming, and working outside. As such, this article allowed me to present Lucy's case as a woman-to-woman rape victim/survivor who experienced various negative impacts upon her subjective experience of occupation. In doing so, I was also able to demonstrate her first-hand, lived experience of occupation as positive, life-affirming, and as a means to foster my dignity, competence, and health (Peloquin, 2011).

3) Conceptualisation

To my knowledge, this was the first non US-based publication regarding woman-to-woman rape. Additionally, it contrasts to five of the other pieces of primary research reviewed in C2 because it presents a less-commonly occurring case, in which the perpetrator was a stranger. Only Girshick's (2002) research included cases of stranger-rape. Although, Girshick (2002) does not discuss these rarer types of sexual offending in any detail. Still, Girshick (2002) notes that the 70 respondents in her study described a total of 91 situations of sexual violence, and that two of these were perpetrated by a stranger. This may well reflect findings about rape perpetration, which suggest victim/survivors knew their perpetrators from anything between seven to eight out of 10 cases (Tjaden and Thoennes, 2000; San Francisco Women Against Rape, 2011).

4) Experimentation

This article truly represents the beginning of my research journey; it was my first exploration of woman-to-woman rape from an empirical and analytical perspective. In developing this profile, my aim was to explore what I already understood to be the under-researched topic of woman-to-woman rape, and to do so within a UK context. Therefore, through presenting this victim/survivor's account by means of an occupational profile, I was able to contribute toward the limited research in this field, and to present a first-hand account of surviving woman-to-woman rape in the UK. This allowed me to then develop my ideas when preparing my proposal for the research on which this thesis is based.

Appendix 10.15: Sharing of findings and publication plans

As an outcome of having conducted the research on which this thesis is based, and in addition to sharing the findings, I currently plan to:

- Give a paper at the British Sociological Association Auto/Biography Summer Residential Conference (15-17/7/2016) at Wolfson College, Oxford, titled 'Emotionally Engaged: Reflections on a Shared Doctoral Journey'. This will be authored by Gayle Letherby, Anita Slade, and I. We will reflect individually and together, on our engagement in the 'occupation' of doctoral study/supervision. We also plan to submit a paper based upon this for publication in the British Sociological Association Auto/Biography Yearbook.

- Give a paper at the 2016 Centre for Methodological Innovations (Plymouth University) Conference, under the theme of 'Creative Methodologies'. I would like to share my experience of generating – what I would term - an 'Epistemology of Hope' through researching the traumatic issue of woman-to-woman rape and sexual assault. This will be based upon the recommendations (that is, what we would hope to have happen) made by my respondents and me, as an outcome of engaging in the research on which this thesis is based.

- Seek guidance regarding writing to reach audiences beyond academia. For instance, exploring styles used by my external examiners - such as David Carless's use of a story-based approach and Sue Joseph's use of creative non-fiction - to present stories based on my respondent's stories.

- Write journal papers about:
    - Engaging in doctoral study as an occupation (plan to submit to the Journal of Occupational Science).
    - Auto/Biography and Occupational Science as a methodological innovation, perhaps titled ‘Auto/Biography: A Research Methodology for Occupational Science’ (plan to submit to the Journal of Occupational Science).
    - Reflections on recruiting a ‘hard to reach’ population (Abrams, 2010) when their existence was unknown (plan to submit to a social science journal audience).
    - Making improvements for positive change in primary care (for a Primary Care journal audience).
    - It is also envisaged that each data chapter could be submitted as papers to occupational therapy/science and non- occupational therapy/science journals (to reach a wider audience), such as: Sociology of Health and Illness; Criminology and Criminal Justice; Gender & Society; International Journal of Gender and Women's Studies; The American Journal of Occupational Therapy.

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Bound in copies of publications

1. Twinley, R. (2013) ‘The dark side of occupation: A concept for consideration’, *Australian Occupational Therapy Journal*, 60(4): 301-303.

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3. Twinley, R. and Addidle, G. (2012) ‘Considering Violence: The Dark Side of Occupation’, *British Journal of Occupational Therapy,* 75(4): 202-204.

Reproduction in appendix notes: This article was accepted for publication in the *Australian Occupational Therapy Journal* 13 November 2012.

The citation is: Twinley, R. (2013) The dark side of occupation: A concept for consideration. *Australian Occupational Therapy Journal,* 60(4): 301-303, doi: 10.1111/1440-1630.12026

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Viewpoint

The dark side of occupation: A concept for consideration

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KEY WORDS: dark side, occupation, occupational science.

Introduction

Occupation is the core concept of the occupational therapy profession and its underlying philosophy, and has long been the primary topic of concern for occupational scientists. As a result, occupation has been continuously defined and discussed by occupational therapists and

scientists, with our understanding of what constitutes occupation ever-evolving. The focus of occupational therapy and science literature has been upon occupation and its link to good health and wellbeing. Occupation has therefore largely been understood as something positive and productive for the individual, groups and communities. Only recently has this belief begun to be challenged (Kiepek & Magalhaes, 2011). This article presents the assertion that occupation must be viewed as many-sided, multifaceted and that, of these many 'sides', there is a dark side to occupation (Twinley & Addidle, 2012). The dark side is understood to include various dimensions of occupation that have not, traditionally, been examined by occupational therapy theorists, researchers and practitioners and occupational scientists, and which may not lead to good health and/ or wellbeing. Reference is made to an online discussion forum in which a talk about the dark side of occupation was facilitated; contributions from this discussion are included as examples of some people's current opinions regarding the dark side of occupation. The article concludes with recommendations for how to implement a consideration of the dark side into research, theory, education and practice.

Occupation: Our core concept

The question considered is how adequate, all-encompassing and holistic are the current definitions of occupation that exist, and which therefore inform our

associated understanding of occupation? There are certainly definitions of occupation that could be seen to attempt to incorporate every potential aspect of human occupation. To illustrate, Law & Baum assert occupation is everything we do in life, including actions, tasks, activities, thinking and being (2005). It is anticipated that utilising a broader, more inclusive definition such as this can enable an analysis of any of the occupations a person engages in, performs or experiences. However, currently our professional literature and evidence-base has a dominant focus on those occupations that can restore or maintain good health, development, growth, social interaction, productivity and that promote a state of wellbeing. Leclair's (2010) examination of various definitions of occupation found that several agree upon the notion that occupation is subjective because it is something experienced by an individual and also that, as each of us participate in our daily occupations, we are able to positively contribute to our respective communities. Leclair also discusses another important feature of occupation as being something that can be shared with at least one other person and can therefore be described as a shared, collective or co-occupation. However, still the explanation of these occupations relates to those that are traditionally viewed as positive, such as the family occupation of having a meal.

Many authors profess occupational therapy is a holistic profession, but how can occupational therapy – very

much a discipline that sees therapists working with a diverse population of individuals with such an equally diverse range of occupational performance, participation, engagement and justice issues – have come this far without truly considering the whole picture in terms of what occupation is? And what every occupation a person, group or community might engage in?

Start at the very beginning

The importance we place upon occupation is clearly inherent in the curriculums of pre-registration undergraduate programmes. Occupational therapy students are encouraged to learn about occupation: what it can constitute; the reasons for promoting engagement in occupation; how to measure and analyse occupation; how to use it as a tool for assessment, a therapeutic tool for intervention and as a tool for evaluation. Occupation is learnt about in terms of its health-promoting potential. Crucially, this means occupational therapy students can appreciate the power of occupation and its integral role in each of our daily lives. We ask that students learn to observe and analyse people performing, or attempting to perform, their daily occupations. We encourage them to understand individuals as occupational beings. And, in understanding occupation, we expect students to be able to go out and ‘use’ occupation in their practice. The impact of this is reflected in studies such as that conducted by Aguilar, Stupens, Scutter and King (2012). They explored the professional values of Australian occupational therapists and found that the participants

clearly valued occupation, and appreciated the importance of using it as the therapeutic medium. Their participants understood the focus on 'what people do' as the unique feature of the occupational therapy profession. Occupation was understood as a human right. What would be interesting to explore further is what specific occupations were the participants considering? And what do they perceive as constituting human occupation? This is important to dissect when we consider the assertion that participation in occupation should be a human right. However, can we be confident we are educating truly holistic, client-centred and occupation-focussed therapists when they are only expected to learn about occupation as something positive, productive and health-giving, and as something that we must therefore work with individuals to be able to engage in and perform? We do expect students to learn about reasons for impaired or limited occupational functioning, performance and engagement. However, it is suggested that we do not sufficiently ask that they consider the impact of non-health-giving, anti-social or unproductive occupations upon an individual and his/her daily routine. Exploring the dark side of occupation might promote a far more balanced, broader and inclusive appreciation of human occupation. Notably, Pierce (2012) suggested occupational science can increase its social relevance by describing occupations that are self-damaging, deviant or disrupted. This is about both widening and deepening our understanding of occupations in which people participate in, perform and can find meaningful.

The dark side of occupation

This leads us to consider the dark side of occupation (Twinley & Addidle, 2011, 2012); that is the things some people do that may not always promote good health, may not always be productive, yet may provide a sense of wellbeing. Amongst other things, it includes tasks, activities, routines or acts that are considered antisocial, perhaps even criminal and illegal. Use of the term ‘dark side’ is not intended to portray occupation as having two sides. As the definition and understanding of occupation has evolved, the great majority of accounts do now assert that occupation is something that is complex and multidimensional. It is certainly not something that can be divided into this side and that. However, in many ways the term ‘dark side’ seems fitting; it suggests occupation is something that has aspects which are less acknowledged, less explored and less understood. It presents occupation as something which has aspects to it that have been left in the shadows. Something that, when prompted to consider, we all know is there, yet something that many of us have not incorporated into our theory, understanding and use of occupation. Perhaps this is because there is an immense dearth of work that clearly incorporates those other aspects of occupation that could be seen to exist as part of the dark side. That is, occupations that could be one of, or a combination of, the following: anti-social; criminal; deviant; violent; disruptive; harmful; unproductive; non-health-giving; non-health-promoting; addictive and politically, socially,

religiously or culturally extreme. Occupations that, to the individual performing them, could still be any combination of the following: meaningful, purposeful, creative, engaging, relaxing, enjoyable, entertaining, that can provide a sense of wellbeing and even that are occupational in the sense of being an individual's paid or unpaid work.

Discussing the dark side

On March 13th 2012 a group of sixteen people from different countries and professional backgrounds, including occupational therapists and students, engaged in an online discussion regarding the dark side of occupation, hosted on a Twitter forum named #occhat (https://twitter.com/i/#!/search?q=%23Occhat, accessed 21 September, 2012). This discussion was inspired by Twinley and Addidle's (2011) presentation at an international occupational science conference – held in Plymouth, UK – where they first proposed consideration of the dark side of occupation. The group discussed topics such as: how people define the dark side of occupation; how adequate current definitions of occupation are; whether occupational therapy and occupational science frameworks support the assertion that people can and do engage in the dark side of occupation; the significance of considering all of a person's occupations, rather than only those that promote health and wellbeing and the challenges this consideration of the dark side may present in practice. A review of the discussion that resulted demonstrates how, initially, participants felt that the concept of the dark

side of occupation was relatively novel to them. There were comments posted such as: "… never considered the 'dark side' before" and "I have to say it was something I had not really considered either" (OTalk_Occhat, 2012). However, over the course of the discussion it became apparent that the dark side is something a few had considered in their work; two members drew upon their experiences from practice when working with clients who wished to smoke, with one recalling how she worked with a company to get a custom-made smoking aid made for a client. Others spoke about how engagement in pro-social and health-giving occupations can lead to occupational imbalance and, therefore, to people becoming engaged in the darker side of occupation. Examples included being a student with a substantial workload and how this leads to becoming a 'workaholic', and the proposal that: "The purpose of an occ(upation) could make it dark…e.g. Physical activity and eating disorders" (OTalk_Occhat, 2012).

Exploring the dark side: An example

It is possible to explore the dark side of a person's occupations and to gain an understanding of the underlying and associated values, interests, motivations, skills, abilities, capacities, roles, meanings and satisfactions attributed to this engagement. To illustrate, it is fitting to apply Wilcock's (2006) theory of occupation in an attempt to understand the perpetrator perspective of engaging in an antisocial occupation. We know that Wilcock described occupation as a synthesis of doing (all the things we do),

being (how we feel about what we do), becoming and belonging. The balanced interaction of doing and being can enable becoming – that is the realisation of who we are as a result of the values, knowledge, skills, abilities and demands of people's occupations. A sense of belonging is seen as something we all strive for in what we do (Wilcock, 2006). And so it is suggested that each of these aspects of occupation contribute toward the formation of identity: individual, group, local, national, sociocultural. By applying this to a male perpetrator's account of engaging in violent football hooliganism (presented by Van De Mieroop), it seemed apparent that the occupation of hooliganism was what the man had been doing, being and becoming: "… the interviewee constructs a heroic identity that incorporates violence" (2009, p. 731). Moreover, Van De Mieroop confirms how the group membership gave the perpetrator a sense of belonging: "…he explicitly and consistently positions himself within the group of hooligans" (2009, p. 731).

Conclusion

There is much for us to consider in our approach to human occupation, the way we teach undergraduate students and our work with individuals, groups and communities. In an attempt to truly become more holistic practitioners, theorists, researchers and educators we need to not just be aware of, but also strive to understand, the dark side of occupation. We must continue to consider the subjectivity of human occupation and an individual's unique lived

experience, including their current life stage, recent life events and future plans. In addition to focussing on the human element and experience of occupation (be that individual or shared or collective), Hocking (2009) proposed for a focus on occupation itself, to include the development of in-depth descriptions of human occupations.

This would facilitate development of our theoretical perspective and understanding of human occupations in the quest to gain in-depth descriptions of all those occupations yet to be explored. These occupations need to be contextualised; that is, explored with a consideration of the context within which they are experienced and performed, including the physical, environmental, sociocultural, political and historical context. It is crucial our analysis, construction, comprehension and critique of occupation continue to develop and evolve.

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Occupational Profile
An Interview with 'Lucy': A Survivor of Woman-to-Woman Rape

Rebecca Twinley

At 19 years old, Lucy returned home from University to spend Easter with her family and went out one evening with a friend. When Lucy went to the toilet she was pushed from behind into the cubicle by another woman who physically and sexually assaulted her. In this occupational profile, Lucy reflects upon the time just prior to this event and describes its impact on her occupational performance.

Due to the traumatic nature of this account, a pseudonym is used to maintain confidentiality; minor facts, such as place names, have also been altered to protect the interviewee's identity. Lucy works as a professional and lives in the UK; she is now in her thirties and identifies as a gay woman.

JOS: Could you begin by telling me about when you left home to go to University?

Lucy: Yes, I finished my 'A' Levels at College and then turned 18 and was desperate to move out. So much so that I don't really remember giving much thought to the course I chose to study. I just thought, oh well, I just want to go to Uni and have a good time! So I opted to study the subject area that I had enjoyed most at College – Politics-which happened to also be the one I got the best 'A' Level grade for.

JOS: Why were you "desperate to move out"?

Lucy: Well, I guess like many 18 year olds I wanted freedom to do what I wanted when I wanted, rather than having to check-in with parents or keep them informed all the time. I just remember feeling so excited at the prospect of moving out and I don't think I was in the least bit scared about how I would cope; I just thought I would. Also, my parents, at this time, didn't know I was gay and I think this was a huge factor in making me want to leave home. I have so many friends that were in similar situations, living at home with their parents who didn't know they were gay and so feeling desperate to get away where they didn't have to worry about lying to their parents or their parents finding out. I mean this was a while back now, and I'd like to think things have slightly changed for younger people, but I'm sure there are still many young gay people who move out sooner than they perhaps ordinarily would just because they need to be free. It's not that I didn't love or get on with my parents; I just couldn't cope with having to lie about where I was going and what I was doing. You know, often I might stay at girlfriend's houses because they couldn't, obviously, come back to mine. I ended up spending a lot of my time away from home, particularly between the ages of 16 to 18,

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Journal of Occupational Science 2012, 19(2), pp 191–195.
ISSN 1442-7591 print/
ISSN 2158-1576 online
http://dx.doi.org/10.1080/14427591.2011.607793

and my parents just thought I was with College friends.

JOS: How did you feel about feeling the need to stay away from home during that time?

Lucy: Actually, I look back now and kind of regret spending so much time away because I think it really changed my relationship with my parents. I wasn't close to them. If anything I felt I was drifting further out of reach from them. Well, I didn't feel close and I doubt they did to me; I was pretty on guard when I would see them. But then I wouldn't change the time I spent with girlfriends because, at the end of the day, I was enjoying myself and completely doing what felt right for me; it was only when I thought about my parents that it didn't feel right. That's why I needed to move away.

JOS: Can you tell me about starting University and that stage of your life?

Lucy: Yes, well, I decided to find a shared student house, rather than live in Halls because I had heard stories from friends that Halls can be quite suffocating, a bit too close. So I found a 5 bedroom house and rented a room there. I had first choice of room so went for the biggest – it was massive! It cost about £5 more a week, which sounds like nothing but not for a student, not then, but I loved the space. Then two other girls and two boys moved in too.

JOS: And what did you spend your time doing in your first year?

Lucy: What didn't I do?! I soon became the wild one of the house, that's for sure. The others were really very quiet. I went out and made friends and would come back at all different times of day or night, but they would pretty much constantly be there. I guess I feel guilty, looking back, because I would roll in drunk and probably wake them all up. But, you know, I enjoyed myself so much. I mean, I went to Uni, I did attend, most of the time, and actually enjoyed learning more about Politics. Even though I spent most of my time having a good time socialising, I still somehow managed to study and get assignments written. I guess because it interested me. I loved having to research and find out new pieces of information and balance arguments and critique what had been written. My friends found it amazing that I could pass assignments and party so much! But studying wasn't my priority at that time in my life. I was enjoying being gay and being out, well, out to whoever asked. It's amazing how liberating it feels to say "Actually, I'm gay". I thought I'd feel embarrassed but at the end of the day I was telling a person the truth about me and I hated it when people assumed I had a boyfriend because it made me feel like I was lying to people again; I mean, don't get me wrong, I didn't shout about it from the rooftops, I just told those who asked and enjoyed being able to be truthful.

JOS: What were your main hobbies or interests whilst you were at University?

Lucy: I loved cycling. I would cycle for miles. My Uni was in a city so I would cycle to get everywhere.

JOS: What was it you liked about cycling?

Lucy: Oh I don't know, it just gave me space to clear my head. I would get on my bike sometimes and not even plan where I was going. I loved doing that. I can't imagine doing it now; I'm far more organised. I like to know what I'm doing and when I'm doing it. Whereas then, I just, I felt so much freer. I suppose I was though. I had no responsibility really apart from to turn up to lectures and hand in assignments and pay a couple of bills. I mean, I worked; I worked three part-time jobs at one point. I always worked through Uni in order to fund my social life. Generally I did waitressing. I loved it; even now when I get bored with my very serious and professional job, I sit and think how I'd prefer to be a waitress again! I loved the challenge of having to strike a rapport with customers in such short space of time. And, of course, leaving work and not taking any of it with you. I think that's a

very powerful thing to have in a job. I envy people who leave at 5.00pm and don't think about it until they're back there at 9.00am the next day. Anyway, as I've said, above all my priority was socialising; I loved going out, drinking, having a laugh and not worrying about the repercussions.

JOS: What do you mean by repercussions?

Lucy: Well, just not worrying about offending other people by our behaviour or being a bit loud. I mean I didn't even have to worry about hangovers then. I'd just wake up and be ready for another day. But also I never worried about getting myself in trouble, you know, into difficult or tricky situations. I guess I thought I was invincible. But actually, I did get in some tricky situations at times. The worst though was when I wasn't even drunk.

JOS: Would you mind telling me about that Lucy?

Lucy: Well, I was in my second year at this point. I'd moved into a different house with friends I'd met at Uni and we'd decided to get a house together. We were a great group of friends really. We soon got very close. One girl became the maternal person and would cook for us all. I was the joker of the house and one girl, who I went out with for a while, was the wild one then, not me. We were typical students living as carefree a life as we could, only worrying about how we might divide up the phone bill! Anyway, at Easter time I decided I should go home for a few nights to see my parents, as all my housemates often visited theirs.

I got in touch with an old College friend and arranged to go out with him on the Saturday night. We met up and had one drink in a bar before going to a kind of gay pub/club place. I had one drink and then told him I was just going to the toilet. I went downstairs and as I pushed the cubicle door open I was pushed, quite hard actually, from behind and this woman, well, girl, I don't know, she was probably in her early 20s, came into the cubicle and locked the door and she wouldn't b****y let me out. She told me she'd been watching me all night, which is weird, because I'd hardly been in the place. When I asked her to let me out she hit me a few times, like across my head. Oh and she had ripped my b****y shirt apart, and then before I knew it she had me in a position I couldn't get out of and forced herself on me by, you know, raping me with an empty beer bottle she had in her hand before using her own hand to, you know... she really hurt me, I was in pain. It's strange; I can talk about it now like it wasn't me it happened too. Like I'm distant from it. I have an incredible ability to dissociate, a psychotherapist once told me. That's not always a good characteristic to have though.

JOS: How did that affect you and how did you, or do you, dissociate?

Lucy: Oh god, in lots of ways. Straight after this happened I had thought about calling the police because she had followed me, you know, like right out of the club and wouldn't go until I managed to reach a phone box. But then I got there and just thought to myself, 'What am I going to tell them? That I've been raped by another woman?' I couldn't face having to explain it all and I guess I felt I wouldn't be taken seriously or something. And so then I phoned and told somebody I had been seeing and she didn't even seem to understand. Well, that's how I felt but then maybe she just found it difficult to deal with. Like I imagine any partners of rape survivors do. But because of that, I then kept it to myself. I regret that at times, not reporting. I can look back and think if I had reported maybe they would have looked for her. Someone once asked me how did I know she hadn't done that before and might do it again. That makes me feel awful, even now, it makes me feel slightly sick. It's strange, like you have a responsibility, but you are the victim. I mean, I'm not saying I'm a victim now; I once heard a talk about rape and sexual assault and it was about survivors and that's how I see myself, not a victim. But, yes, maybe I should have reported

but I just still can't imagine what the response from the police might be...

So anyway, back to that night, I remember going home, well, to my parent's house that night and the next day I said I needed to go back to Uni early because I had so much studying to do. I left and went back to my student house, which was empty, and I just completely broke down. I went to find a good friend at the Student's Union and she tried to encourage me to go to the police but I wouldn't go, no way, not even with her support. So instead she somehow referred me to the counselling service and I had an appointment I think it was like the next available working day or something. Honestly, it all feels like a blur now, but I think that's because I felt like it was a blur then. Like I was moving round and doing things but had no control over what I was doing, you know? Anyway, I went to this counsellor and didn't even tell her about the event. I just couldn't explain it and I didn't really want to revisit it, well, certainly not with a stranger. I mean I sat there and thought how she shouldn't judge because that's her job, but I still couldn't work out how I would tell her, and then I started to question what the point was in telling her anyway; it wouldn't take it away. So I guess I soon mastered the ability to put it to one side, if need be, in many situations.

JOS: So can you tell me about what you did after and how were you affected by the event?

Lucy: What did I do? I became self-destructive. Completely. I guess I always had the ability in me because I was always partying but then I knew when to stop and when enough was enough. However, straight away I turned to drink and drugs in a bigger way than ever before. Not just for recreational use, let's say. By the end of the first week back at my student house I would be sat in the lounge, which looked over some shops on the street below, and I would wait, literally sit there looking, until the wine shop opened up in the morning, and I'd be straight over. At first my housemates thought I was just being my usual party-girl self but they soon became concerned and questioned me about how much I was drinking. That was horrible actually, because they drank a lot, so for them to say that really hit home. Although it didn't make me stop or slow down, it just made me worry I suppose. I also started smoking cannabis pretty much all waking hours, so first thing in the morning until last thing at night. And then because I was spending what money I had on drink and drugs I wasn't eating much, at all. I soon lost a lot of weight. Sometimes, the only food I had was when my housemate prepared me something. I just couldn't be bothered. Food, or eating, wasn't on my mind. I was empty, in every way.

JOS: Did you still go out and meet people?

Lucy: Not initially, but yes, after a while. If you mean socially then yes, I did, I'd still see friends and meet women. It did take me a little while to want to do that though... It's funny, well, not funny but before this event I had been raped by a man and I have been asked if I thought that 'contributed' to me being gay. I find that such a strange question! I can't believe how people try to understand other people's sexuality or orientation. I mean, I call myself gay because predominantly I've been with other women and am attracted to women. But I might meet someone and completely click and they happen to be male. Who knows? Anyway, the idea that being raped by a man can turn someone gay is extreme really, isn't it? I mean, I certainly don't agree with it and now, after being raped by a woman, I haven't turned straight! I'm not making a joke of it, I just think people try to pigeon-hole other people and understand things at a basic level when they don't understand their internal motivations, thoughts, feelings and desires. Thinking about my Uni days as we are now, people were always doing that at Uni with each other. You know, 'Oh, he's a Goth, she's a punk, he's a Trannie'. Labels, you know?

JOS: What about University and your studies? Did you keep that up?

Lucy: Just about! I mean, my attendance was b****y awful, probably about, I don't know, 30%. As it was the final term, so not much left, I somehow got through it. I had to put extenuating circumstances in for a final exam but, I don't know, I must have still studied, but it must have been the bare minimum. For a couple of months, I stayed in the house a lot. I became very quiet and wouldn't tell my housemates what was wrong. But after a couple of months I went the opposite way and went out all the time and slept with different women on different nights. I suppose I didn't care about myself. I really didn't. And it gave me something to do – strange – but it took my mind off things, well, temporarily anyway. I used to think that I'd experienced the worst, so nothing else could touch me or harm me more than that. So that carried on for the rest of the term and then came the summer and I madly made a last minute decision to go abroad for a working summer trip with two of my housemates. I used my overdraft to fund it and didn't care. I had to get away and couldn't bear the thought of being at home over the summer because I was in such a state.

JOS: How was the working trip?

Lucy: It was incredible – one of the best things I have done in my life. Really. As soon as I got out there I wasn't smoking and even though we drank, it wasn't to the extent I had been. It wasn't throughout the day. So I became healthier and enjoyed working outside in the beautiful warm country. And then we would travel and visit different parts of the country. I felt free again and, I don't know, I felt I'd left the experience I'd had behind. It was like a fresh start. I became more physically active again and started swimming on a regular basis. I became more guarded when I met women, but in a good way, I didn't just fall into bed with them like before. I protected myself more and gave less of myself away and that gave me an incredible sense of, I don't know, self-protection and pride, I guess. Yes, it was, I was proud to consciously make the decision if I wanted to be with someone who wanted to be with me.

JOS: And what did you go on to do after the trip?

Lucy: We went back to Uni for our final year. I must have looked like a different person when I went back. I felt different. I felt more confident in myself, that's for sure. I mean, I still suffered the repercussions of the event. Particularly when I was alone. I would often do things like look behind me whilst I was walking or even when I put the key in the front door – just to check no one was there. In fact, I still do that now. But at the same time, I felt I had survived the experience and I didn't want to let it define who I was and what I did. So, I started my third year and really immersed myself into studying. I mean, I still partied with friends but I was more reserved and I was okay with that. I luckily ended up getting a good degree and when I look back now I'm so proud with what I did to turn things round. I know my life could have taken a completely different path but I didn't want to let it. I had to take control and to this day I think that is one of my better characteristics; I'm determined to not let awful things define me, who I am, what I believe, what I do and even where I go. Instead, I'd like to think that I do what I want to do because I enjoy it or because it's meaningful to me or because it provides other people with something positive; like cooking a meal for a friend or something. I mean, yes, I leave work and take it home with me and dream about being a waitress again. But I'm not. But I can say that I'm happy with where I am right now and how I've grown as a person. I try to look after myself and do what makes me happy and what challenges me, in a good way.

JOS: Well, I think that brings us to the end of the interview Lucy. Thank you so much.

Opinion

Considering violence: the dark side of occupation

Rebecca Twinley[1] *and Gareth Addidle*[2]

Key words:
Violence, occupation, antisocial.

This opinion piece discusses current thinking on, and approaches to, violence from the fields of occupational therapy, occupational science and criminology. A change in how occupation is both defined and examined is anticipated, rather than considering only prosocial occupations. The authors propose the need for an increase in work that explores the impact of antisocial occupations upon other occupations and upon health and wellbeing; occupational therapists and scientists must, therefore, develop their theory, practice and research to include due consideration of antisocial occupations. Owing to the primary author's interests, there is a focus upon the antisocial occupation of violence.

Introduction

Violence has been investigated in occupational therapy. However, much of this work focuses on the challenging and emerging role of occupational therapists working with survivors of violence, predominantly in the form of domestic or workplace violence. Alternatively, in literature concerning forensic occupational therapy – where therapists work with the perpetrators of violence – the occupational therapy role is presented as involved largely with developing coping skills through engaging people with antisocial behaviours in occupation-based activities. Considering this, could we understand violence better, and work with people who experience violence or who are violent, by recognising and examining it as an occupation?

Defining occupation

As the foundation of occupational therapy, occupation must remain central to the profession's philosophy, practice and research. However, the profession continues to have no universally accepted definition of occupation. Occupational scientists explain that the difficulty in reaching such a definition is due to the complex and multidimensional nature of occupation (Fogelberg and Frauwirth 2010).

Reviewing various definitions makes it possible to identify the common theme of 'occupation' as the things that people do or are involved in doing (Wilcock 1999). Occupation is often seen as something positive and productive done to enable people to develop as individuals and as members of their society (Townsend 1997). Occupational therapists work with individuals to recognise them as occupational beings, and to enhance their occupational balance, health and wellbeing, through understanding the occupations they participate in and through promoting participation in meaningful, productive and healthy occupations.

The dark side

Arguably, some occupations may not promote health or wellbeing, such as violence, which is seen as harmful, disruptive and therefore 'antisocial'. How then can occupational therapists work from a truly occupational perspective without an understanding of such antisocial occupations? It is suggested that the definition of occupation needs to include aspects of doing that are *not*

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Reference: Twinley R, Addidle G (2012) Considering violence: the dark side of occupation. *British Journal of Occupational Therapy, 75(4),* 202-204.

DOI: 10.4276/030802212X13336366278257

Submitted: 16 March 2011.
Accepted: 1 October 2011.

deemed as prosocial, healthy or productive, including non-consensual or deviant sexual acts, drug misuse, alcohol misuse, violence and all other criminal activity. Debatably, these antisocial occupations may hold meaning for people that engage in them and might even be done for the purpose of relaxation, creativity, celebration and entertainment (Ferrell et al 2008).

Occupational therapy research has investigated issues such as the experience of violent attack and the challenging occupational therapy role of working with survivors of violence (Helfrich and Aviles 2001). However, this fails to acknowledge the individual or collective experience of violence as an occupation from the perspective of those who are violent.

The criminology of violence

Violence is understood to have a complex nature. The act of violence and how violence is approached depends very much on how it is defined. So many different legal terms exist for various forms of violence and violent crimes that it is often difficult for people to keep track of what such acts mean. In the United Kingdom, the Home Office (2004) defined violent crime as robbery, sexual offences and a range of Violence Against the Person offences, including assault without injury, serious wounding and homicide. This diversity creates major problems in conceptualising and understanding violence. Official statistics use categories that 'lump together diverse behaviours' (Reiss and Roth 1993, p35). This means that minor events are included with much more serious events, making it difficult to judge the severity of violence. The criminal classification of violent behaviour also structures and gives meaning to events in a way that obscures the diversity of cause, intent, circumstance and history of the event, or even the extent of injury. As Reiss and Roth (1993) pointed out, most empirical research on violence has to rely on such categories and this limits the understanding of violence, as well as the ability to develop preventive strategies.

It must also be acknowledged that the context in which behaviour takes place can give it meaning and significance. To illustrate, physical harm in the course of a person's everyday work may not be classified as violent, although its consequences may be similar to such events on the street or in the home. Physical attacks on the street are what many people regard as violent offending and, more recently, this can be seen in the home in relation to women (Walklate 2004). Furthermore, it is only recently that workplace violence achieved formal recognition in the United Kingdom when the Health and Safety Executive (2010) defined it as '… any incident in which a person is abused, threatened or assaulted in circumstances relating to their work'. Thus individual acts of violence, as these accounts highlight, need to be considered within the context in which they take place in order to be contextualised. Violence, whatever its links with individual factors, is seen primarily as situationally induced, and as the outcome of a history and combination of factors. It is never a simple event.

The impact of violence upon health and wellbeing

A wealth of literature and statistics exists that reports on the incidence of violence and its impact upon the health and wellbeing of survivors. To illustrate, Zorrilla et al (2009) highlighted that the most common type of violence against women is intimate partner violence, which is a public health problem with significant consequences upon women's health. Moreover, Rai's (2002) literature review concerning workplace violence and aggression indicated that violence substantially contributes to occupational injuries and fatalities. Rai (2002) argued that violence is a major cause of workplace absence and is a growing concern for society.

The gap is evident, however, in terms of understanding the impact of violence upon the health and wellbeing of perpetrators (not in forensic settings). This highlights an opportunity for the occupational therapy profession: occupational therapists value the individual's subjective and lived experience and many strive to do so by hearing their narrative. Although a small amount of work has tried to gain narratives of the survivor experience of violence, none has gained a narrative of the perpetrator experience of engaging in violence (as an occupation). Narratives from both sides of the experience are appropriate, considering that '… the stuff of narratives is the abnormal, the improper, and other departures from the norm' (Mattingly 1998, p13). Narratives could be the starting point to prompt development of the understanding of violence as an occupation.

The challenges

Viewing violence as an antisocial occupation may be challenging in practice; if a person who is violent holds this as personally meaningful, and something that is a part of his or her everyday life, the challenge is to promote engagement in more prosocial, healthy and productive occupations that fill the gap and are therapeutic. This might be particularly true of said 'career offenders', for whom participation in violence is embedded in their very nature as occupational beings. For such individuals, violence is what they have been 'doing, being and becoming' (Wilcock 1999).

The incidence of many types of violence is hidden or goes unreported. For instance, domestic violence predominantly remains as a private experience, with little public address. Indeed, many men and women who experience violence do not seek help or support (Coker 2000, World Health Organisation 2009). This has been found to be typical in the realm of health care, where patients do not disclose and professionals do not ask about the occurrence of violence or abuse (Johnston et al 2001). However, some people who experience violence may want the opportunity to disclose this within the therapeutic relationship.

Certainly occupational therapists who work within the emerging role of victim/survivor advocacy are well placed to facilitate disclosure. However, an understanding of violence

is applicable to all occupational therapists in all settings, not just those working with survivors of domestic or workplace violence. Occupational therapists can be best placed to enable the people they work with to disclose details regarding their experience of violence (either as survivor or as perpetrator), particularly those therapists who work more intimately with people or who engage in work over a period of time (Johnston et al 2001).

Conclusion

Arguably, discussing this topic has exposed a gap in current knowledge and practice regarding occupation. Just as authors in the past have identified gaps whereby occupations, such as sexuality, were neither theoretically nor practically explored as occupations, this opinion piece identifies a further gap. Violence is another dimension of occupation that we need to be open to understanding, particularly in cases where individuals are active participators (perpetrators) or recipients (survivors). For the perpetrators, it is quite possible that this occupation motivates them: it holds meaning for them. For perpetrators and survivors, this occupation is likely to shape them, their attitudes, values and beliefs. It may also affect performance in other areas of occupation (that is, work, leisure and sexuality).

This is not about condoning behaviour and participation in the occupation of violence; rather, we need to understand it by studying its effect upon the individual and his or her health and wellbeing. There will be legal, ethical and practical implications to consider, which is not to say that we must avoid embarking upon this work.

Acknowledgements

This opinion piece was written collaboratively after the authors met and discovered their shared interests whilst studying for a Postgraduate Certificate in Academic Practice at Plymouth University.

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Vacancy on the Editorial Board of the *British Journal of Occupational Therapy*

A vacancy has arisen on the Editorial Board of the *British Journal of Occupational Therapy* at an extremely important time in the Journal's development. It is the only monthly peer-reviewed international occupational therapy journal and publishes high quality international research and practice-related papers that contribute to the evidence base of the profession and which encourage scholarly discussion and debate.

Being a Board member entails reviewing the categories of submission, working with an international advisory board, having an overview of special issues and improving the quality of articles to increase citations. Board members should have experience of publishing in, and of reviewing manuscripts for, peer-reviewed journals. Knowledge of e-publishing would be an advantage.

As a Board member, you will play a key role in informing the policy and development of the Journal in collaboration with the other Board members and the editorial team. The Board meets three or four times a year, and in between deals with other work and manuscript reviews by email.

For the terms of reference, nomination form and an informal discussion, please contact Christine Craik, Chairman of the Editorial Board, email: christine.craik@hotmail.co.uk Completed nomination forms need to be returned by Monday 30 April 2012 (extended deadline).