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MAJOR RESEARCH PROJECT

Was this rape? Exploring women's use of an online rape and sexual assault forum: A qualitative analysis

Submitted by Lorna Otway to the University of Exeter in part fulfilment for the degree of Doctor of Clinical Psychology, May 2016

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SCHOOL OF PSYCHOLOGY

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LITERATURE REVIEW

Women's experiences of disclosure or nondisclosure of rape or sexual assault: A systematic review of qualitative research evidence

Trainee name:	**Lorna Otway**
Primary research supervisor:	**Dr Janet Smithson**
	Senior Lecturer, University of Exeter
Secondary research supervisor:	**Dr Anke Karl**
	Senior Lecturer, University of Exeter
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Abstract

Evidence suggests that 85,000 women were victims of a sexual offence in England and Wales in 2013. However, few women disclose, seek help or report the incident to police, which may leave these women vulnerable to Post-Traumatic Stress Disorder (PTSD). This review evaluates and integrates research concerning women's narratives of disclosure or nondisclosure after rape or sexual assault (RSA). A systematic search of four online databases yielded an initial sample of 139 journal articles. Eleven were retained following application of inclusion and exclusion criteria. The findings from the review provide insight into women's motivations for disclosure or nondisclosure after RSA, the processes through which disclosures unfold and women's experiences of disclosure recipients' reactions. Moreover, integrating qualitative research findings facilitated an understanding of the impact of the above on women's beliefs about their experiences of RSA and their subsequent disclosure decisions and engagement with criminal justice and healthcare systems. Furthermore, the findings from the review add to the quantitative research literature and provide potential directions for future research. Future research might allow women who have experienced RSA input into NHS service evaluation and development. Finally, the findings demonstrate the importance of efforts to challenge the acceptance of rape myths.

Keywords: Qualitative research; Trauma; Rape and Sexual Assault; PTSD; Women; Disclosure; Review

Introduction

Government statistics (Ministry of Justice, Home Office, & Office for National Statistics, 2013) suggested that one in five women had been a victim/survivor[1] of a sexual offence since the age of 16. Twenty-eight per cent of these women stated that they had told nobody about the incident and only 15% reported the incident to the police (Ministry of Justice, Home Office, & Office for National Statistics, 2013).

Experiences of rape or sexual assault (RSA) are associated with Post-Traumatic Stress Disorder (PTSD), which causes significant distress and can negatively impact on social, educational and occupational functioning (National Institute for Health & Clinical Excellence, 2007; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). Ehlers and Clark's (2000) cognitive model of PTSD suggests that post-trauma symptoms can include secrecy and nondisclosure, which in turn can trigger and exacerbate PTSD. Evidence supports this model (e.g., Dunmore, Clark, & Ehlers, 2001), suggesting nondisclosure after RSA is may leave women vulnerable to PTSD. It is therefore important to explore the barriers that women face in disclosing RSA, in addition to what reactions are helpful or unhelpful to women upon disclosure. Such research may shed light on what may help women to disclose and receive appropriate support after RSA. Below I discuss the main findings from quantitative research in this important area.

Informal Disclosures

Evidence suggests that while few women report to police, a significant number do tell somebody about the RSA (e.g., Fisher, Daigle, Cullen, & Turner,

[1] Throughout this literature review, the term *victim* is used to reflect the traumatic impact of RSA (e.g., Darves-Bornoz, 2008) and to reflect the language used by the UK criminal justice system (Sexual Offences Act, 2003).

2003; Jacques-Tiura, Tkatch, Abbey, & Wegner, 2011; Starzynski, Ullman, Filipas, & Townsend, 2005). Moreover, women may be more likely to disclose to friends than they are to family, romantic partners or health professionals (e.g., Dunn, Vail-Smith, & Knight, 1999; Fisher et al., 2003; Jacques-Tiura et al., 2011). Encouragement from informal disclosure recipients may play a critical role in encouraging women to report to police (Paul, Zinzow, McCauley, Kilpatrick, & Resnick, 2013) and victims who have access to greater social support may be more likely to report RSA (Allen, 2007).

Reporting to Police

Evidence suggests that there are a number of reasons that women do not report to police, such as: fear of reprisal by the perpetrator, shame, not wanting friends or family to find out (Cohn, Zinzow, Resnick, & Kilpatrick, 2013; Fisher et al., 2003; Miller, Canales, Amacker, Backstrom, & Gidycz, 2011) and fear of being blamed or stigmatised (e.g., Miller et al., 2011; Wolitzky-Taylor et al., 2011). Furthermore, evidence suggests that women may not report RSA because they do not perceive the incident as being "serious enough" or a crime (e.g., Cohn et al., 2013; Fisher et al., 2003; Zinzow & Thompson, 2011).

Moreover, certain RSA characteristics such as: the perpetrator being a stranger, perceived threat for one's life or fear and severe injury resulting from the RSA are positively associated with reporting the incident to police (e.g., Cohn et al., 2013; Fisher et al., 2003; Ullman, 2001; Wolitzky-Taylor et al., 2011). Women who were intoxicated at the time of the RSA are less likely to report to police (e.g., Fisher et al., 2003; Wolitzky-Taylor et al., 2011). These findings suggest that women are more likely to report RSA when their experience matches that of a "classic rape" (Weis & Borges, 1973) and less likely to when it does not.

Reactions to Disclosures

Evidence suggests that negative reactions (particularly blame or disbelief) towards victims are more common from formal disclosure recipients than from informal ones (Starzynski et al., 2005; Ullman, 2001). However, informal disclosure recipients may also direct blaming, dismissive or doubtful reactions at the victim (e.g., Davis, Brickman, & Baker, 1991; Ullman, 2001).

Receiving negative reactions may increase PTSD symptoms and trigger avoidance coping in victims (e.g., Starzynski et al., 2005; Ullman & Peter-Hagene, 2014) and lead women to perceive less control over their recovery (Frazier et al., 2011). By contrast, positive social reactions (e.g., being believed or offered emotional support) are associated with higher perceived control over recovery, better adjustment and less PTSD symptoms (Ullman, 1996; Ullman & Peter-Hagene, 2014).

Victim blaming. Blaming reactions consistent with *rape myth acceptance* (RMA) are frequently directed at women who disclose RSA (Burt, 1980; Hayes, Lorenz, & Bell, 2013). The *just world theory* (Lerner & Miller, 1978), suggests that victim-blaming results from people's psychological need to believe in a just world. Common rape myths include: the woman's clothing provoked the RSA (Lonsway & Fitzgerald, 1994; Moor, 2010; Payne, Lonsway, & Fitzgerald, 1999), if a woman was drunk then it was her fault (e.g., Hayes-Smith, & Levett, 2010), and women frequently lie about being raped (Burt, 1980; Edwards, Turchik, Dardis, Reynolds, & Gidycz, 2011; Lonsway & Fitzgerald, 1994). Evidence suggesting that women are more likely to report RSA if their experience matches that of a "classic rape" indicates that women are aware of rape myths and how these may influence disclosure recipients' reactions.

It seems possible that women may have internalised rape myths and this could inhibit their disclosure of RSA. However, quantitative evidence suggests that many college women explicitly reject rape myths and RMA does not differ between women who have experienced RSA and women who have not (Carmody & Washington, 2001). Moreover, Suarez and Gadalla (2010) conducted a meta-analysis of numerous quantitative studies and found that women report significantly lower levels of RMA than men. This evidence suggests that women's RMA is unlikely to be a barrier to their disclosure of RSA.

Rationale

In summary, quantitative evidence suggests that many women experience RSA yet few report the incident to police, particularly if the RSA does not match the stereotype of a "classic rape". However, some women may tell somebody (e.g., a friend) about the incident. Women may both fear and receive negative reactions from both informal and formal disclosure recipients, which may have detrimental effects on women's mental health and recovery.

Quantitative research generally aims to establish causal relationships or quantify the extent of a phenomenon. By contrast, qualitative methodologies aim to explore and understand processes and personal experiences (Thomson & Harper, 2012). Evaluating and integrating research findings focusing on women's narratives of their disclosure or nondisclosure after RSA may add to the quantitative research literature by revealing:

1. How women understand or label their experiences of RSA.
2. How disclosure to informal or formal sources unfolds.
3. How women experience and interpret reactions from different disclosure recipients.

4. The impact of the above on victims (e.g., on their disclosure decisions or recovery).

Furthermore, critiquing and integrating recent qualitative research findings may be useful for highlighting directions for future research in this important area.

Qualitative methodologies are valued for their potential to "give voice" to marginalised and disempowered women (Reinharz & Chase, 2001; Stein & Mankowski, 2004; Westmarland, 2011) and numerous systematic reviews of qualitative research relating to women's gender-specific experiences have been published (e.g., Feder, Hutson, Ramsay, & Taket, 2006; Hoga, Rodolpho, Goncalves, & Quiruno, 2015; Ostadhashemi, Khalvati, Seyedsalehi, & Emamhadi, 2015). This review focuses on research that explores women's narratives and personal experiences of nondisclosure or disclosure after RSA.

Objective

Quantitative research predominantly involves participants selecting from options imposed by the researcher; this review seeks the voice of women who have experienced RSA. Thus, this review aims to identify and critically evaluate the qualitative research literature exploring women's experiences of nondisclosure or disclosure after RSA.

Method

I consulted the Cochrane Reviews Handbook (Higgins & Green, 2011) and followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement (Liberati et al., 2009) as closely as possible. As recommended by Higgins and Green (2011), I used the PICOS (Participants, Intervention, Comparison and Outcome and Study design) approach to aid me in developing my inclusion and exclusion criteria for the review (described in

next section). However, the PICOS approach focuses on systematic reviews of interventions (e.g., randomised control trials) and therefore only the participants (women who have experienced RSA) and study design (qualitative) elements were relevant to this systematic review.

Data Search

I conducted a sequential and precise search (Figure 1) of journal articles in four key psychology databases: EBSCOhost, PubMed, PSYCinfo and PSYCarticles (via Ovid). The search terms I used can be found in Appendix A.

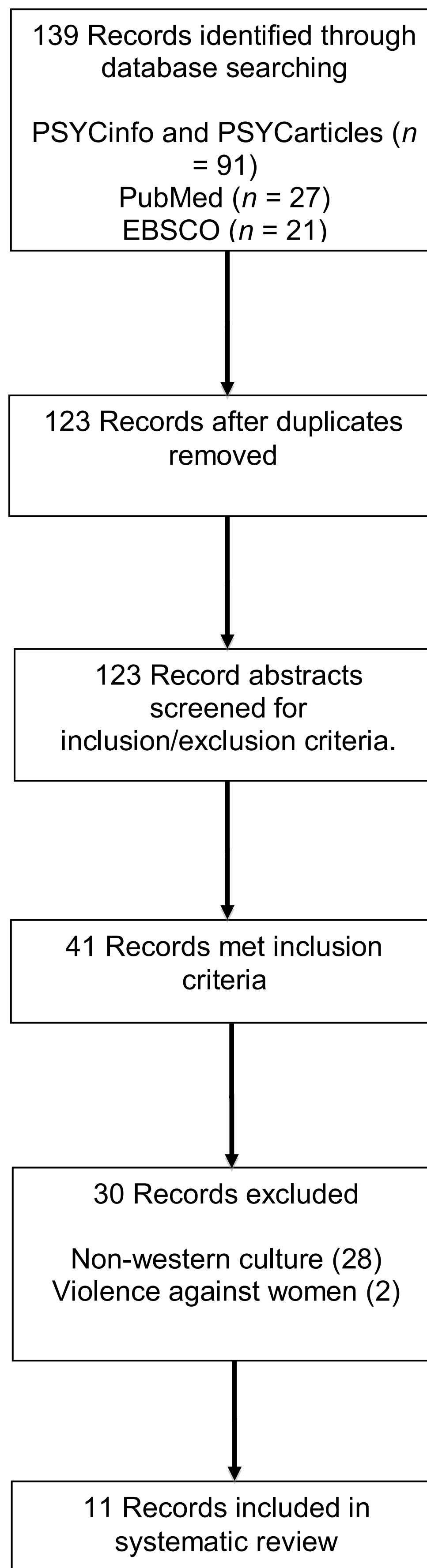

Figure 1. Collated data refining procedure with number of studies at each screening level.

Screening Procedure

My original search resulted in 139 records that matched the search criteria. One hundred and twenty-three records remained after duplicate records were removed. I then screened the abstracts (and full texts where necessary) of the journal articles for my inclusion criteria:

1. Qualitative research methodology and findings.
2. I included research focusing on adult (over 18 years) female research participants who identified as having experienced RSA.
3. Research published in the last 10 years. I wanted to ensure the findings from my review reflected (as far as possible) women's experiences within the current political and cultural climate. However I did not wish to limit my search excessively, given the limited amount of published research in this field and therefore decided to include all journal articles published in the last decade.

Forty-one journal articles met the inclusion criteria. Journal articles in languages other than English were excluded due to my lack of translation ability. Journal articles focusing on non-western cultures were excluded; including research from different cultures would have made the review too broad, as evidence suggests there are substantial differences in attitudes towards rape and sexual assault across cultures (Nayak, Byrne, Martin, & Abraham, 2003). Two research studies focusing on violence against women in general in addition to RSA were excluded, due to the specific focus of this review. Twenty-eight journal articles were excluded due to the research focusing on non-western cultures. Eleven journal articles were included in the systematic review.

Evaluation

I used the Critical Appraisal Skills Programme (CASP: 2014) Screening Questions to decide whether it was appropriate to include the research in the review. The screening questions were:

- Was there a clear statement of the aims of the research?
- Is a qualitative methodology appropriate (e.g., is the method chosen appropriate to meet the aims of the study)?

One article (Ahrens, Cabral, & Abeling, 2009) was excluded from the review at this stage due to its poor quality and inappropriateness for the systematic review; although the authors described their work as qualitative, they used a content analysis approach that did not appear to be seeking to explore the subjective experiences of the research participants.

The remaining 10 journal articles passed the screening stage and were then systematically measured against the CASP (2014) eight-item checklist for evaluating qualitative research (Appendix B). Table 1 details how each study measured against these eight criteria. A summary of the research aims, method, findings and limitations of each study can be found in Table 2.

Table 1

CASP Evaluation and score for each journal article

Reference	CASP score	Design	Recruitment strategy	Data collection	Reflexivity	Ethics	Data Analysis	Clear statement of findings	Value of research
Ahrens (2006) #1	8/8	✓	✓	✓	✓	✓	✓	✓	✓
Ahrens, Campbell & Ternier-Thames, (2007) #2	4/8	✓	✓	✓	✗	✗	✗	✗	✓
Greeson & Campbell (2011) #3	8/8	✓	✓	✓	✓	✓	✓	✓	✓
Heath, Lynch, Fritz, McArthur & Smith (2011) #4	7/8	✓	✓	✓	✓	✓	✓	✗	✓

Table 1 Continued

Reference	CASP score	Design	Recruitment strategy	Data collection	Reflexivity	Ethics	Data Analysis	Clear statement of findings	Value of research
Johnstone (2016) #5	8/8	✓	✓	✓	✓	✓	✓	✓	✓
Padmanabhanunni & Edwards (2016) #6	7/8	✓	✓	✓	✗	✓	✓	✓	✓
Patterson (2011) #7	7/8	✓	✓	✓	✓	✗	✓	✓	✓
Patterson & Campbell (2010) #8	7/8	✓	✓	✓	✓	✓	✗	✓	✓
Patterson, Greeson & Campbell (2009) #9	8/8	✓	✓	✓	✓	✓	✓	✓	✓
Ranjbar & Speer (2013) #10	7/8	✓	✓	✓	✓	✓	✓	✗	✓

Table 2

Summary of main findings from the systematic review

Reference	CASP score	Aims	Method	Data	Analysis	Comments/Limitations	Findings
Ahrens (2006) #1	8/8	"To obtain an in-depth understanding of how the negative reactions rape victims received led to their decision to stop speaking about the assault" p. 264	Participants recruited by posters and fliers and in-person presentations in various locations in a large city. Semi structured in-person interviews.	Transcribed data from interviews with 8 women.	Narrative analysis of the transcripts. Themes identified in the data. Data individually coded by multiple researchers before codes/themes in the data finalised.	The interviewers had received extensive training on interviewing victims of RSA and care was taken to provide a safe and sensitive environment for the participants. Participants gave positive feedback on the interview experience. It would be useful if detail had been provided on how ethical approval for the study was granted (e.g., through which university ethics committee). Epistemological reflexivity was evident (in discussion of transferability of findings). Further personal reflexivity may have improved the paper, although the author acknowledged that the work stemmed from her own feminist perspective.	Experienced blame for vulnerability and a lack of support/action from police. Led women to question whether future disclosure would be worthwhile. Friends and family provided inappropriate support: egocentric reactions, encouraging victim to remain silent, treating the victim as if she were unable to care for herself. These reactions triggered self-blame. Unsure/doubting reactions from informal and/or formal sources led victims to doubt whether non-violent RSA was RSA. Silence served a self-protective function.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Limitations	Findings
Ahrens, Campbell & Ternier-Thames, (2007) #2	4/8	"To provide A more complex picture of how and why disclosure unfolds and how these disclosures ultimately make the victims feel." p.39	Semi structured in person interviews.	Data transcribed from interviews with 102 adult female victims of RSA.	Independent "Open coding" of data by two researchers before discussion and agreement of final themes.	No discussion of ethical issues or how the interviewers were trained. Lack of reflexivity. No explanation of or justification for the "open coding" method. The findings may have been clearer had the themes for formal/informal disclosures been presented/discussed separately. Saturation was not discussed in the description of the data analysis process.	Victims disclosed to seek emotional support, tangible aid, to catch the rapist or because they thought it would be cathartic. Some disclosures were initiated/linked to others. Victims needed to explain their behaviour, they were part of a larger discussion about rape, somebody witnessed what had happened, or somebody asked what was wrong. Most women disclosed to informal sources rather than formal sources. Helpful responses: being listened to and believed. Helping victims to access further support. Unhelpful responses: blame: rape minimized; refusal to help; cold/detached reactions. Healing responses left victims feeling comforted, supported, validated and unburdened. Unhelpful responses left the victim feeling: hurt, angry and responsible.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Comments /Limitations	Findings
Greeson & Campbell (2011) #3	8/8	"(a) What active processes Do rape victims report that they used during their interactions With the medical system and the early stages of the legal system in order to shape their experiences within these systems? and (b) What were victims trying to achieve by exerting their agency in these ways?" P.584	Semi-structured in person interviews. Interviews were undertaken with a supportive, highly trained female interviewer as part of a program designed to provide compassionate care sensitive to the needs of RSA victims.	Data transcribed from interviews with 20 adult female victims.	Analytic induction. Two researchers independently developed themes and assertions relating to the research question. Discussion and agreement reached in light of evidence in data.	Personal reflexivity could be improved, although there was sufficient evidence of this in the paper. Epistemological reflexivity was evident in the discussion of how the findings may be interpreted. The authors explained that feminist perspectives influenced the work.	Victims 'complied' with the system in order to meet their own goals of justice (punishment/treatment of the rapist, preventing him from harming other women). They expressed agency in their endurance of forensic exams and police interviews. Findings indicate that victims engaged in 'noncompliance' as a form of self-protection they believed that police did not believe them or would not help in prosecuting the perpetrator or if they perceived that complying would be emotionally or physically harmful.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Comments/ Limitations	Findings
Heath, Lynch, Fritz, McArthur & Smith (2011) #4	7/8	"To explore the narratives of incarcerated female sexual assault victims regarding disclosure and reporting to the police. We specifically aimed to identify the extent to which rape myths were part of women's explanations for their actions." p.598	In person interviews using open-ended questions.	Data from interviews with 74 adult female prisoners.	Grounded theory approach. Codes generated independently by multiple researchers and discussed to ascertain agreement. Two researchers then worked together to devise final themes.	The paper would have benefited from more discussion of certain ethical issues (e.g., how/whether the interview process was supportive). Adequate detail concerning ethics was evident overall (ethical approval, debriefing, etc). The findings and their implications would have been clearer had the themes for formal/informal disclosures been presented/discussed separately. Epistemological reflexivity was evident and sufficient but the paper would have been improved by discussion of personal reflexivity.	More likely to disclose to friends or family than police. "Rape myths" evident in women's narratives. Reasons for not disclosing: Feared blaming reactions from both informal and formal disclosure recipients, fear of perpetrator, self-blame and shame, unsure about whether the rape qualified as rape (although had disclosed non-consensual sex), close relationship with perpetrator. Reasons for disclosing: Explain behaviour, to relieve distress, to support other victims, because it 'came up' in conversation, feeling safe with the disclosure recipient, physical injuries/marks ('proof'). Reasons for reporting to police: Justice, anger; revenge; to protect other women.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Comments/ Limitations	Findings
Johnstone (2016) #5	8/8	"The goal of this project is to create discursive space for women's experiences of unacknowledged sexual assault. Looking directly at their language, I sought to develop a more nuanced understanding of what it means to be a woman with an unacknowledged experience of rape". p.277	Semi-structured individual interviews with 10 women, who had experienced "unacknowledged rape", identified using two pre-screening questions. These women reported having had unwanted sexual intercourse due to being threatened or forced or incapacitated by drugs/alcohol but answered "no" to the question "Have you been raped or sexually assaulted?".	Transcripts of individual interviews with participants.	The researcher used The Listening Guide method, a 'voice-centred and relational approach to the analysis of narrative data' (p.278). This method involved sequential readings of the data and identification of themes (or "voices") within each and across all of the interview transcripts. The author was interested in exploring participants' complex thoughts and feelings (including those that were dissonant or contradictory).	Excellent personal and epistemo-logical reflexivity. Ethics thoroughly considered and steps taken to protect women's wellbeing.	Women who have experienced RSA while too intoxicated to consent and/or resist may express ambivalence about whether or not to label their experience as RSA. While the women in this study appeared to express distress as a result of their experience of RSA, many tried to normalise or dismiss it. Some women appeared reluctant to label their experience as RSA as it did not match the cultural stereotypes of rape.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Comments/ Limitations	Findings
Padmanabhanunni & Edwards (2016) #6	7/8	"The aim of this study was to examine the range of experiences (participating in a march/protest for survivors of rape) actually evoked and in particular, to focus on healing and re-traumatisation." p.820	Women took part in a 90-minute semi-structured interview. The interview questions related to the nature of the RSA, previous experiences of disclosure, motivations for participation in the protest and experiences of participation. Interviews were audio recorded and the researcher made notes on her experience of her interview and emerging concepts/themes.	Nine transcribed (verbatim) participant transcripts.	Interpretative Phenomenological Analysis (IPA). The researcher made a written "case narrative" for each participant. Codes and categories were identified within the data, which informed the development of broader themes and groups of dominant categories. Finally, interpretative analyses were conducted to explore the extent to which women found participating in the protests healing.	There was insufficient evidence of epistemological and personal reflexivity. The authors did not evidence consideration of how the method and analysis employed influenced the findings and/or conclusions drawn. Furthermore, the extent to which the themes might have been reflective of the researcher's views/experiences/values was not discussed.	Positive experiences: Legitimisation of victimisation; empowerment through validation and being heard; reduced alienation/social isolation. Negative experiences: Unexpected triggering of the trauma memory resulting in significant distress and self-blame; guilt for not reporting to police; ambivalence about assuming a "survivor identity".

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Comments/ Limitations	Findings
Patterson (2011) #7	7/8	"To examine how the quality of the interactions between victims and detectives are substantially different in cases that are prosecuted compared with those that are not." p.1351	In person semi-structured interviews.	Data transcribed from interviews with 20 women who had experienced RSA.	Grounded theory. Data analyses conducted by two researchers. Number of steps taken to enhance analytical rigour.	The authors stated that the study had been ethically reviewed and approved. Lack of discussion of ethical issues (especially regarding the interview process). Epistemological reflexivity was sufficient. Evidence of personal reflexivity may have enhanced the paper.	Women with prosecuted cases: Detectives built rapport, verbalized belief and invested effort in case. Victims felt safe and disclosed more details about the RSA. Women with non-prosecuted cases: Detectives verbally communicated disbelief and blame. Discomfort led to women sharing fewer details about the rape. Authors developed an emerging theory of how detectives' initial assessment of high/low credibility leads to one of two patterns of interactions between the victim and the detective, which impact on the case being more or less likely to be prosecuted.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Comments/ Limitations	Findings
Patterson & Campbell (2010) #8	7/8	"(a) When, how, and why the victims reported to the police; (b) the reasons that victims withdrew or continued participating in the investigational process; and (c) the specific role that the police, forensic nurses, and advocates played in their withdrawal or continued participation in the criminal justice process." p. 194	In person semi-structured interviews.	Transcripts from interviews with 20 adult female victims of RSA.	Analytic induction. One analyst conducted the original analyses and these were then crosschecked and refined and expanded on by a second analyst before consensus reached.	Inadequate discussion of why the specific qualitative analyses were chosen. The authors stated the university through which ethical approval had been granted. Trained interviewers reportedly conducted interviews and the authors had conducted previous research to ensure that the interview questioning was supportive for victims. Ethical issues were paid adequate attention, however, more detail about debriefing would have enhanced the paper.	Factors influencing women's decision to report the rape/sexual assault to police: (a) preventing additional rapes and securing their own safety; (b) being encouraged by their social support system; (c) others made the choice. Continued engagement: Encouragement; reassuring victim that it is still rape if victim knows perpetrator; treating her with respect. Being given 'proof' of physical injuries.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Comments /Limitations	Findings
Patterson, Greeson & Campbell (2009) #9	8/8	"To explore the underlying reasons why victims did not contact any formal social systems for assistance." p.128	In person interviews with open-ended questions.	Transcripts from interviews with 29 adult female victims of RSA.	Analytic induction. One analyst conducted the original analyses and these were then crosschecked and refined and expanded on by a second analyst before consensus reached.	Discussion of ethical issues was sufficient overall (e.g., how the study was ethically approved, what steps were taken to ensure the interview process was supportive). The authors directed the reader to another paper for some details of ethical issues and how these were addressed, which was slightly inconvenient for the reader. Sufficient evidence of epistemological reflexivity. Discussion of personal reflexivity may have enhanced the paper.	Victims did not seek help when their experiences of RSA did not meet stereotypical depictions. They believed the system would reject them/respond negatively/neglect to help them. Self-blame and shame led women to believe that they were unworthy of help. Some women feared that systems could not protect them from the perpetrator and that seeking help may jeopardise their safety. Some women believed that formal systems would harm them (e.g., fear of being treated like a criminal rather than a victim, fear of not being believed if they had been drinking or taking drugs at time of RSA, fear of invasive medical procedures which may be traumatising due to their fear of being touched and fear of having to recall details of the RSA.

Table 2 Continued

Reference	CASP score	Aims	Method	Data	Analysis	Limitations	Findings
Ranjbar & Speer (2013) #10	7/8	"Extend the qualitative literature by exploring participants' own accounts of recovery from an experience of sexual assault, and to identify factors that they perceived as facilitating or impeding their recovery process." p.275	Online questionnaire with open-ended questions.	Responses from 27 women who identified as 'recovered victims' of rape.	Essentialist, inductive thematic analysis conducted by researchers. Checked and refined by external coders.	The theme 'health professionals' inexperience with dealing with victims' appeared to encompass data relating to more than simply 'inexperience'.	Regaining control and trust and receiving help and being believed by others helped recovery. Unhelpful: health professionals' inexperience. Health professionals' adherence to rape myths and stereotypes, disrespectful or inconsiderate treatment. Initial contact with services where disclosure was minimised prevented victims from further engagement with health services.

Aims of the Studies

The specific aims of each of the studies included in this review were diverse, but had three main themes:

- To explore women's experiences of disclosure or nondisclosure.
- To explore women's experiences of disclosure recipients' reactions.
- To explore the impact of the above (e.g., on victims' subsequent decisions and recovery).

Method and Data Analysis

All studies utilized in person, semi-structured interviews, except one (#10), which used a semi-structured online questionnaire. All research studies employed inductive[1] methods of qualitative data analysis. One study used narrative analysis (#1), two studies utilized "grounded theory approaches" with open coding (#2; #4). One study used grounded theory (#7). Three studies used analytic induction (#3; #8; #9). One study used Interpretative Phenomenological Analysis (#6). Two studies employed inductive thematic analysis approaches (#5; #10).

Main Findings

Rape Acknowledgment

Across several studies, women were unsure if they had experienced RSA if it did not match the stereotype of a "classic rape" (#1; #4; #5; #8; #9) and some women appeared to accept rape myths (e.g., forced sexual activity is normal in relationships, rape is always brutally violent) (#4). Furthermore, some

[1]A "bottom up" analysis, not shaped by a specific analytical framework (Braun & Clarke, 2013).

women who experienced RSA while too intoxicated to consent expressed ambivalence about whether to label their experience as RSA, despite experiencing distress as a result of the experience (#5). If women do not acknowledge their experiences as RSA, it seems unlikely that they will disclose or report the incident to police.

Reporting to Police

Women were motivated to report to police for various reasons: to achieve justice, to prevent further harm by the perpetrator, or to get revenge (#3; #4; #8). However some did not report to police out of fear of reprisal from the perpetrator (#9). Some women reported to police after being encouraged to report by people in their social network (#3; #8). However, when others reported on the victim's behalf or coerced her into reporting, some women experienced this negatively and reported a loss of autonomy and control (#10).

Some women reported experiencing blaming, doubtful, disbelieving reactions and a lack of action or support from police (#1; #3; #7). Experiencing blame for vulnerability and a lack of support or action from police led some women to doubt whether their experience was RSA and/or if future disclosures would be worthwhile, which subsequently led them to stop speaking about the RSA (#1). Some women who did not report to police experienced self-blame and expressed feeling that by not reporting they had failed to protect other women from the perpetrator/s (#6).

Rape myths. Some women did not report to police when their experiences of RSA did not match stereotypical depictions of RSA because they predicted that formal systems would respond negatively to them or refuse to help them (#1; #4; #9) or because they felt that they were unworthy of help (#9). By contrast, others reported because they had "proof" of what had

happened in the form of physical injuries or because staff within the criminal justice system (CJS) reassured the victim that what had happened was RSA, even if it did not match the stereotype (#4; #8).

Engagement with the Criminal Justice System. In one study (#3) women appeared to express agency in their decisions over if and how they engaged with CJS, such as: complying with difficult procedures in order to meet their goal of prosecution of the perpetrator or engaging with the system on their own terms. Some women did not comply with the CJS if they perceived that compliance would be harmful to them or if they experienced police as disbelieving and therefore did not believe compliance would achieve their goal (#3). Furthermore, in one study (#7), women with prosecuted cases experienced police as verbalising belief and investing effort in the case, which led them to feel safer and disclose more details about the incident. By contrast, women with unprosecuted cases described their detectives as disbelieving, which led victims to share fewer details about the RSA.

Healthcare Professionals (HPs)

Women reported many negative experiences with HPs that hindered their recovery from RSA and discouraged them from future contact with HPs (#10), (e.g., failure to inquire about RSA, lack of sensitivity during medical examinations, minimising, criticising or blaming reactions, coercing the victim into reporting to police or reporting on the victim's behalf). However, some women described experiences with HPs that facilitated their recovery, such as being believed and supported by counsellors (#10).

Public Disclosures

One study (#6) found that connecting with other female victims through a protest against RSA was validating and empowering for women who had

acknowledged and processed their trauma through therapy. However, several women with PTSD experienced unexpected triggering of trauma memories, distress and self-blame through publicly disclosing their status as an RSA victim (#6). These findings indicate that publically disclosing one's experience of RSA, even amongst supportive peers, may not necessarily be helpful or healing to women with unprocessed trauma.

Informal Disclosures

In two studies (#2; #4) women spoke of how they had disclosed to friends and/or family, but not to police. Some women reported that they had disclosed because they believed that it would be cathartic or because they were seeking social support, or to explain their “strange'” behaviour since the RSA (#2). Others disclosed because they were part of a larger discussion about RSA (#2; #4).

Some women who had experienced non-violent rape were unsure if what they had experienced was RSA, and if disclosure recipients expressed doubt, this reinforced their doubts and led them to subsequently stop speaking about the RSA (#1). Others reported receiving unhelpful responses (e.g., being treated as if they were unable to care for themselves or being discouraged from future disclosures). Such responses triggered self-blame in some women and led them to subsequently stop speaking about the RSA (#1).

Some women reported that their recovery from RSA was helped by emotional support from friends, relatives and through connecting with other women with similar experiences, which left them feeling validated and believed, which in turn alleviated their guilt and shame about the RSA (#2; #6; #10). Others found it helpful when disclosure recipients helped them to access further sources of support (#2; #10).

Discussion

The aim of this review was to evaluate and integrate qualitative research findings of women's narratives relating to disclosure after experiencing RSA. Amalgamating women's narratives of their personal experiences provided rich, comprehensive insight into women's motivations for disclosure or nondisclosure, the processes through which disclosures unfold and women's experiences of the reactions that they received in response to disclosure. Moreover, consolidating findings from qualitative research facilitated understanding of the impact of the above processes on women's beliefs about their experiences of RSA and their subsequent disclosure decisions and engagement with healthcare systems or the CJS.

Rape Myth Acceptance

The findings from this review indicate that women who have experienced RSA may hold higher levels of RMA than quantitative evidence suggests (e.g., Carmody & Washington, 2001; Suarez and Gadalla, 2010). Across several studies women expressed doubts that they had been raped if their experience did not match that of a "classic rape" and some women expressed views consistent with rape myths. It is possible that women's RMA is specific to their own victimisation, a form of self-stigma, where they have internalised the negative societal perceptions about female rape victims (Goffman, 1963). Self-stigma may only become evident in conversations about women's subjective experiences, as they may not wish to be perceived as condoning sexual violence against women by expressing RMA on quantitative questionnaires. These findings suggest that women's RMA may prevent their disclosure to healthcare services or police after RSA.

Informal Disclosures

In line with quantitative research (e.g., Dunn et al., 1999; Fisher et al., 2003; Ullman, 1996) the findings from this review suggest that women are more likely to disclose to those in their social network than they are to police and that being believed by informal disclosure recipients has beneficial effects on women's recovery from RSA. Furthermore, the findings add to the existing literature by suggesting that unhelpful reactions from friends, partners or family may silence victims and prevent future disclosures.

Moreover, the findings from this review add to the quantitative literature by suggesting that wider conversations about RSA may facilitate women's disclosure of RSA and that connecting with other victims may be particularly validating and helpful for women's recovery. These findings make sense in light of quantitative evidence suggesting that social support is one of the most consistent predictors of successful recovery from trauma (e.g., Ozer, Best, Lipsey, & Weiss, 2003).

Reporting to Police

In line with previous quantitative evidence (e.g., Cohn et al., 2013; Fisher et al., 2003; Ullman, 2001), evidence from this review suggests that women are more likely to report to police if the RSA has characteristics that make it more "believable" and are less likely to report if the incident does not match that of a "classic rape". Moreover, evidence from this review adds to the quantitative literature by indicating that women who have experienced RSA may believe rape myths, which may lead them to experience shame and self-blame if they do not match the stereotype of a rape victim. This may in turn lead some women to believe that they are unworthy of help and deserving of negative reactions from police.

Furthermore, in line with quantitative evidence (e.g., Ullman, 2001) the findings from this review indicate that some women experience blaming, doubtful, disbelieving reactions and a lack of action or support from police. Moreover, the findings add to the quantitative literature by suggesting that when police express doubt over whether the incident was RSA, women may further doubt whether the experience was RSA, which in turn may inhibit future disclosures and engagement with the CJS. Finally, the findings from this review add to the quantitative literature by highlighting that being believed and having their experience validated as RSA by police or other staff within the CJS facilitates women’s engagement in the prosecution process.

Locus of Control

Some women reported negative experiences and a loss of autonomy when others reported the RSA to police without their consent or coerced them into reporting, indicating that autonomy is important for women’s recovery. These findings are consistent with quantitative research suggesting that perceived control over the recovery process is an important protective factor against symptoms of PTSD (Ullman & Peter-Hagene, 2014; Walsh & Bruce, 2011) and that an internal locus of control is positively associated with recovery from PTSD (Rotter, 1966; Solomon, Mikulincer, & Avitzur, 1988). Furthermore, the findings from this review add to the existing quantitative evidence by demonstrating that women who have experienced RSA may demonstrate resilience and autonomy by actively controlling their experiences of the CJS through noncompliance or disengagement.

Healthcare Services

Resnick et al. (2000) found that only 26% of female RSA victims reported having accessed healthcare services post-rape. The findings from this review

suggest that some HPs' inexperience at inquiring about RSA and supporting RSA victims may prevent women from accessing post-rape medical treatment or healthcare services. Furthermore, the findings from this review suggest that women may receive blaming or controlling reactions and insensitive treatment upon disclosure to HPs, which may lead women to avoid or disengage from healthcare services. By contrast, the findings highlight that if HPs express belief in response to victims' disclosures, this may enhance women's recovery and facilitate their engagement with healthcare services.

Strengths and Limitations of the Systematic Review

One of the challenges of qualitative systematic reviews is synthesising the results of several qualitative studies, each containing rich, in-depth and uniquely contextualised data. However, in spite of this challenge, bringing together the findings from qualitative research was important for gaining an in-depth understanding of a sensitive research area. Furthermore, while limiting my review to research in published journals was important for ensuring the quality of the research included in the review, the subsequent results are subject to publication bias.

Overall, the quality of the studies included in this review was high. However, there were some limitations and areas for potential improvement, as detailed earlier in Table 1 (p.17) and Table 2 (p.19). Below I discuss the main limitations across the studies.

Disclosure type. A limitation of two studies was that they did not distinguish between informal and formal disclosures in their analyses and/or presentation of their findings (Ahrens et al., 2007; Heath et al., 2011). Women are more likely to report incidences of RSA to informal potential support providers than to police and these phenomena are clearly distinct in terms of

the possible motivations for and consequences of such disclosures. Therefore, failing to distinguish between types of disclosure limited how these findings could be interpreted.

Reflexivity. Willig (2001) distinguished between *epistemological reflexivity*, where authors consider the theory of knowledge behind the approach and *personal reflexivity* (exploration of how the researcher's personal perspective may have shaped a given study and its findings). All but two studies (Ahrens et al., 2007; Padmanabhanunni & Edwards, 2016) demonstrated adequate reflexivity overall, primarily through their consideration of epistemological issues when discussing their findings. Further evidence of personal reflexivity may have enhanced the quality of some of the studies.

Ethical issues. Adequate discussion of ethical issues was sufficient in all but two research studies (Ahrens et al., 2007; Patterson, 2011). Further discussion of debriefing and how participants' wellbeing was protected during interviews may have improved some of the journal articles.

Transferability. The self-selected characteristics of the samples may have led to bias in the results, as participating in the studies involved a degree of disclosure of RSA. This may limit the extent to which findings from this review are transferable to other women who have experienced RSA. One study is particularly limited in transferability due to the unusual sample of participants (female prisoners) (Heath et al., 2011).

Data analyses. The research studies all appeared to use appropriate research methods. However it was unclear why certain methods of qualitative analysis were chosen over others in some studies (Ahrens et al., 2007; Patterson & Campbell, 2010).

Future Research and Clinical Implications

Given that women who participate in research in this area are likely to be vulnerable to PTSD, it is important that future research pay special attention to ethical issues and that these are thoroughly discussed in journal articles. Future research studies should focus on exploring specific types of disclosure or help-seeking, as a failure to do this was a limitation of two studies in this review.

One avenue for future research might be to explore how to increase the accessibility of peer support for women who have experienced RSA, given the evidence (from this review and previous quantitative research) suggesting the potential benefits of this for women's recovery. Exploring the usefulness of online peer support may be one avenue for future research, as the Internet may allow for anonymous discussions about RSA that women may be unable to engage in offline.

Another direction for future research might be to allow victims of RSA input into the evaluation and development of NHS services for women who have experienced RSA. A mixed-method design utilising both quantitative and qualitative analyses may be best suited for this purpose; quantitative data could provide statistics on how accessible/beneficial current NHS services (e.g., Sexual Assault Referral Centres) are to victims and qualitative data could allow health professionals to engage with women's personal views about how services could be improved. Findings from such research may inform the development of more accessible and helpful mental health services for victims and would be in line with government policies promoting the inclusion of service users in the development of healthcare services (e.g., Department of Health, 2010; 2012). Moreover, the findings from this review (and previous quantitative evidence) suggest that perceived control over recovery is beneficial for women

who have experienced RSA; being involved in the development of services designed to aid their recovery may therefore be therapeutic for some women.

Finally, the findings from this review suggest efforts are required to challenge RMA amongst women who have experienced RSA. Challenging women's RMA may enable victims to recognise their unacknowledged experiences of RSA and thus disclose and seek help.

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Appendix A: Search strategy

Search Strategy

The search terms used in each database varied slightly due to the varying truncation and wildcard options in each database and the instructions for using them.

PSYCinfo and PSYCarticles via OVID

(victim* or victim* or wom?n).ab

AND (dislos or report* or "seek help" or help-seeking).ab

AND (rape* or sexual assault* or "sexual violence" or "sexually assaulted").ab

AND (qualitative Or thematic or "discourse analysis" or "grounded theory" or narrative or discurs*).ab

PUBMED

(victim*[Abstract] OR victim*[Abstract] OR woman[Abstract] OR women[Abstract])

AND (disclos*[Abstract] OR report*[Abstract] OR "seek help"[Abstract] OR help-seeking[Abstract])

AND (rape*[Abstract] OR "sexual assault"[Abstract] OR "sexual violence"[Abstract] OR "sexual assaults"[Abstract] OR "sexually assaulted"[Abstract])

AND (qualitative OR thematic OR "discourse analysis" OR "grounded theory" OR narrative OR discurs*)

EBSCO

AB (victim* OR victim* OR wom?n)

AND AB (disclos* OR report* OR "seek help" OR help-seeking)

AND AB (rape* OR "sexual assault" OR "sexual violence" Or "sexual assaults" or "sexually assaulted")

AND AB (qualitative OR thematic OR "discourse analysis" OR "grounded theory" OR narrative OR discurs*)

Appendix B: CASP guidelines

CASP qualitative research checklist item (CASP, 2014)

Item	Question
1	Was the research design appropriate to address the aims of the research?
2	Was the recruitment strategy appropriate to the aims of the research?
3	Was the data collected in a way that addressed the research issue?
4	Has the relationship between researcher and participants been adequately considered?
5	Have ethical issues been taken into consideration?
6	Was the data analysis sufficiently rigorous?
7	Is there a clear statement of findings?
8	How valuable is the research?

SCHOOL OF PSYCHOLOGY

DOCTORATE IN CLINICAL PSYCHOLOGY

EMPIRICAL PAPER

Was this rape? Exploring women's use of an online rape and sexual assault forum: A qualitative analysis

Trainee name: **Lorna Otway**

Primary research supervisor: **Dr Janet Smithson**
Senior Lecturer, University of Exeter

Secondary research supervisor: **Dr Anke Karl**
Senior Lecturer, University of Exeter

Target Journal: Psychology of Women Quarterly

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Abstract

Evidence suggests that few women disclose, seek help or report their experiences of rape or sexual assault (RSA) to police, which may leave them vulnerable to Post-Traumatic Stress Disorder (PTSD). However, some women may disclose and seek help or support anonymously online. Through conducting a thematic analysis of 212 messages posted by women in an online RSA support forum, I identified two key themes relating to women's possible motivation for using the forum: to seek *validation as a victim of RSA* and for others to *bear witness* to her story. Themes relating to the possible functions of the forum were serving as a *jury, assigning blame*, *encouraging disclosure or help-seeking*, and providing *emotional support*. These findings suggest that women whose experiences of RSA do not match stereotypical depictions may use online forums to anonymously seek out validation that their experiences qualify as RSA. Moreover, the findings suggest that online platforms may provide women with a safe and supportive environment in which to develop a coherent narrative of their experiences of RSA, which in turn may assist some women's recovery from the trauma of RSA. Future research might explore if NHS online support or psychological interventions are therapeutic for this population.

Keywords: Internet, sexual assault; rape; online support; women; disclosure; PTSD

Introduction

UK government statistics indicate that one in five women were victims/survivors[1] of a sexual offence in 2013. Approximately 85,000 women were raped in 2013 (Ministry of Justice, Home Office, & Office for National Statistics, 2013). Ninety four per cent of service users of Rape Crisis England (2015) were women.

Evidence suggests that Post-Traumatic Stress Disorder (PTSD) is common amongst rape victims (Darves-Bornoz, 2008; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). PTSD often results in significant distress and disability and can have detrimental effects on a person's social, educational and occupational functioning (National Institute for Health and Clinical Excellence, 2007). PTSD symptoms include repeated and unwanted re-experiencing of the traumatic event, hyperarousal, numbing of emotions and avoidance of stimuli that could serve as reminders for the event (American Psychological Association, 2013).

Ehlers and Clark's (2000) cognitive model of PTSD suggests that avoidance may be involved in the maintenance of PTSD. Avoidance can include secrecy and nondisclosure, which evidence suggests may trigger and exacerbate PTSD (e.g., Dunmore, Clark, & Ehlers, 2001). Evidence suggests that many women do not disclose that they have experienced rape or sexual assault (RSA), which may leave them vulnerable to PTSD. According to government statistics in 2013, 28% of women who were victims of RSA told nobody about the incident and only 15% reported the incident to the police (Ministry of Justice, Home Office, & Office for National Statistics, 2013).

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[1] Throughout this thesis, the term *victim* is used to reflect the traumatic impact of RSA (e.g., Darves-Bornoz, 2008) and to reflect the language used by the UK criminal justice system (Sexual Offences Act, 2003).

Women may fear negative reactions from others if they disclose RSA (e.g., Ahrens, 2006: Heath et al., 2011; Patterson, Greeson, & Campbell, 2009) and there is substantial evidence suggesting that blaming, dismissive or doubtful reactions are directed at victims by close others when they disclose (e.g., Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Davis, Brickman, & Baker, 1991; Ullman, 2000). Furthermore, evidence suggests that some women experience blaming and disbelieving responses from police or healthcare professionals upon disclosure (e.g., Ahrens, 2006; Patterson, 2011; Ranjbar & Speer, 2013).

Rape myths (Burt, 1980) - false cultural beliefs that primarily serve the purpose of shifting the blame from perpetrators to RSA victims – may help to explain the sociocultural context of the negative reactions women may experience upon disclosure of RSA. Endorsing rape myths is a form of victim blaming and a means of protecting people's belief in a just world (Hayes, Lorenz, & Bell, 2013), in line with the *just world theory (*Lerner & Miller, 1978). Common rape myths include: the woman's clothing triggered the RSA (Lonsway & Fitzgerald, 1994; Moor, 2010; Payne, Lonsway, & Fitzgerald, 1999), if victims were intoxicated at the time of the assault then it was their fault (e.g., Hayes-Smith, & Levett, 2010), and that women often lie about being raped (Burt, 1980; Edwards, Turchik, Dardis, Reynolds, & Gidycz, 2011; Lonsway & Fitzgerald, 1994). Evidence suggests that women may be reluctant to disclose if their experience of RSA does not match stereotypical depictions of rape (e.g., a violent attack by a stranger) (Ahrens, 2006; Cohn, et al., 2013; Patterson & Campbell, 2010; Patterson et al., 2009; Thompson, Sitterle, Clay, & Kingree, 2007).

When women who have experienced RSA disclose and receive negative

responses, this can negatively impact on their recovery and may trigger and exacerbate PTSD symptoms (Ullman, Filipas, Townsend & Starzynski, 2007; Ullman & Najdowski, 2010; Ullman & Peter-Hagene, 2014). Moreover, evidence suggests that negative reactions from others upon disclosure may prevent women from disclosure and help-seeking in future and can lead them to disengage from criminal justice systems and healthcare services (e.g., Ahrens, 2006; Patterson & Campbell, 2010; Ranjbar & Speer, 2013).

Moreover, evidence suggests that women experience shame and self-blame after experiencing RSA (e.g., Ahrens, 2006; Heath et al., 2011; Patterson & Campbell, 2010). Ehlers and Clark's (2000) model of PTSD suggests that negative appraisal strategies, such as rumination in the form of self-blame, can maintain PTSD and research supports this model (e.g., Speckens, Hackmann, Ehlers, & Cuthbert, 2007). Furthermore, theory (Watkins, 2008) and evidence (Santa Maria, Reichert, Hummel, & Ehring, 2012) suggests that abstract rumination about the trauma (e.g., in the form of self-blame or shame) may hinder recovery from PTSD more than ruminating about the experience and details of the traumatic event.

In summary, evidence suggests that stigma (i.e., rape myths and victim blaming) and self-stigma (Goffman, 1963) in the form of the guilt and self-blame that women may experience after RSA, may prevent disclosure or help-seeking and potentially trigger or exacerbate PTSD symptoms in victims. However, there are some factors that encourage disclosure and that are perceived as helpful for women after an RSA. Evidence suggests that disclosures during conversations with other women who have experienced RSA may provide victims with a sense of solidarity and empowerment and reduce feelings of shame and self-blame (Ahrens et al., 2007; Heath et al., 2011). However,

despite the potential benefits of connecting with other victims, many women may be unable or unwilling to attend face-to-face support groups designed for this purpose, due to fear of stigma or fears for their safety.

It is possible that women who have experienced RSA may find the anonymous nature of online support groups for victims of RSA appealing. Internet support groups provide opportunities for people to interact with others who are experiencing similar problems, at any time of the day or night. Research evidence shows that health and mental health-related online support groups provide informational and emotional support to their members (e.g., Coulson, 2005; Coulson, 2014; Kendal, Kirk, Elvey, Catchpole, & Pryjmachuk, 2016; Rodham, Gavin, Lewis, Denix, & Bandall, 2013). There is evidence (from a study of women with breast cancer) that some women find online support groups helpful for improving their quality of life and improving their mental health (Winzelberg et al., 2003).

Moreover, because users are not physically present with others and can post anonymously, there are potentially greater opportunities for the discussion of sensitive and stigmatised topics (Coulson, 2005; Ferguson, 1996). There is some preliminary evidence that some survivors of childhood sexual abuse (CSA) access online support groups (Finn & Lavitt, 1994) and that young people may ask questions about CSA using internet "question and answer" platforms (Webber, 2014). Moreover, evidence suggests that online support groups are associated with improved mental health and self-acceptance in participants with marginalised identities (e.g., individuals identifying as homosexual or individuals who hold marginalised ideological beliefs, such as acceptance of conspiracy theories). In addition, research indicates that participation in such groups may encourage offline disclosure to close others

about previously hidden aspects of participants' identities (McKenna & Bargh, 1998).

Internet RSA support forums may be an appealing source of support for women who have experienced RSA; a place where they can seek solidarity and emotional support from other victims. Furthermore, given the evidence discussed above documenting the potential beneficial effects of online support, it is possible that online forums may improve victims' mental health and relieve some of the self-stigma that women may experience following RSA.

Rationale

As discussed above, evidence suggests that women who have experienced RSA face specific disclosure and help-seeking difficulties, which may leave them vulnerable to PTSD. Online support has the potential to address some of these difficulties. The Department of Health (2012) and NHS England (2014) are attempting to increase the provision of online NHS services for patients. Research exploring women's use of online RSA forums is a novel area of research that may inform the development of future online NHS services for victims of RSA.

In view of the importance of the research topic and its lack of evidence base, there is a pressing need for research in this area. No existing research has been conducted that specifically explores women's use of RSA Internet support forums. This study therefore aims to address this perceived gap in the existing research literature.

Research aims and context

This research focused on two specific questions:

1. What appears to be motivating women to use online RSA forums?
2. What functions do online RSA forums appear to serve for women?

Through exploring themes within women's discussion in an online RSA support forum, I aimed to gather evidence to inform future NHS interventions for women who have experienced RSA.

Method

Context and Ethical Considerations

The British Psychological Society (BPS: 2013) has produced guidelines on how to apply existing ethical principles in an internet-mediated research (IMR) context. An important issue highlighted in these guidelines is the degree to which people view their online interactions as a public or private act (Eynon, Schroeder, & Fry, 2009). Where it can be argued that there is likely to be no perception of or expectation of privacy, use of research data without gaining valid consent may be justifiable (BPS, 2013; Finn & Lavitt, 1994; Salem, Bogat, & Reid, 1997; Sharf, 1997). Upon consideration of this ethical issue, I decided to only select data from 'public' forums (e.g. forums where anybody with internet access can view messages). Furthermore, I felt it prudent to seek consent from forum site owners before conducting my research.

I found several active discussion forums for victims of RSA. I approached the site owners of these forums by email (see Appendix A). Upon discussion with and after gaining consent for my research from two forums, I decided to use a forum where members were advised that their posts were in the public domain and that researchers and mental health professionals may access the forum. I hoped that forum members would therefore be aware that their posts were in the public domain.

I considered whether it would be appropriate for me to attempt to gain informed consent to access forum users' data for my research purposes and/or to debrief them upon completion of the research, by posting a message within

the forum. However, the moderators[2] within the forum stated that they preferred that I did not post within the forum and instead requested that a partnership be set up between the forum and the head of the psychology department at the university and for steps to be taken to protect the forum and its users from being identified in the write-up of my research. Presumably this was to protect the online community from being disturbed, while simultaneously attempting to protect forum users' privacy, confidentiality and safety while I conducted the research.

Risk. I considered the possibility that I would encounter data that suggested that forum users were at imminent risk of harm to themselves or from others. However, I was aware that there were moderators constantly active within the forum, whose role was to monitor and act on any information indicating risk to forum users or others (including reporting to relevant authorities where appropriate).

Confidentiality. A key principle in IMR is to ensure that ethical procedures and safeguards are implemented so as to be proportional to the level of risk and potential harm to participants (BPS, 2013). This was particularly relevant to my research due to the potential safety and psychological repercussions for women using the forum if they were to be identified. The steps I took to address these issues are detailed below.

Steps have been taken to anonymise the forum from which the data was collected in this research. Moreover, in order to protect forum users' anonymity, the usernames that they used on the forum have been changed to pseudonyms such as P2B (which corresponds to thread two, poster B). I have amended

[2] Volunteers who remove spam, other problematic posts (e.g., abusive or inappropriate posts) and who direct individuals who are at risk (e.g., suicidal) to appropriate sources of offline support.

selected words (replacing them with synonyms) in direct quotations from forum users, in order to make it difficult to identify the forum by entering the quote into an Internet search engine. I searched for each quote using the Google search engine before including it in this thesis, to ensure that it was not easy to find. The approach and methodology used for this research is similar to other peer-reviewed publish research using online forum data (e.g., Coulson, 2005; Kendal et al., 2016; Mulveen and Hepworth, 2006; Rodham et al., 2013). Ethical approval was granted through the School of Psychology Ethics Committee (Appendix B) and the project was registered with Research Governance at the University of Exeter.

Data

The RSA support forum required that members register with the forum in order to post messages within the forum. Within the RSA support forum were separate sub forums for male victims of RSA and for survivors of CSA. I did not collect data from the sub forums. The exclusion criteria were as follows:

- Threads[3] that appeared to be posted by male victims of RSA (*n = 3)*
- I removed data posts[4] within five threads by two separate individuals identifying as men.
- Threads concerning adults' previous childhood sexual abuse (*n* =10)
- Threads where forum posters were seeking advice on behalf of a victim of RSA (*n* = 4)
- I collected all relevant data over an 18-month period (August 2014 - February 2016). This resulted in 60 threads. A total of 212 posts were included in my analyses. The posts were downloaded into a text

[3] A string of messages posted as replies to one another.
[4] A message posted within a thread.

document and I then imported them into NVivo10 (QSR International, 2014).

Forum users

Limited socio-demographic data was available (in line with the forum rules, which informed forum users not to post any identifying details about themselves). While it is not possible to confirm the gender identities of the forum users whose data was included in this research, due to the anonymous nature of the messages, they all presented themselves as adult women, either by directly referring to themselves as such or indirectly (e.g., through reference to their female genitalia or by presenting themselves as female through their username or avatar). There was no indication that women using the forum were under the legal age of consent and the forum was aimed at adults. Previous online researchers have argued that online communication is likely to have the general effect of facilitating disclosure and one's "inner self", in comparison to offline where one's "actual" or socially acceptable self-qualities dominate (McKenna et al., 2002). This may be especially true for those with stigmatised identifies who feel unable to present their "true selves" offline (McKenna & Bargh, 1998). For the purposes of this research I therefore took forum users' identities at face value. Through language use and cultural references (e.g., by reference to UK/US laws concerning RSA or referring to UK or US rape crisis charities or organisations), I inferred that the majority of forum users were based in the USA or the UK.

Analysis

I employed a thematic analysis procedure to identify and interpret patterns of meanings within the data. My epistemological perspective was social constructionist (Burr, 2003). In this sense, I was interested in the ways in which

forum users understood their own subjective experiences and reality (e.g., their understanding of what constitutes rape and why).

An inductive analytic method[5] was appropriate, given the novel and exploratory nature of my research. I followed the guidelines for an inductive thematic analysis outlined by Braun and Clarke (2006; 2013) and Thomas (2006). However, I was aware of previous research literature and theory that may be relevant to the data and therefore I attempted to maintain an awareness of that knowledge while simultaneously being open to data that was unique, innovative or contradictory to existing theory and research. Joffe (2011) argued that a high quality thematic analysis could result in both inductive and deductive themes.

I positioned myself as a feminist within this research, which may have influenced my analyses, as I am interested in the idea of a patriarchal social system in society. This did not impact on the "participants" within this observational research, as I did not interact with them directly. Moreover, it can be argued that researchers are never able to take a neutral perspective when researching gender-related issues; one always brings their cultural, gendered 'baggage' (Stokoe & Smithson, 2001).

Analysis procedure. Initially, I read and re-read the data, without coding, in order to fully comprehend the data within its context. Next I reviewed data line-by-line and created and began to assign extracts of data to each code. Early on in my analyses, two individual researchers who were not involved in this project coded some of my data individually and separately from one another and then returned as a group to discuss our results. We identified similar codes/themes.

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[5] A "bottom up" analysis, not shaped by a specific analytical framework (Braun & Clarke, 2013).

I continued to code the data alone. As I further reviewed the data and identified new concepts, I refined the codes (e.g., by amending the name of a code, merging two initially separate codes into one). As I noticed subject matter that appeared to be important in the data set (e.g., through its repetition within the data set or when a concept appeared to be one that embraced or included several codes), I began to define themes within the data. I continued with the above procedure until my analysis was no longer generating any further insight into the existing codes and themes that I had identified; saturation in thematic analysis (Bowen, 2008).

Finally, I reviewed the themes that I had generated and assessed how these fitted with the identified codes and the data set as a whole, refining where necessary until I had achieved a comprehensive and coherent analysis of the data. At this stage in the analysis, another female trainee clinical psychologist (who had not been involved in the research until this point) and I engaged in discussions concerning our individual interpretations of the data. The other researcher looked at 13 random messages from my data and generated some codes based on her interpretation of the data. I then provided her with a list of the themes that I had developed. She wrote down her initial thoughts upon comparing her interpretation with mine (Appendix C) and we then discussed our interpretations together. Our interpretations had some commonalities and we noticed how there were some themes that we had found difficult to identify at first, possibly because, as women, we had internalised some of the same sociocultural norms (e.g., rape myths) as the women whose messages we were analysing.

Results

I identified six key themes within the data, which included both motivations to use the forum as well as the functions of the forum for its users. I named the themes based on my interpretation of what each theme captured, in light of the codes and subthemes I had identified within it. The complete set of themes I identified can be seen in Appendix D.

The themes relating to forum users' motivation to use the site were seeking *validation of victimisation* (e.g., seeking confirmation from others that what they had experienced was RSA) and for others to *bear witness* to the forum user's account of her experiences. The forum's functions were: serving as a *jury* (where forum users' judged whether a forum user's description of her experience was RSA), *assigning blame* (to either the forum poster or the alleged perpetrator), *encouraging disclosure or help-seeking* (to or from offline potential support providers or police), and providing *emotional support.* Each of these themes is discussed below.

Validation of Victimisation

One of the primary motivations for forum users' posting in the forum appeared to be to seek validation or disconfirmation of their status as a victim of RSA. Many threads within the forum were titled "Was this rape?" or "I think I have been raped" or some variation of the above. All posts like this contained a detailed account of what the poster believed may have been RSA, the reasons women believed what had happened to be RSA and their reasons for doubting that it had been RSA. These posts usually ended or began with a direct question to other forum users concerning whether or not what they had experienced was RSA:

P35A: He had started taking my clothes off and doing other things to me and I didn’t push him off but I kept saying: "No, I don't want to lose my virginity". Even thought I said no, he started having sex with me and I didn’t know what to do. I had said no and that I didn’t want to before and during, but I didn’t physically fight him off. Was this rape?

The reasons forum users gave for being unsure whether they had been raped were often consistent with rape myths (Burt, 1980) as seen in the quote below:

P29A: All I know is that I didn't want to have sex, I told him that I didn't want to have sex, and he had sex with me anyway. Could this possibly have been rape? I guess what bothers me the most is that I didn't try to fight him off. I just stayed there and let him penetrate me and hoped that he would hurry up and get things over with. It's just so confusing because when I think of the possibility of myself getting raped, I imagine myself putting up a huge struggle and crying and screaming, etc. I didn't do any of that during the times in question.

Similarly, many women who were unsure that they had been raped or sexually assaulted because they had not fought off the perpetrator described how they had frozen and were therefore unable to prevent RSA. For example, one woman described an experience where she was forced to have sex and had dissociated during the assault but she was unsure whether this was RSA, as she didn’t fight him off or scream:

P27C: I agreed to spend time with this person I knew, it wasn't romantic at all, just friendly. As I got up to leave he grabbed me. I looked around and the place was empty and the walls were brick and too dense for anyone to hear me scream so I froze and shut down. It was like I wasn't in my body anymore and was looking on from above…this man violated me… Why did I freeze and not scream, did I allow him to do it?

Furthermore, the majority of accounts given by forum users stated that the perpetrator was someone that they knew and trusted, often a romantic partner. This appeared to make it difficult for some women to believe that what they had experienced was RSA, despite stating that they had not consented to sex with the perpetrator:

P47A: He grabbed me and took me to where I knew his van was…He took my clothes off. I didn't fight back as I was so out of it that my head was

swaying. He kept trying to kiss me... I told him no…He ended up fingering me a few times, while I kept stopping him. At one point he was on top of me he tried pushing his penis into me while I was semi-conscious I remember crying out in pain and pushing him away….

In a subsequent post on the forum she explained that she found it difficult to accept the incident as RSA, as the perpetrator did not meet the stereotype of rapist:

P42A: All the websites say perpetrator, abuser, aggressor but none of these words seem to fit the man who attacked me. He was a friend, before that night he had never been aggressive, quite the opposite: friendly, flirty and good fun to be around… I think I'm possibly over exaggerating, we were both drunk…I cannot ever see him being this attacker of women who enjoys raping them and seizing control for his own pleasure.

Some women appeared to doubt whether they had experienced RSA because they had consented to some sexual activity prior to the RSA and were unsure whether they were able to withdraw their consent:

P16A: When I was with my ex-boyfriend he wanted to have sex with me and I wanted to at first but then I changed my mind and told him no. He pulled me down to the floor anyway while I kept resisting… Then he put his penis in me and it hurt really bad…I was telling him to stop the entire time and I was crying and digging my nails into him…This happened 18 months ago and still wondering is it rape if you tell someone to stop and they don't?

Furthermore, it was unclear to some women whether it would be RSA if the conditions of her consent were broken and she was forced to engage in sexual activity that she had therefore not consented to:

P28A: I was with my boyfriend and I clearly expressed that I wanted to have protected sex with a condom. He agreed, and we began foreplay…Suddenly, he entered me unprotected. I was so shocked I didn't say anything at first, until I got upset and he stopped, put on a condom, and resumed. Is this rape?

Alcohol appeared to play a role in some women's confusion about whether they had experienced RSA. Some were unsure whether being intoxicated to the point of not being able to stop a man having sex with them automatically meant that they had consented. In addition, some women appeared to hold only fragmented memories of the RSA.

P3A: I was quite drunk so just got in the taxi with him and we went to his house. He led me to his room and we were just kissing. The next thing I remember is balling my eyes out crying while he was on top me of me and I just wanted him to stop. Was I raped? I specifically said at the start before we got in the taxi that I didn't want to have sex with him. I can't remember if I tried to stop him though as I was drunk.

Some women described situations where they had been coerced into having sex but not actively consented and were therefore unsure whether this was rape:

P44A: He told me he was angry with me because we weren't having sex. I told him I was sorry and that I was tired. He then started taking off my pants and I continued to tell him I was tired. He began to get even angrier. I gave in. He could see I was in pain by my face and said, "We can stop if you want." I said "You're going to be angry with me if I do." He didn't answer and kept on having sex with me. He then threw me against the bed and finished on me…I guess my question is if I was raped or not.

Bearing Witness

In addition to being a medium through which forum users could seek validation that they had been victims of rape, the forum appeared to be an outlet for women to tell others about their story without necessarily looking for answers to questions. This may have been an indirect way of seeking support or solidarity, however many women appeared to be motivated to simply allow the forum to bear witness to their experiences:

P55A: I'm sorry for swearing and the long text but I really needed to tell someone (or something, if nobody reads it all), get it out of me...

Some women appeared to be using the forum to allow others to bear witness to the impact the trauma had had on their lives, emotions and reactions:

P25A: Saw a man staring at me. I noticed another man in the car next to me, who was looking back at the guy. I think he was concerned for me. I'm not sure what I'm trying to say. I used to be able to brush such things off but now I am always on edge. Hmm, don't know. Just wanted to share, thanks everyone.

P40A: I need to release some of this feeling or I will blow in a very bad way. Like I'm one of those pots under pressure, and if I don't release the pressure then something really terrible will happen. I know I shouldn't get so triggered anymore, especially when I have my life together and am supposedly

healed now...I don't know why it affects me so much...I just had to say this, release it so I don't blow to pieces...

Other women shared how they had received negative reactions from others when they had disclosed the RSA, such as being not being believed, being blamed or having what had happened to them minimized by others:

P50A: My ex-boyfriend always thought I was lying about it. He would tell me my story "didn't add up"… He told me to "get over it" several times after I'd wake up screaming because I was having nightmares…I tried talking to my mom about it, but she kept changing the subject and was clearly uncomfortable.

P9A: I told my therapist that I was thinking about reporting the incident to police. She kept repeating that because I was drunk at the time, I had no case. She said that I was drunk and naïve and that's why it had happened. I feel so guilty already; I don't need a "professional" telling me that I deserved it.

As seen in the post above, forum users often shared their feelings of self-blame. Others talked about their feelings of shame:

P33A: Right now I still feel dirty and disgusting and I want to get as far away from myself as possible.

Jury

Forum members served as a jury in the sense that much of the interaction on the forum consisted of members passing judgment on whether another poster's experience was RSA. Forum members responded to women who were seeking opinions on whether their experience was RSA. The majority of responses confirmed that what the woman had described was RSA:

P3B: If you say stop and he doesn't stop, that's rape. The context isn't really relevant.

P48B: That was rape. You were drunk to the point of blacking out and memory loss and not capable of giving consent. This should never have happened.

P21B: You clearly said no but he had sex with you anyway. That's legally rape.

Although there was one post that stated that another forum user's experience would definitely not be classified as rape:

P23B: Nope not rape. You must clearly state you do not wish to engage in sexual activity while at the same time NOT doing things that would suggest the opposite, like kissing or foreplay, etc.

Other forum users, who argued that what the woman had described was RSA, responded to this negatively:

P23D: Kissing or touching does not mean yes. Running around a field naked and then kissing the first man that you see does not mean yes. The only thing that does mean yes is "yes".

When answering whether an incident was rape, some forum posters appeared to view RSA as having separate moral or legal definitions (i.e., morally an incident may be considered rape but legally not so):

P3B: In my opinion, this was sexual assault… In a legal sense, though, this would be a "he said/she said" situation.

Assigning Blame

Another primary function of the forum appeared to be for users to assign blame, or responsibility, to either the forum poster or to the alleged perpetrator. Some responses allocated all of the blame for the RSA to the described perpetrator:

P34B: What happened definitely was NOT your fault. You didn't give mixed messages. You said NO to sex. He then raped you. It is his fault. All the blame, shame and guilt should be on him. He is the dirty one NOT you. You did nothing wrong.

However, many posts appeared to blame the perpetrator for committing RSA, whilst assigning some responsibility to the victim for the role she played in her vulnerability to the assault. Such messages appeared to be motivated by a desire to help the victim remain safe in future:

P22B: You do not need to feel guilty…A lesson from this is to "Trust your gut more".

P47B: You have been sexually assaulted…. You don't need to feel ashamed but perhaps a little foolish. I think it falls under the category of "live and learn".

P3B: If your friends had been there, they might have stopped you from going with him, but this is something you can do for yourself. So please just be careful in future.

P45B: You don't have to be vulnerable, you can gain the confidence to respond well & assertively in the future...That knowledge can help you to make better decisions, and remain safer, in the future. But your actions do not make you responsible for your rape, nor could they ever.

Encouraging Disclosure or Help-seeking

One of the primary functions of the forum was for posters to encourage women seek help offline. There were many posts advising women to seek psychological help:

P50C: I recommend seeking out counselling. I think you need someone to talk to and validate your feelings.

P11B: I think you might benefit from speaking with a therapist. I suggest finding a therapist with experience in treating patients with PTSD.

P31B: Please do try and talk to someone offline about what's happened. I know it feels scary, shameful…but you deserve someone to be there to support you. Somebody who can give you a real hug.

Some posts suggested that the woman seek medical assistance or report the incident to police:

P12C: Could you call a rape crisis centre and go in for a check-up just to make sure that anything physical can be dealt with really quickly?

P47C: Because this was so recent it might be possible to get some forensic evidence from you and if you can report it then please, please do.

Emotional Support

The forum appeared to provide emotional support indirectly through validating the poster's experience of rape and encouraging them to seek help (as seen in the previous themes discussed above). However, emotional support was also more explicitly provided via expressions of sympathy:

P3B: Again, I'm sorry you have to go through this, no woman should.

P50C: You are absolutely entitled to comfort, understanding and love. I'm sorry that you are not getting it from your family or your relationships.

In addition, forum users appeared to offer solidarity, reassuring others that they were believed and that they were not alone. Others offered advice and hope for the healing process:

P14C: I hope that you are at least able to find a little comfort in the fact that there are people out there (I am one) who believe you and understand what you're going through. If you need anything, please reach out to me or anyone else here. We are here to support each other and help each other. XXXXOOOO

P25B: The hypervigilance does fade over time, with lots of self-care. Mindfulness practices can help to bring you back to the present moment and calm things down a bit.

Some women appeared to have found the emotional support provided through the forum helpful and posted messages to thank others for their support. In addition, some forum users posted messages updating other members on how their advice had helped:

P47C: Thank you for your words and advice. I told my partner about what happened and he has been very supportive. After the holidays are over I will attend a local counselling session.

P20I: Thank you all for your encouragement! Well I pressed charges… I read your words here and decided to do something. As for me I'm starting therapy to help me deal with all of this.

In summary, I identified a number of themes relating to women's motivation for using the forum and the forum's functions. These findings and their implications are discussed below.

Discussion

The first aim of this research was to explore women's potential motivation for using the forum. My findings suggest that women were motivated to use the forum to seek validation of their status as a victim of RSA and to allow the forum, or those within it, to bear witness to their experiences. The second aim of this research was to explore the possible functions of the forum for women. My findings suggest that the forum's functions were: serving as a

jury, assigning blame, encouraging disclosure or help seeking, and providing emotional support.

Motivation for using the Forum

Many women appeared motivated to use the forum to anonymously seek validation of their RSA victim status. In line with previous research (e.g. Patterson & Campbell, 2010; Patterson et al., 2009; Thompson, Sitterle, Clay, & Kingree, 2007), women were unsure if they had been raped if what had happened to them didn't match rape myths (Burt, 1980). For example, women were often unsure if it was RSA if they didn't fight off the perpetrator, if the perpetrator was somebody they knew and trusted, if they had consented to some sexual activity with the perpetrator prior to the rape, if they were drunk and lacked capacity to consent, or if they were coerced into sex.

Furthermore, women appeared to be motivated to use the forum to allow the forum and/or its users to bear witness to what had happened. Through sharing their experiences, it was evident that some women had experienced victim blaming, in line with previous research (e.g., Ahrens et al., 2007) and the just world theory (Lerner & Miller, 1978). In addition, many women reported experiencing shame and self-blame about what had happened to them, in line with previous research (e.g., Heath et al., 2011; Patterson & Campbell, 2010).

Some women appeared unable to recall elements of the RSA, which left them unsure about whether they had consented to sex. Moreover, some women shared their experiences of extreme anxiety, distress or flashbacks in response to certain sensory stimuli (i.e., "triggers"). These symptoms are consistent with PTSD, which involves disturbances in memory.

The dual representation model of PTSD (Brewin, 2001, 2003, 2010; Brewin, Dagleish, & Joseph, 1996) proposes that there are two primary trauma

memory systems: contextual memory (CM) and its representations (C-REPS) and sensation-based memory (SM) and its representations (S-REPS) (e.g., smells and emotions). Normal memory encoding after a traumatic event involves the creation of S-REPS about the trauma, each linked to a corresponding C-REP that allows the sensory details of the traumatic event to be placed within its semantic and autobiographical context. The C-REP prevents the traumatic event from being re-experienced as if it were in the present and prevents S-REPS being triggered by similar contexts or sensory stimuli (Brewin, 2010).

By contrast, individuals with PTSD possess stronger S-REPS with weaker corresponding C-REPS. Flashbacks are triggered by the reactivation of an S-REP without a corresponding C-REP, resulting in the event being re-experienced as if it were in the present. If the individual engages in cognitive and behavioural avoidance, then a continued lack of integration between S-REPS and C-REPS may result, maintaining PTSD symptoms (Brewin, 2010). Furthermore, such memory disturbances may lead women to be unsure of the details of the experience (e.g., whether it was RSA) and therefore less likely to disclose or seek help, further increasing their vulnerability to PTSD (e.g., Ehlers & Clark, 2000).

Functions of the Forum

One of the primary functions of the forum was to serve as a jury, passing judgement on whether a woman's experience was RSA. The majority of messages validated women's experiences as RSA. However some stated that it was a grey area (e.g., purporting that while the woman's experience was RSA in a moral sense, it may not be in a legal sense). These findings make sense in light of evidence suggesting that when women report RSA, the alleged

perpetrator is unlikely to be prosecuted.[6] Evidence (Ahrens, 2006; Patterson & Campbell, 2010; Patterson et al., 2009) suggests that women may not disclose if they are unsure if an experience was RSA, suggesting that an important function of the forum was to validate victims' experiences as RSA.

Another function of the forum was assigning blame or responsibility to either the victim or the alleged perpetrator. The majority of posts were overtly blaming of the perpetrator. However, some forum users allocated some responsibility to the victim for the role that she had played in making herself vulnerable to the assault. Evidence suggests that some women who have experienced RSA may believe rape myths (e.g., Patterson & Campbell, 2010) and it seems possible that this may influence their attitudes towards other victims.

An alternative interpretation of these findings is that forum posters allocated some responsibility to the victim for the role that she played in making herself vulnerable, as a means of persuading her that she could avoid being a victim of RSA in future by modifying her behaviour. Evidence suggests that behavioural self-blame (e.g., "I put myself at risk by walking alone at night") but not characterological self-blame (e.g., "I am a person who attracts rapists") is positively associated with perceived avoidability of future victimisation (e.g., Breitenbecher, 2006; Janoff-Bulman, 1979). However, both forms of self-blame are positively associated with psychological distress and poorer recovery after RSA (e.g., Frazier, 1990, 2000; Frazier & Schauben, 1994; Meyer & Taylor, 1986).

[6] UK statistics in 2005 suggested that 80% of RSAs reported to the police by women were 'dropped' at the police stage of the investigation and only 12% scheduled for trial (Kelly, Love, & Regan, 2005).

Furthermore, self-blame may be one of the negative appraisal and rumination strategies that theory (Ehlers & Clark, 2000; Watkins, 2008) and evidence (Santa Maria, Reichert, Hummel, & Ehring, 2012) suggest maintain PTSD symptoms. Moreover, experiencing self-blame for one's vulnerability to the assault and taking steps to avoid future RSA may result in safety behaviours (Salkovskis, 1996), which over time may prevent the victim from realising that the event will not occur if she does not engage in preventative behaviours and may exacerbate PTSD symptoms (Ehlers & Clark, 2000; Ehlers et al., 1998).

Importantly, my findings suggest that the forum functioned as a source of emotional support, validating women's RSA victim status, providing solidarity and sympathy, and expressing belief. Evidence (e.g., Brewin, Andrews, Valentine, & Holloway, 2004; Ozer, Best, Lipsey, & Weiss, 2003) suggests that social support is one of the most consistent predictors of successful recovery from trauma. My findings suggest that online forums may enable women who have experienced RSA to access social support that they are unable to access offline.

Moreover, the forum appeared to provide women with a supportive environment in which to give their account of the RSA. Treatments evidenced to be effective for treating PTSD, such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) or Eye Movement Desensitisation Reprocessing (Kar, 2011; Seidler & Wagner, 2006) involve helping the client to develop a personal narrative of the traumatic experience. Discussing or reliving fragmented and sensory trauma memories may allow the victim to slowly incorporate S-REPS into C-REPS and autobiographical memory (Brewin, 2010). It therefore seems possible that the forum may have been therapeutic for some victims by allowing

them to "tell their story" in a safe, anonymous, supportive and validating environment.

Finally, the forum users encouraged women who had experienced RSA to seek help offline. Women were frequently urged to seek offline psychological support from rape crisis centres or to access therapy. Some were encouraged to seek medical help or to report to the police and to disclose to close others. Some forum users posted messages thanking other women for their encouragement and stated that the advice they had received on the forum had led them to disclose and seek help offline. These findings suggest that online interactions can be powerful and may encourage offline disclosure of stigmatised aspects of people's identities, in line with previous research (McKenna & Bargh, 1998).

Clinical Implications

The findings from this study show that women may anonymously seek out confirmation that they have experienced RSA, if their experiences are not consistent with rape myths. Such evidence suggests that it is important that psychologists and other healthcare professionals inquire about whether women have experienced *any unwanted sexual contact* (and possibly provide psychoeducation aimed at dispelling rape myths) rather than specifically inquiring about whether women have experienced RSA. This may lead to an increase in women identifying that their experiences of non-consensual sexual activity were RSA and enable them to access psychological support for this if appropriate.

Moreover, findings from this study suggest that online platforms may be an accessible means for women to develop and share a narrative of their experience of RSA. Future research might focus on developing an NHS online

platform that provides victims with a supportive environment to "tell their story", which may help women to incorporate their memories into long term autobiographical memory, thus assisting in their recovery from trauma. Such a platform might allow women to communicate with other women who have experienced RSA or with NHS professionals trained in supporting RSA victims.

Evidence suggests that online interventions for PTSD are effective in military personnel populations (e.g., Brief et al., 2013; Litz, Engel, Bryant, & Papa, 2007). Given that evidence suggests that online counselling is appealing to some women who have experienced RSA (Carretta, Burgess, & DeMarco, 2015), an avenue for future research might be to explore whether PTSD interventions are accessible and effective for women who have experienced RSA. Focus should be on developing online versions of evidence-based treatments for PTSD (e.g.,TF-CBT) that help patients to develop a coherent narrative of the traumatic experience.

Limitations

This study has several potential limitations. Findings are based on analysis of the messages obtained from a single RSA forum over an 18-month period. Thus, the extent to which these findings are representative of this community at other times or in other forums designed for similar purposes is unknown. Furthermore, it was beyond the scope of this research to examine the extent to which moderators influenced what was posted or removed from the forum. In addition, given that a small number of posts (excluded from these analyses) were by men, it is unclear whether the male presence would have influenced what messages women posted.

It is possible that RSA laws may have differed across forum users' locations and this may have influenced their judgments concerning RSA.

However, given that the majority of forum users appeared to be from the UK or the US, where RSA laws are generally similar (Carson, 2007) and there did not appear to be disagreements over legal definitions of rape, it seems unlikely that this would have significantly impacted the results.

Online forum research provides an opportunity to assess 'naturally' occurring communication that is not influenced by the research situation. However, given that I did not interact with forum users during this research, I was unable to validate whether my interpretations of the data and the themes identified reflected the subjective realities of the forum users. One possible method of addressing this limitation might have been to post a summary of my research findings within the forum. This way, forum users would have had opportunity to comment on how accurate they believed my findings to be and/or contribute further to the research by posting their own views in response. However this was not possible in the context of this research, as the forum moderators requested that I did not post within the forum[7].

Development of a researcher-led forum for female victims of RSA could potentially overcome the above limitation; participants would be invited to use the forum for the purposes of the research and therefore researchers and participants could interact with one another and researchers could sensitively seek feedback on their observations of the interactions within the forum. However, one limitation of this method is that researchers would no longer be observing online interaction that is not influenced by the research situation.

Conclusion

These findings contribute to the existing literature by demonstrating that women whose experiences of RSA do not match stereotypical depictions of

[7] Please see the Method section for further details on why I was unable to post within the forum.

RSA may use online forums to anonymously seek out validation that what they have experienced was RSA. In addition, my findings add to the existing literature by suggesting that women who have been victims of RSA may hold other victims somewhat accountable for the role that they played in making themselves vulnerable to RSA, possibly due to rape myth acceptance, or as an attempt to provide themselves and other victims with a sense of avoidability of future victimisation.

Moreover, these findings are novel in that they suggest that online communities can validate women's RSA victim status, provide them with solidarity and emotional support, and encourage offline disclosure and help-seeking. Importantly, these findings suggest that online platforms may provide women with a safe and supportive environment where they can develop and share their personal narratives of their experiences of RSA, which in turn may facilitate some victims' recovery from trauma.

Future research might explore if NHS online support or psychological interventions are accessible and helpful for this population. The advantage of online interventions for women who have experienced RSA is that there is the potential to effectively reach and provide psychological support to a large number of women who may be unable to seek face-to-face help due to stigma or fears for their safety.

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Appendix A: Letter to forum owner/moderator

Dear Forum Site Owner/Moderator,

I am currently working towards a Doctorate in Clinical Psychology. As part of my current training, I am required to conduct a clinically relevant piece of research. The topic I have decided to research is how women who have experienced rape or sexual assault use online forums.

I am only seeking to use 'public' sections of forums (e.g., where you don't have to log in or register on the website in order to view posts) and I would not be interacting with the forum users directly. The research would be observational in nature. I would be looking to identify themes within forum users posts, however.

In line with the British Psychological Society's guidelines for Internet Mediated Research, I would take steps to ensure that the people who post in the forum could not be identified through my research. For example, I would not provide the name or website address of the forum from which the data was collected. Furthermore, in order to protect participants' anonymity, their online forum names would be changed to pseudonyms. Moreover, I would change selected words in direct quotations, in order to make it more difficult to identify the forum by entering the quote into an Internet search engine, such as Google. No verbatim quotes would be used in the write up of the research. I would conduct an Internet search of each (edited) quote, to ensure that it is not easy to find, before including it in the report.

I would also submit an ethics application through the School of Psychology Ethics Committee at The University of Exeter and the project will be registered with Research Governance at the university.

As your forum is one of the ones I am considering using, I would like to hear your thoughts on the above. Do you have any guidelines or policies in place for this kind of research and would you be willing to consent to me using data from [name of forum]? I hope to hear from you soon.

With kind regards,

Lorna Otway
Trainee Clinical Psychologist
University of Exeter

Appendix B: Ethical approval

Psychology online Ethics system - Lorna Otway https://www.exeter.ac.uk/staff/ethicalapproval/index.php?retrieve...

This Application has been marked as accepted, so no further edits can be made.

Project details

® Title of Project (max 25 words): A thematic analysis of the posts of women who have experienced rape or sexual assault and those who respond to them in an Internet forum

® Type of Project: Study not requiring approval by NHS NRES

® Names of researchers: Lorna Otway, Janet Smithson

® Correspondent's Email (separate with a semi-colon if providing more than one): lo245@exeter.ac.uk

Estimated start date (dd/mm/yyyy) and duration of the project: 20/02/15 - 20/06/16

Research Groups

Group	Selected
Animal Behaviour	☐
Clinical	☑
Cognition	☐
SEORG	☐

Project Supervisor

® Please select: Janet Smithson

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Appendix C: Interrater response

I think the themes you came up with cover everything I thought of and more. I picked up on feeling that the victim was being blamed for putting themselves in that position but interestingly didn't think to write it down, I just felt uncomfortable with the response that had been written.

The themes that I came up with before looking at yours were:

Was I raped?

Communicating no: Push way. Cry. Saying no. Should I say no try stop him…

My fault?

Emotions while happening: Crying. Did he know? Laughing. Afraid. Trying to placate

Looking for explanation from perpetrator: Just thought I could…You're cute. Didn't know you didn't want.

Support: Validation. Counselling. Someone to listen. Lack of support. Get over it. Not taken seriously

Legal: Whether to report it. Was it rape?

Learning: For self protecting self in future. His learning.

It really surprised me to realise how much subtle blame of the victim there was even on a support board. Shows how much we have internalized that message. So much so that I didn't write it down.

Appendix D: Tables of themes

Themes and subthemes identified

Validation of victimisation	Bearing witness	The jury	Assigning blame	Encourage disclosure or help-seeking	Emotional support
Was this rape? I said no Prior sexual activity Alcohol Trusted person I didn't fight him off Coerced	Telling the story Venting Psychological impact of rape Shame Self-blame Blame offline Disbelief offline	Yes it was rape Legalities (grey area) *No it wasn't rape*	Blame perpetrator Allocate responsibility to victim for vulnerability	Therapy Rape crisis centre Police *Medical assistance*	Sympathy Solidarity I believe you Hope for healing

Note. Themes that received few mentions are italicized.

Appendix E: Dissemination Statement

Findings will be disseminated to researchers and clinical psychologists through publication of this study in a peer-reviewed journal. An adapted version of this thesis will be submitted to Psychology of Women Quarterly after acceptance of this thesis by the Examiners' Boards.

Appendix F: Instructions for authors

Psychology of Women Quarterly Author Guidelines:

https://uk.sagepub.com/en-gb/eur/psychology-of-women-quarterly/journal202010#submission-guidelines

Manuscript Submissions

Psychology of Women Quarterly accepts submission of original articles only through its online web system athttp://mc.manuscriptcentral.com/pwq.

Please follow the instructions through the site. It will be helpful to have a separate title page and fully masked, electronic main document prepared in advance. The main document must include the Abstract and all Tables, Figures, and appended materials and must mask unpublished Author Citations throughout the manuscript.

If you have any questions or problems, please contact Mary Brabeck (Editor) or Anna Hillary (Assistant Editor) at PWQ@nyu.edu.

Manuscripts should be submitted as an electronic file in Microsoft Word. An accompanying letter should request review and include the following information: that the manuscript (a) is not currently under review elsewhere, (b) has not been previously published in whole or in part, and (c) conforms to APA standards on ethical treatment of participants.

Manuscript Review Policy

Standard masked peer review procedures are used for all submissions. APA policy prohibits an author from submitting the same manuscript for concurrent consideration by more than one journal. Prior or duplicate publication constitutes unethical behavior. Authors have an obligation to consult the Editor if there is any question about an article's suitability for PWQ or if there are questions concerning piecemeal publication (see pp. 13-15 of APA's Publication Manual, 6th edition). Student reviewers may provide independent reviews under the supervision of a Consulting or Associate Editor.

Manuscript Preparation and Style

Follow the general style guidelines set forth in the Publication Manual of the American Psychological Association (6th edition). The entire manuscript - including abstract, quotations, notes, references, figure captions, and tables - must be typed double-spaced. Manuscript pages must be numbered consecutively. The use of sexist or ethnically biased language is unacceptable. Except under unusual circumstances, authors are expected to make available upon request all previously unpublished questionnaires or scales used in an article. The Editor may find it necessary to return a manuscript for reworking or retyping that does not conform to requirements.