

Rape: The Bringer of Gains ... and Losses

A Thesis submitted for the degree of Doctor of Philosophy

By

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Abstract

A qualitative study exploring the changes made by twenty-one women in the aftermath of a rape experience that they considered to be positive in their recovery. The women were white, mainly middle-class and aged between fourteen and 59 at the time of the rape which occurred between three weeks and forty-five years before recruitment into this study. Recruitment strategies included placing an ‘advertorial’ on rape supportive websites and appropriately positioning posters on a university campus. Single ‘guided conversations’ were conducted face-to-face or via the telephone and lasted between forty minutes and three and a half hours. Three were also conducted via e-mail but extended over a two to three month period. These interviews explored negative trauma symptoms and various societal moderators such as family, friends and the Criminal Justice System that are not only known to impact upon recovery but some are also deemed to be influential in Posttraumatic Growth (PTG). PTG argues growth occurs as a result of the individual’s struggle in the aftermath of a trauma and not as a result of the trauma itself. Comparisons were subsequently drawn between PTG and Rape Trauma Syndrome where similarities were discovered that question whether PTG is a coping process; a contention which the authors dispute. The discrepancies found family and friends are more often rejecting and not the deemed facilitators of growth; and religion, a domain of growth, was afflicted similarly and negatively impacted recovery. Thematic analysis substantiated both others’ negative reactions and also negative emotions such as guilt, self-blame and shame that are commonly experienced by women post-rape. Such negative emotions were found to be adaptive and motivated eleven women to go on to ‘help others’. Whilst PTG acknowledges pro-social behaviour to be an indicator of ‘growth’ such negative emotions are considered a ‘sticking point’ to achieving growth where empathy is the considered motivator which this study concurs for three other women. Other positive changes are discussed that concur with PTG but raise questions of validity. Validity of ‘growth’ remains a research issue where behavioural measures are now considered important, and where specifically the growth area ‘helping others’ has been neglected. This study’s contribution has extended our knowledge of this pro-social behaviour and its impact on recovery after rape. Suggestions are also made that may assist women in their search for post-rape help where the use of email here has potential to lead to such practical help.

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It would have been impossible to undertake research of this kind without the co-operation of the women themselves who talked openly about their most intimate and traumatic experiences. Their courage to tell the truth was breathtaking. I hope that I have not let them down.

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Terminology

It is important to acknowledge that men, women and children can be raped and that the perpetrator can be male or female. For the purposes of this study I shall be referring to the individual who has been raped as a female and the perpetrator as a male and will use the appropriate pro-nouns where necessary. Not only does the prevalence of rape amongst women compared to men lend itself to the reference of that individual as a female but is most appropriate within the context of this study as it is looking to understand the recovery of twenty-one women all of whom have been raped by a man.

Extending the above theme, a cursory glance at many books, journal articles or internet web pages speaking about rape and sexual assault will show that the current trend is to refer to an individual who has been raped, sexually abused or assaulted as a 'survivor' rather than the term of 'victim'. Feminists in the early 1980s chose to discontinue using the term 'victim' and replaced it with the term 'survivor' (Kelly, 1988). They preferred to emphasise women's strategies for coping, resisting and surviving all forms of male violence and rejected the passivity implicit in the term victim. It is also suggested that the term victim connotes powerlessness; thus, by using this term, it is implied that a person is powerless while being assaulted. Brownmiller (1975) often reflects on the dis-empowering nature of the victim in a society that is considered patriarchal in nature. As a result perhaps the empowering nature of the term 'survivor' has caused this shift in terminology. Irrespective of the reason, however, words are important, they have power and as such, serve as labels to define people. Therefore, it is not for me to define any individual and as such the term used within the study will be 'woman who was raped' (amended as appropriate to take account of plurality and past or present tense) as this is an accurate description of what the participant reports has occurred. Whereas 'victim' or 'survivor' may be construed as defining the individual as a whole, however, my participants will, by their own narrative, define themselves as they wish.

Reference within this study is also made to other 'victims' or 'survivors'. These are with regards to published academic research, of crime victims in general and also victims of certain medical conditions. Within these contexts the term 'victim' or 'survivor' will be that which was referred to in the original text.

CHAPTER ONE

1. Introduction

Interest in victims of crime is a relatively recent development where until the mid-twentieth century criminal justice practitioners and criminologists were preoccupied with the offender. The victim, by contrast, played a lesser role, other than as an essential source of information and a potential witness in court proceedings. The current interest in victims has come about as a result of a number of historical developments such as the creation of the Criminal Injuries Compensation Board (Mawby and Walklate, 1994); the establishment of the 'volunteer led' Victim Support was because it was understood that victims had needs which were not being met by the criminal justice system (Rock, 1990) and finally the development of the radical feminist movement which was particularly concerned with women's experiences of male violence, such as rape, sexual assault and 'wife battering'. Both Victim Support and feminist pressure groups raised the public profile of victims, called for greater sensitivity to their plight and emphasized the need for agencies that came into contact with them to take their interests into consideration. All subsequently forced the improvement of the policies connected to how the police and courts treated victims of crime. From this time to the present these efforts have helped to ensure that the victim is no longer the 'forgotten actor' in the criminal justice process. Although much has improved with regards to the services offered to victims of crime generally and specifically to women who have been raped, the whole area is still beset by many problems that remain to be overcome, not least of which is how society's attitudes towards raped women seem to be little changed.

'Rape is one of the most horrific events anybody can experience' (Myhill and Allen, 2002: 1) where additionally it is the crime that women fear more than any other (Kershaw, Budd, Kinshott, Mattinson, Mayhew and Myhill, 2000). Rape and sex crime in general, has caused vehement debate among commentators and researchers over the past couple of decades. Complications arise as a result of the wide range of definitions that exist legally, socially and in the academic literature. The legal position is complex where much of the law dates from a hundred years ago and has altered only through piecemeal changes and amendments.

1.1 Definitions of Rape and Sexual Assault

The Sexual Offences Act 2003 came into force on 1 May, 2004 and classified rape as an offence if a person (A)

...intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration, and A does not reasonably believe that B consents (Sexual Offences Act, 2003)

Rape can be committed against men or women, but since it involves penile penetration it is only committed by men. The above act also incorporates a law called 'Assault by Penetration' where the issue of consent remains constant but it is an offence if a person (A)

...intentionally penetrates the anus or vagina of another person (B) with a part of his body or anything else, the penetration is sexual (Sexual Offences Act, 2003).

Nevertheless if convicted of this offence, the prison term would be as for rape (Walby and Allen, 2004); whereas in Scotland, in law rape can only be committed by men upon women – it is a crime of violence specifically against women (Rape Crisis(a)). Additionally, many academics and activists differ from the necessarily prescriptive legal definitions where it is broader and often couched in terms of women's experiences.

...any unwanted sexual behaviour that causes humiliation, pain, fear or intimidation and this can include unwanted kissing and touching, forcing someone to watch sexual acts, pornography, sexual harassment or forcing a woman into prostitution (ibid).

Some writers have provided extremely subjective definitions for instance, Catherine Mackinnon, has said '*politically, I call it rape whenever a woman has had sex and feels violated*' (cited in Myhill and Allen, 2002:3). Nevertheless the criminal intent of the offence means it has to have been achieved without consent.

1.2 The Question of Consent

Pivotal to the outcome of many rape trials is whether the victim consented or not. The notion of 'consent' is extremely complex where again various definitions exist making it

even more difficult to understand exactly what does and does not constitute rape. The law currently states that rape occurred if the victim '*agrees by choice, and has the freedom and capacity to make that choice*' (Sexual Offences Act, 2003). However, certain presumptions are included in this new law surrounding the area of consent where in certain instances consent is automatically assumed to be absent, for example when the offence was achieved by force, if the victim was asleep or otherwise unconscious at the time, potentially as a result of unknowingly taking a substance which causes the victim to become overpowered. An important issue now is that the defendant must have reasonably believed that the victim consented. As a result it is up to the prosecution to prove there was no consent and for the jury to determine whether the claimed belief in consent was reasonable. However, again many academics and activists define consent in much broader terms. That a rape must be by force implies that a violent struggle must have taken place and for many women this is not the case. The threat of violence or death is often used by rapists to force women to comply whereupon the fear makes the woman freeze and subsequently halts the woman from struggling. This whole area is discussed further in the study in relation to tonic immobility. Although the law only requires that threats of physical violence were made the difficulty here is proving that this occurred. Within abusive relationships many women often '*acquiesce*' to sex with their partners and accept '*unwanted sex*' because they '*knew what would happen*' if they refused (Basile, 1999: 1049). As a result these types of coerced sex may or may not qualify as rape according to legal definitions (ibid).

1.3 The Extent of Rape

It is important in a study of rape to discuss the known extent of this crime. It is here where Feminist critics in particular argue that official crime statistics and generic crime and victimisation surveys tend to underestimate the true extent of rape. Two key sources of rape statistics are those drawn from police records and the British Crime Survey (BCS). The BCS measures the amount of crime in England and Wales. This includes crimes which may not have been reported to the police, or recorded by them. It thus provides an important alternative to police recorded crime statistics where research suggests that between 75-95% of rapes are never reported to the police (HMCPS and HMIC, 2007). Without the BCS the government would have no information on these unreported crimes. Nevertheless a further problem is that of the subsequent estimation of rape levels and is due to how rape has been 'measured'. Measurements of the extent of rape are of two kinds, that of 'incidence' and 'prevalence'.

1.3.1 Incidence and Prevalence Research in the UK

Incidence refers to the number of new cases within a specified time period, usually a year; prevalence is always a higher figure since it measures the proportion in a population who experience something over their lifetime (Walklate, 2004; Kelly, 2001). Since rape remains one of the most under-reported crimes, the number of reported rapes is lower than both incidence and prevalence rates (Walby and Allen, 2004). It is argued, however, that prevalence figures, where women are counted as victims if they have been raped at any point in their lifetime, more effectively capture the cumulative toll of sexual victimisation than incidence data (Koss, 1993). Inconsistent findings are common and can be attributed to methodological differences and are with respect to: the sample, e.g. incidence, prevalence and reported cases may or may not include child rape. Some studies limit their findings to adult assaults and others do not, and official figures for reported assaults in many countries include children, since there is no separate crime of child rape which is the case in England and Wales (Kelly, 2001). The number and content of questions asked; the format (questionnaire, telephone or face-to-face interview); and the definition of rape/sexual assault used by the researchers (see Schwartz, 1997), for example some researchers use legal definitions often to compare to police statistics, whilst some allow '*respondents to use their own experiences*' (Myhill and Allen, 2002: 237).

There has been no national random sample study of either the incidence or prevalence of rape in the UK as distinct from wider surveys such as the national British Crime Survey (BCS). The BCS focuses on the broader issue of 'crime' but includes a section on sexual assault. In fact, there is only one published study that provides information on the extent of unreported rape that is regularly mentioned on official rape websites and academic articles in relation to prevalence research and was carried out in 1991 by Painter (cited Kelly, Lovett and Regan, 2005). This study involved over one thousand woman and was initially an attempt to quantify the extent of marital rape. Amongst other key findings it was discovered that one in four women reported rape or attempted rape in their lifetime. Whereas findings from recent BCS surveys were used to generate prevalence estimates for 'sexual victimisation' which include both rape and sexual assault of women over sixteen. For sexual assault the figures are nine per cent (2002) and five per cent (2001) and for rape the figures are four per cent (2002) and three per cent (2001). The much higher figure for sexual assault in the earlier data (Myhill and Allen, 2002) might be as a result of a

narrower definition in the later study, linked to the revisions in the Sexual Offences Act (Walby and Allen, 2004). The Myhill and Allen (2002) extrapolation produced an annual incidence for rape of 61,000 in the year before the survey, whereas the findings of the more recent study means the annual incidence rate falls to 47,000 (Walby and Allen, 2004). The prevalence estimates from both studies are considerably lower than in Painter's study (1991): one in ten (9.7%) and one in six (16.6%) women respectively had been sexually assaulted; and one in twenty (4.9%) and one in twenty-seven (3.7%) respectively had suffered at least one incident of rape since they were sixteen (Myhill and Allen, 2002; Walby and Allen, 2004).

1.3.2 Incidence and prevalence research internationally

Research on the prevalence of rape internationally suffers the same methodological problems as those previously mentioned in the UK (Regan and Kelly, 2003). Whilst there is far less internationally produced research on rape than other forms of violence against women; nonetheless there are a number of respected studies, as follows.

The prevalence study conducted by Statistics Canada in 1992 has formed a template for a many studies of violence against women (Walby and Myhill, 2001). It involved a national random sample of 12,300 women and used telephone interviews. The rape and sexual assault data found that over one third of women had experienced a sexual assault in their lifetime and just under two thirds (60%) had experienced more than one assault. The Australian Women's Safety Survey (Easteal, 1998, cited Kelly, Lovett and Regan, 2005) produced an incidence rate of 1.9 per cent experiencing sexual assault in the previous twelve month period. A Violence Against Women Survey in the USA, conducted between November 1995 and May 1996, involved a national representative sample of 8,000 women and men and was funded by the Department of Justice (Tjaden and Thoennes, 1998). A lifetime prevalence rate for completed and attempted rape amongst women was 17.6 percent. All studies find that the majority of perpetrators are known to the woman and although there is no concrete data available worldwide the World Health Organisation suggest that nearly one in four women may experience sexual violence by an intimate partner in their lifetime (WHO, 2002).

No matter which way rape and sexual assault are measured the alarming fact is that such a serious crime is experienced by a significant number of women. As a result such a crime is

known to exact a heavy toll not only on those who experience it but also on governments and society at large.

1.4 The 'Cost' to Society

The cost of crime has two dimensions: tangible and intangible. A tangible amount is where it is calculated financially by adding up property losses, productivity losses, and medical bills (Dubourg and Hamed, 2005). Whilst there is often a considerable financial burden to the woman who has been raped, the overall financial cost to society is significant where for sexual offences alone in 2003-04 it was estimated at £8.5 billion, with each rape costing over £76,000 (HM Government, 2007). However, considering most rapes go unreported the costs associated with such reports can only be estimated.

1.5 The 'Cost' to the Individual

The intangible cost is less easily quantifiable because it takes the forms of pain and emotional trauma from victimisation and subsequently a lack in quality of life (Dubourg and Hamed, 2005). Quality-adjusted life years (QALYs) is a concept which was developed by the health service area. It has been subject to both theoretical and empirical validation and as a result is used extensively to financially quantify subsequent reductions in QALYs as a result of suffering a violent crime incident. In this respect the most costly crimes are those with a large estimated emotional and physical impact, such as homicide, wounding, robbery. Such estimates have found that rape is the most costly violent crime with up to 80 times the quality of life losses compared with those other crimes and is costed at circa £61,440 (Dolan, Loomes, Peasgood and Tsuchiya, 2005). This study bears witness to such financial and emotional costs where many women have not only felt compelled to move house, leave or change their employment or educational base but by their own narrative, have told of a significant amount of time that they have experienced such post-rape emotional trauma. However, as important to these women was their spontaneous reporting of certain changes in their recovery process that they considered to be positive.

1.6 The notion of gains

Paradoxically it has long been recognised in philosophy, literature and many ancient traditional religions that out of loss there is gain. Since the 1990s research in positive psychology has focussed on the possibility of growth from the struggle with various

traumas such as chronic illness, rape and sexual assault, natural and manmade disasters, bereavement and disability (see Linley and Joseph, 2004). In particular the extensive work by Tedeschi and Calhoun, (2004) has promoted an interest in the potential for a positive reaction to trauma in their creation of a model of posttraumatic growth (PTG). This model explains the process from trauma event to growth outcome exploring the negative symptoms often associated with traumatic events; the psychological processes and subsequent contact with various societal moderators such as family and friends that are not only known to impact upon recovery but may also facilitate growth. Whilst the PTG model emphasises both the importance of the process and the subsequent outcome it acknowledges pro-social behaviour to be 'growth', which is a major finding within this study. However, the negative response guilt is considered an obstacle to adaptation in trauma survivors in the process to a growth outcome (Tedeschi, 1999). Many of the women in this study feel, to a greater or lesser degree, that they are at fault for their rape, therefore because of this contradiction it was necessary to look to other theories that could explain this phenomenon. Interestingly, guilt and blame are found to be adaptive and it is argued are the motivators for these women to 'help others'. Although other changes, such as personal strength are discussed that are viewed as positive to the recovery of the women and whilst they concur with PTG they do raise questions of validity.

Many of the domains of 'growth' as suggested by Tedeschi and Calhoun (2004) have been criticised as being too subjective in that it is not possible to empirically confirm that these self-reports are what they are claimed to be. As a result validity remains a research issue where behavioural measures generally are now considered important to identifying the true nature of growth. Additionally as research continues to ponder the more positive aspects of recovery there is the thought that such positive changes or 'growth' may not be directly attributable to the traumatic event per se. It is suggested that a severely adverse event may be the necessary trigger for individuals to make significant changes in their lives. In other words, the shock of some adverse events may make these individuals critically reflect upon their life, where their life priorities may then be purposefully and consciously re-evaluated to achieve greater happiness and improved physical and mental health (Ford, Tennen, and Albert, 2008; McMillen, 1999).

1.7 Rationale

The study of positive change is seen as an important area of research because any understanding of reactions to trauma must take account of the potential for positive as well

as the more extensively researched negative changes if it is to be considered comprehensive. However, in exploring how individuals recover from traumatic events research findings suggest that there are two distinct types of traumatic incidence. In addition to the traumatic response of fear and terror that is common to the majority of traumatic incidences there is also a 'social betrayal' (Birrell and Freyd, 2006) where unlike illness and natural disasters, a crime such as rape involves the intentional infliction of harm by another (Frazier, et al, 2000). It is therefore necessary to investigate different areas of trauma separately as any areas of change that are found may be unique to the traumas studied and therefore this makes generalisation inappropriate.

There is currently a dearth of material regarding positive changes in relation to the crime of rape, both globally and more importantly, specifically to the UK. This area of research largely originates from the USA; therefore the applicability of these studies to other populations is unclear. Since investigation on adult female rape begun in the 1970s, only seven studies have been found that have specifically researched this positive phenomenon (Frazier, Tashiro, Berman, Steger and Long, 2004; Frazier, Conlon and Glaser, 2001; Smith and Kelly, 2001; Thompson, 2000; Frazier, Conlon, Tashiro and Sass, 2000; Burt and Katz, 1987; Veronen and Kilpatrick, 1983). Additionally only one of these studies was conducted in the UK (Thomson, 2000) and only two (Smith and Kelly, 2001; Thompson, 2000) employed a qualitative methodology, specifically that of face-to-face (FTF) interviews, utilising only six and five participants respectively.

To date the majority of research carried out in this area uses quantitative methods of inquiry. Whilst this method has proved useful, it is felt the use of interviews, which reveal rich data, would add considerably to the understanding of this new phenomenon generally and specifically in relation to the crime of rape. To date where qualitative methods have been used they have been conducted with particularly small number of participants, this study has achieved twenty-one participants.

CHAPTER TWO

2. Psychological Responses to Rape

Research investigating rape has proliferated since the 1970s. During the 1980s researchers began documenting the prevalence of rape within both college (e.g. Koss, Gidycz and Wisniewski, 1987) and community (e.g. Kelly, 1988) samples. In addition, there has been a growing body of research regarding a woman's response to a rape experience which identifies a cluster of symptoms composed of behavioural, somatic and psychological responses. These include emotional reactions such as grief, generalized fears, self-blame, low self-esteem, emotional lability, and emotional numbing. Cognitive reactions such as flashbacks, intrusive thoughts, blocking of significant details of the assault, and difficulties with concentration are commonly described. Social withdrawal and avoidance may also occur post-rape. Collectively these symptoms have been called 'Rape Trauma Syndrome' (RTS). The term was first coined by Burgess and Holmstrom (1974), who defined the syndrome as an acute stress reaction to a life-threatening situation. The enduring legacy of this groundbreaking research is a three-phase model of response to rape and subsequent treatment that has been the basis of much crisis provision since its publication. In addition many women who are raped engage in maladaptive coping strategies such as excessive drug and alcohol use (Burgess and Holmstrom, 1979), self-harm and promiscuity (Deliramich and Gray, 2008). Women who have been raped are also more than four-times likely than non-crime victims to contemplate suicide. It is reported that thirteen percent of all women who are raped in the US attempt suicide. Such figures offer confirmation of the devastating and potentially life threatening mental health impact of rape (National Center for Victims of Crime).

The influence of the work of Burgess and Holmstrom (1974) can be shown by two examples: firstly, their discovery that most women responded with one of two styles; the 'expressive' style was where she expressed her feelings of fear, anger or anxiety through behaviours such as crying, shaking, smiling, restlessness and tenseness; the 'controlled' style was where she masked or hid her feelings by showing a calm, composed or subdued affect which could be viewed as avoidance or the product of sheer exhaustion. Overall, most women interviewed reported being in a state of shock and felt numb (Burgess and Holmstrom, 1974). The significance of this is that it has resulted in an increased

recognition by the police and medical profession, that there is no single immediate reaction to rape. Prior to this research, women who did not display visible distress were assumed to be lying. Such false accusations could subsequently influence victim credibility (Kelly, 1988).

RTS has also become an accepted part of expert testimony in court cases (Keogh, 2006; West, 1984) as this cluster of symptoms is recognised as a form of Post-traumatic Stress Disorder (PTSD) which is included within the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association, 1994, cited Campbell, 2001; Regehr, Marziali and Jansen, 1999). This is a clinical diagnosis that captures the psychological aftermath of both chronic and single incidences of violence and trauma. Most women who are raped and who are evaluated at a trauma centre in the immediate aftermath of rape meet the symptom criteria for PTSD and constitute the largest single group of PTSD sufferers. Rape is more likely to induce PTSD than is a range of traumatic events affecting civilians including robbery, physical assault, tragic death of a close friend or family member, or natural disaster (Norris, 1992 cited Koss, 1993).

Rape does not occur within a vacuum therefore alongside the debilitating effects of RTS/PTSD women have to cope with the societal implications of their experience. The most negative of these are the rape myths that exist that can impact upon her credibility with regards to the crime of rape. Closely aligned to these myths is the thought that women who have been raped are in some way responsible and so precipitated the attack. Both are often sustained, not only by perpetrators and others, but also by many women themselves for they share the same social and cultural context from which these myths emerged. If such myths are believed by the woman who was raped to be accurate she could blame herself for the attack which could inhibit her recovery (Burt, 1980; Field, 1978; Brownmiller, 1975).

Self-blame is considered to be an avoidance coping strategy which could be detrimental to her social behaviour and can also inhibit the healing process. However, Janoff-Bulman (1979, cited Meyers and Taylor, 1986) argued that some self-blame in the form of behavioural self-blame can have a more positive effect on the way she responds in the aftermath of rape. According to this perspective, behavioural self-blame, is attributed to specific behaviours that can be controlled and subsequently changed in the future. For

example, behavioural self-blame as in ‘I shouldn’t have walked on my own’ is more easily changed than such characterological self-blame as, ‘I am too trusting’ (Anderson, 1999).

Conversely the majority of researchers now believe in the harmful nature of self-blame which is often associated with poorer post-rape adjustment (Breitenbecher, 2006; Meyers and Taylor, 1986). Research has subsequently investigated the nature of self-blame and has arrived at differing conclusions. Frazier (1990) for example, found that in general women do not self-blame, but rather make external attributions. Subsequently much research concurs that cultural, rather than individual factors are at work, whereby self-blame mirrors the blame allocated to the woman by others in society (Anderson, 1999) where similarly self-blame is understood to stem from many factors such as informal support from family and friends; contact with certain professionals such as the legal profession; societal rape myth acceptance and revictimization (Campbell, Dworkin and Cabral, 2009). Although Kelly (1988) takes a different view, through self-blame or examining their own behaviour, women hope to discover what they could have done differently in order to avoid future victimisation. The result may well be they could have done little different. However, whilst women may hold themselves responsible in some way, this does not diminish how responsible they thought the man was for his actions.

Self-blame often begins immediately after the attack when the woman continually replays the dramatic events of the crime and where the focus is on her behaviour during the attack. Fear is the ultimate stress response where the woman’s main focus is on survival and self-protection. However, it is important to consider how these translate into bodily sensations. In situations of extreme danger, body and mind switch automatically to that primitive evolutionary mechanism the fight or flight response which involves a complex chain of biochemical responses (Symonds, 1976). What many women may feel consists of a mixture of shock, confusion, numbness, withdrawal, and speechless terror. Some may put up a fierce resistance, whilst others may offer no defence (Jordan, 2002b; Roberts, 1989; Stanko, 1984; Burgess and Holmstrom, 1976). Carter, Prentky and Burgess (1988, cited Reekie and Wilson, 1993) developed the following typology: escape; screaming; fighting; dissuasion e.g. ‘I have my period’ (Wyre, 1986); also other responses that may be feigned or real and uncontrollable, such as fainting etc and also acquiescent which is often the result of terror or a belief that such a response is necessary to save one’s life. Most of these responses are understandable to the non-victim. However, doing nothing is probably

the most misunderstood response where there can be much later disapproval or complete incomprehension on the part of police, lawyers and friends and family (Jordan, 2002a; Ullman, 1999; Feild, 1978). Active resistance is obviously a critical factor in others' appreciation of a rape experience particularly as a result of Burgess and Holmstrom (1976) reporting thirty seven per cent of a sample of women who were raped indicated they felt paralysed and unable to move. It is therefore important to understand the nature of this reported immobility and what role might it play in the aftermath of rape (Jordan, 2008).

Complete acquiescence can be explained by the fact in extreme circumstances automatic responses dominate. The more stressful an event is perceived by a woman the greater the biological/chemical reaction. The body releases excess amounts of adrenalin that can literally paralyse the body producing a state of 'frozen fright' (Symonds, 1976; Shalev, n.d.). This whole area has long been researched in many animal species and is called 'tonic immobility' (Suarez and Gallup, 1976 cited Galliano, Noble, Puechl, and Travis, 1993) being an innate state of profound motor inhibition brought on by a high fear situation that involves threat and/or restraint. Research tentatively suggests that tonic immobility may be typical of sexual traumas (Bados, Toribio and Garcia-Grau, 2008) and was posited to be an explanation of 'frozen fright' (Galliano, et al, 1993), such as '... I went limp' (Burgess and Holmstrom 1976: 416). Thirty seven per cent of their participants in a study on 'tonic immobility' clearly reported the experience of being immobile or paralysed during the assault, which is comparable to Burgess and Holmstrom's (1976) findings. However, Symonds (1978) argues others respond not by 'freezing' but anger. Even though such a response is also as a result of profound fright, these women only remember being angry and as a result often screamed or attacked the perpetrator. This sort of response produced various outcomes. While some criminals may discontinue the attack and even run away, more often they feel frustrated and angry resulting in a more violent attack by the criminal (Jordan, 2002b).

Although deliberate strategies such as fighting, fleeing and screaming have been found to be effective in avoiding severe sexual abuse (Ullman and Knight, 1991) other studies have found no association between any one particular response and a decreased likelihood of injury or attack (Stanko, 1985; Wieder, 1985; Wyre, 1986). Many women, however, specifically choose not to resist physically whereby acquiescence is seen as different from evaluating the situation and determining that physical struggle may not be the best strategy (Kelly, 1988). Within marriage, many responded in ways that would avoid violence and

limit injury but was still referred to in terms of resistance as ‘episodes of defiance’ (Mills, 1985 cited Kelly, 1988: 171). However, within acquaintance rape, the shock of the switch from the perceived ‘normality’ of people and situations to rape was immediate; the sudden revelation of the assault was as effective at immobilising them as would be a blow to the head (Roberts, 1989). Women do what they ultimately can given the circumstances (Jordan, 2008). However, dependent on their behaviour during the rape, this can have an affect on how they and others respond afterwards.

Those who fought back often feel good about themselves and are subsequently supported by society (Symonds, 1978). Also, those that made the conscious decision not to fight but were determined to find some way of resisting the attacker’s total domination felt blameless (Jordan, 2002b). Most confusing to the woman (and others), however, is when she ‘freezes’. This reaction often makes the woman feel ashamed as some action on her part might have prevented the completion of the rape (Galliano, et al, 1993). This compliant behaviour germinates the seeds of guilt and often leads to the false conclusion that the woman produced or participated in the criminal act (Symonds, 1978). All women find themselves placed in a double-bind by contradictory standards. On the one hand, they are tacitly encouraged to fight back as the Criminal Justice System (CJS) interprets physical injuries to the woman as evidence of her resistance; being seen as necessary indicators of a lack of consent (Jordan, 2002a; Galliano, et al, 1993) and on the other, they are discouraged from doing so as resistance may result in further physical damage or even death (Wyre, 1986). The message then to women is very clear ‘we are damned if we do and damned if we don’t.’

Levels of violence used during the assault have been found to affect later psychological responses such as fear and anxiety (Resnick, Acierno and Kilpatrick, 1997). However, perceived threats to the victim’s life alone were seen to have as much impact as actual injury (Jordan, 2002a; Symonds, 1976). This means rape comes as a devastating shock destroying women’s abilities to maintain the important illusion of personal safety and invulnerability, and threatens many assumptions and beliefs they may have about themselves and the world around them (Janoff-Bulman, 1992) and will subsequently impact their behaviour.

CHAPTER THREE

3. The Moderators of Recovery

3.1 Introduction

As previously described, research has clearly recognised and defined the psychological responses of a rape experience upon a woman. However, there also exist many other factors that, in the aftermath of a rape, the woman may have to cope with that could impact upon her recovery either positively or negatively. These moderators of her recovery process take a variety of forms, such as her individual characteristics and learned coping strategies at the time of the attack to a possible array of societal interactions; some will be thrust upon her and others she will choose to embrace. The influence on recovery will be unique to each individual and depend on a complex combination and interaction of factors.

Previous life stressors, for instance, may enhance how she copes in the aftermath of an attack as a result of successfully recovering from that experience. However, the reverse could be true of an accumulation of previous stressors. Immediately after an attack, her decision to tell others will be influenced by how much she believes herself to be responsible for the attack. This decision is as a result of two interlinking factors that exist in our culture, that of rape myths and victim precipitation. These areas are out of a woman's control as they are of society's making, but in effect, their very existence, makes her the first moderator. When the decision to tell has been made, contact with others, as in friends and family, may or may not bring about the desired help and support. Others may not be able to cope with her distress or they may believe the myths that somehow she brought the attack upon herself and so wish to distance themselves from her. Some women look to a religious faith to assist with their recovery; however, there is a significant social element within this factor and as such these individuals may also be as affected by the same myths. Similarly, regarding contact with the professionals, such as the Criminal Justice System, interaction here can be surprisingly different from woman to woman and can effect her recovery. Many of these contacts can be a significantly negative experience for a woman and as a result have been termed 'secondary victimisations' (Campbell, 2006; Gregory and Lees, 1999) the 'second injury' (Symonds, 1976) and even the 'second rape' (Campbell, Sefl, Barnes, Ahrens Wasco and Zaragoza-Diesfeld, 1999).

3.2 Prior Life Stressors and Victimization

Life stressors before rape may act to either hasten or inhibit the recovery process (Burgess and Holmstrom, 1978) where prior experience of being a victim of violence predicted PTSD (Johansen, Wahl, Eilertsen and Weisaeth, 2007). With prior victimisation only twenty per cent recovered within months, compared to forty-seven per cent that had not been previously victimised (Burgess and Holmstrom, 1979a). Such disruptive or traumatic early life experiences create negative self-schemata that are reinforced by a subsequent attack thus making for a longer recovery period (Regehr, Marziali, Jansen, 1999; Kilpatrick et al., 1987 cited Koss, 1993). However, 'stress inoculation theory' posits that positive self-schemata might develop, whereby an individual remembers recovering from previous stressful events, such as the loss of a loved one, helps individuals cope with subsequent stress (Persaud, 2001; Janoff-Bulman, 1992; Burgess and Holmstrom, 1978).

3.3 Rape Myths

One of the common misconceptions about sexual assault is the belief that the majority of 'genuine' cases involve either harm or threat of harm by an assailant who is unknown to the woman. When, in fact, most assaults are by a person known to the woman, take place in the victim's own home, and do not include physical injury (Abrams, Tendayi Viki, Masser and Bohner, 2003; Wyer, Galen, Bodenhausen and Gorman, 1985). Research into such 'rape myths' has been ongoing for many years and has found this widespread cultural support for a variety of beliefs and attitudes is generally false (Amnesty International 2005; Mason, Rigor and Foley, 2004; Lea and Auburn, 2001; Scully and Marolla, 1985) and '*... serve to deny and justify male sexual aggression against women*' (Lonsway and Fitzgerald, 1994, cited Anderson, Beattie and Spencer, 2001: 446) and tend to lead people to interpret rape in terms of sexuality and not in terms of violence (Burgess and Holmstrom, 1974). Rape myths can take the form of: men cannot help themselves; women want or enjoy rape; or women cause or deserve rape by inappropriate or risky behaviour (Burt, 1980). They are reinforced when beliefs surrounding the circumstances, situations and characteristics of individuals connected to rape are applied to all situations uncritically (Frese, Moya and Megias, 2004). According to Brownmiller (1975) rape myths exist for many historical reasons; these include inherited structural conditions, gender role expectation and the fundamental exercise of power in a patriarchal society.

Studies have found that those who were more accepting of rape myths held the woman more responsible than did those less accepting of rape myths (Temkin and Krahe, 2008; Mason, Rigor and Foley, 2004; Lea and Auburn, 2001; Scully and Marolla, 1985). Rape myths are most influential when the rape situation was perceived as more ambiguous, such as when the woman and offender are known to each other; such blame being highest in the acquaintance rape situation and lowest in stranger rape, with marital rape being situated between the two (Abrams, Viki, Masser and Bohner, 2003; Wyer, Galen, Bodenhausen and Gorman, 1985). Compounding this, both Mason, et al. (2004) and Koss (1985) have found that of those who had been raped by someone with whom they had previously been intimate they often did not acknowledge, even to themselves, they had been raped, since the act did not correspond with the 'real' rape scenario. These situational factors seemed to have 'disqualified the experience as rape in the victim's mind', often seeing it as a 'serious miscommunication'. Therefore, they were unlikely to press charges whereas those women, who acknowledged they had been raped, were more likely to have been attacked by a stranger and report they would be more likely to press charges (Layman, Gidycz and Lynn, 1996).

Prevalence studies have repeatedly shown that women who are raped keep their victimization hidden more so than victims of other crimes of comparable severity (Koss, 1992 cited Frese et al., 2004). As a result, offenders may perceive that the law will not punish their actions, which then makes women feel even more helpless and unsafe. Stanko (1985) points out that rape myths give the perpetrator silent permission because they enable him to excuse his behaviour and escape responsibility for his violent action. Compounding this is the fact that the word victim has unpleasant associations, and people usually have feelings of uneasiness when they associate with or, are identified as, victims. As a result, illogical, ritualistic defences against becoming victims are developed. Rape myth acceptance may be seen as a special case of the belief in Lerner's (1980, cited Wyer et al, 1985) 'Just World Theory'. This theory argues that nothing bad will befall an individual if they were behaving in a correct manner. By this reasoning, if something bad has happened to an individual, they could not have been behaving correctly. The world, then, is seen as a fair place and behavioural outcomes are deserved. To believe that unfortunate things happen to people without any apparent reason would prove chaotic and would subsequently threaten our sense of control; seeing the victim as being at fault helps to maintain our view of the world as being fair. Indeed, rape myth acceptance has been

found to correlate positively with the general belief in a just world (Bohner, 1998, cited Abrams, Tendayi-Viki, Masser, and Bohner, 2003). The essence of the 'Just World' theory then is seen as responsible for both self-blame and the attribution of blame by others which, compounded with an acceptance of rape myths and a belief in victim precipitation can result in non-disclosure of the assault.

3.4 Victim Precipitation

Closely aligned to the existence of rape myths is the notion of victim precipitation, that being the idea that the actions of the woman in some way caused the rape to occur. Historically, 'victim precipitation' in the context of rape was introduced by Amir's 'Patterns in Forcible Rape' (1971, cited Kelly, 1988). Amir was influenced by victimology that sought to diminish the responsibility of the male offender in cases of rape. Feminists have seriously challenged his Durkheimian methodology for blaming the woman. However, his findings brought into sharp focus that the typical rapist was, for the most part, an ordinary but violence-prone individual. Although most rapes are preceded by some social interaction between the woman and the offender (Katz and Mazur, 1979, cited West, 1984), this does not justify the man in forcing himself upon an unwilling companion and fails to explain rape when the woman has had no previous social interaction.

The idea of victim precipitation could be more realistically limited to cases in which the woman encourages sexual foreplay of a kind that might reasonably be misinterpreted as an invitation to intercourse; and then, at a later stage, unexpectedly changes her mind. Even though the woman may have been active in creating a situation of temptation it in no way alters the fact that an offence has occurred. An unlocked car does not excuse a theft. The idea that men, but not women, have irresistible sexual impulses that, once aroused, are beyond control, is no longer credible (Jones, 2001; West, 1984). This, however, is an intellectual response possibly not shared by certain members of society particularly those who are the offenders themselves (Scully and Marolla, 1984). What is it about victim precipitation that allows it to even be considered in research? Exposure to senseless, irrational, brutal behaviour makes us feel vulnerable and helpless and that it can happen at any time, in any place, and to anyone as depicted by the Just World theory. Questions about the cause are aimed at the woman, since the criminal is usually not available for examination (Persaud, 1998; Symonds, 1978). However, rape is the one crime where the identity of the perpetrator is usually known.

Of all the possible factors that may occur before rape, society, often fuelled by the media, is interested in the victim's behaviour before the rape, when it comes to making inferences about the event. Judgements of blame for the assault are often via the Attribution Theory which is a method that can be used for evaluating how people perceive the behaviour of themselves and of others. According to Heider (1958, cited Workman, 1999) all behaviour is considered to be determined by either internal or by external factors. Internal attributions are factors that fall inside your own control. You can choose to behave in a particular way or not therefore you feel responsible. External attributions are factors that fall outside your control. You perceive you have no choice and therefore you do not feel responsible. Attempts, however, are often made by others to identify the cause of behaviour as something to do with the person or the situation. Although almost all behaviour is a complex combination of both, our explanations tend to err on the side of simplicity and emphasise one or the other. Therefore, if the woman is seen as being in any way responsible for the rape, it is documented to have a profound effect on the way others respond to her (Frese et al., 2004) which in turn effects how she responds to the rape (Moore, 1998). As shown below traditional gender roles and a variety of social behaviours are of most relevance here. Both have an impact on whether the woman attributes blame to herself and how others attribute the blame to her also.

Whether a woman who was raped accepts and adheres to the gender role ascribed by society affects the extent of self-blame and also the blame she will receive from others for her ordeal. Women are expected to play traditional gender roles and to behave accordingly (Ben-David and Schneider, 2005). If a woman is understood to have broken such roles, then her behaviour is seen as contributing to her rape and she receives more blame (Wakelin and Long, 2003). If the woman was dressed provocatively, e.g. wearing a short skirt, according to the attribution theorists she is held responsible for the outcome (Cassidy and Hurrell, 1995). Even social behaviours that are conventional and acceptable can be perceived as contributory. For example, a woman is seen as more responsible for and receives more blame for an attack after having a drink on her own in a bar prior to a rape than a woman who finished work late in the office (Krahe, 1988 cited Wakelin and Long, 2003). In both cases, there was no implication that her pre-rape behaviour was in any way related to the attack (Abrams et al, 2003; Abbey, Zawacki, Buck, Clinton and McAuslan, 2001; Layman et al. 1996). Factors preceding the rape may negatively influence others perceptions towards the woman. Sadly, however, not only does society blame the woman

but women also blame themselves, because they had not complied with ‘their gender role’ e.g. traditional ideas of ‘marital duties’ (Fry and Barker, 2001: 337). It therefore seems that acceptance and adherence to the feminine gender role plays a large part in how much blame a woman will receive. Therefore the perceived responsibility of the assault can influence how she is viewed by herself and others.

The psychological reactions to rape can have a significant negative impact on and restrict many areas of a victim’s life. Similar to the assault itself, and its psychological impact, interpersonal contact within the wider social context, after such an experience, will have elements in common but each victim’s route will be one of individual discovery. Rape myths, victim credibility and victim precipitation operate on a macro level and often combine to exacerbate the existing psychologically negative impact on a victim’s life. However, many of these same factors can also have an impact on closer others which can subsequently negatively influence further on victim’s post-assault recovery. These are close interpersonal contacts, such as family, friends and partners, and contact with the Criminal Justice System. Some of these interactions can assist recovery, while others are a hindrance to the woman’s recovery process.

3.5 Social Support

Considerable research into social support has implicitly assumed that our social networks of friends, relatives, co-workers, and other associates, can be called upon in times of need. This social support is seen to reduce, or buffer, the adverse psychological impacts of exposure to stressful life events (Cohen and Wills, 1985; Cobb, 1976) and is defined as *‘information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations’* (Cobb, 1976: 300). However, social support research has not ignored the fact that any of these relationships can also be sources of conflict, rejection, and criticism. It is therefore important that there is an understanding of both the negative and positive aspects of social support. Negative social interactions can take various forms such as well-intended attempts at support that backfire because they are inappropriate, ineffective, or unwanted, to the more overt type such as criticism, sarcasm, disapproval, and anger (Ozbay, Johnson, Dimoulas, Morgan, Charney and Southwick, 2007; Rook, 1984). This is deemed different from non supportive interactions that simply fail to give support, because negative interactions are detrimental to the recipient rather than simply being benign in the potential to protect the individual. Negativity in social

relationships has been shown to be related to poorer mental health among stressed as well as non-stressed populations (e.g., Vinokur and van Ryn, 1993; Lepore, 1992; Pagel, Erdly, and Becker, 1987; Stephens, Kinney, Norris, and Ritchie, 1987).

Two major facets of social support that have dominated research are received and perceived social support. Received support is seen as a helping behaviour that actually happens, whereas perceived support is a helping behaviour that might happen (Norris and Kaniasty, 1996). Within this research area there has been a continuing dispute that has failed to show that received support is consistently beneficial. Some reasons given are that recipients can feel overly dependent on and indebted to the giver; and in receiving the support can feel over-benefited and feel they are in no position to be able to repay the support. All of which can lead to increased distress (see Bolger and Amarel, 2007). However received support occurs, nevertheless findings regarding perceived available support have been proved to have better outcomes (Cobb, 1976).

If received support is often ineffective, why is it that the availability of perceived support buffers the effects of stress on health? Perceived support could act as a kind of psychological safety net where just the knowledge that one could get the support when needed might be sufficient to help one deal with many stressful situations. Other researchers argue that perceived support is found in our everyday social interactions with friends, family etc; interactions that are not necessarily viewed as acts of support (Rook, 1987; Thoits, 1986). This particular argument has been extended where it is posited that perhaps such people probably do receive support but they, for whatever reason, are unaware of it. Or it is given in the form of advice for instance but is done in such a way as not to draw attention to the recipient's distress or his or her inability to cope with the stressful situation. Thus, one possible explanation for the discrepancy between the effects of perceived and received support is that the most effective support from friends and partners either goes unnoticed or is not interpreted as support. Results suggest that the most beneficial support is that which is 'invisible' to the recipient (Bolger, Zuckerman and Kessler, 2000). This invisible support is viewed as beneficial because it avoids communicating to recipients that they are not coping well (Bolger and Amarel, 2007).

Other inconsistencies that are frequently debated within social support research is whether or not there are different types of support as in informational, emotional etc. and also the

source of this support, i.e. friends, family, co-workers etc. Possibly, the appropriateness of a given type of support is dependent upon a match between type of support offered and type of stressor encountered (Cohen and Wills, 1985). That is, buffering may occur only when types of available support match the needs elicited by the stress a person is experiencing (Thoits, 1986). Or as has been offered by Lakey, McCabe, Fisicaro, and Drew (1996) that perceived support is mostly relational in that supportiveness is neither primarily an objective feature of providers nor primarily a trait of recipients, but instead mostly reflects unique relationships among specific providers and recipients. An overview has found that there is a mix and match effect with regards to these areas of social support that takes into account not only different categories of helping but also different sources of aid.

Within close personal relationships, intimate others are clearly most valued for the esteem/emotional support that they provide where receiving support can make the receiver feel closer within their relationship with the giver but can make the receiver's mood worse if the receiver felt unable to reciprocate (Gleason, Iida, Shrout and Bolger, 2008); whereas informational support and tangible aid are less frequently experienced as helpful in these intimate relationships (Dakof and Taylor, 1990). This is shown more clearly where research was carried out on psychological functioning following an acute disaster. Family support was correlated with personal functioning, whereas supervisory support was associated with job satisfaction. Therefore the source of the stressor was consistent with the source of the support and the nature of the outcome (Barling, Bluen and Fain, 1987). However, findings are not always so clear cut and a combination of emotional and informational support often occurs as in advice about time management and study skills that were perceived as most suited to the stress experienced by students (Barling, MacEwen and Pratt, 1988). This combination of types of support can also come from differing sources. Cancer patients and physicians are more valued for the informational role they are able to serve than for the esteem/emotional support they can provide, although in the case of cancer patients both types of support were perceived to be helpful (Dakof and Taylor, 1990). Similarly within an educational environment emotional and informational support were the most highly reported type of support from parents; informational support from teacher and school sources; and emotional and instrumental support from classmates and close friends (Kerres Malecki and Kilpatrick Demaray, 2003).

Stressors vary in severity, however. For the most part, the literature showing beneficial effects of close relationships is based on moderately severe stressors, as in typical life-events. During severe crises it is suggested that people may not receive effective support when they presumably need it most because, for example, supporters in a close relationship may become overwhelmed by the victim's difficulties and distress (Rook, Pietromonaco and Lewis, 1994). It is suggested that support is a dynamic variable and may change over time. Social support may act as a buffer at the beginning of a chronic stressor. However, when victims do not recover from their loss or illness over time, or if their condition places continued or increasing demands on their support network, this may cause a breakdown in this network causing further psychological distress. This support therefore loses its buffering capacity. Research has found this to be the case in cancer where although significant others provided support in response to patients' physical needs, they withdrew support in response to patients' emotional distress. Moreover, support from significant others did not alleviate patients' distress or promote physical recovery (Bolger, Foster, Vinokur and Ng, 1996; Lepore, Evans, and Schneider, 1991).

Extending the theme that the severity of the stressor might negatively impact the availability of social support, research suggests that support may also be less available in the context of more stigmatized stressors such as HIV/AIDS (Brown, Trujillo, and Macintyre, 2001). This can subsequently affect medication adherence where it was found that adherence included such factors as supportive family members whereas barriers to adherence included perceived stigma and feeling unloved or uncared for (Edwards, 2006). Similarly some wars are more stigmatized than others. A study examining veterans of the Vietnam War found that recovery from PTSD may be significantly influenced by perceived level of community support particularly perceived community attitudes and involvement (Koenen, Stellman, Stellman and Sommer, 2003).

As has already been mentioned the crime of rape has significant stigma attached to it. The resultant trauma drives people both to withdraw from close relationships and to seek them desperately (Janoff-Bulman, 1992). Many choose to withdraw as their rape causes a profound disruption in basic trust (Hopkins and Thompson, 1984; Burgess and Holmstrom, 1974). Many victims are subsequently faced with a dilemma regarding whether to tell family and friends of the assault, as they fear receiving negative reactions such as blaming, rejecting/avoiding and minimizing/denying the impact of the assault. Many women also

fear they will not be believed by the police and therefore will not report incidents of sexual assault. These fears are confirmed by police assertions that many women lie about being raped (Jordan, 2002a; Stanko, 1985).

Such withdrawal however has been found to have harmful affects that are consistently related to poorer functioning (Ahrens and Campbell, 2000; Meyers and Taylor, 1986). Wirtz and Harrell (1987) found women who are particularly at risk of high levels of long-term distress are those who severely withdraw from their friends and former social activities. These women are much less likely to become exposed to situations that are similar to their attack; as a result there is less likelihood of a reduction in their levels of fear responses. Whereas those women who are forced through circumstances (such as employment) from such withdrawal and must regularly confront the real world (with inherent attack-similar stimuli, such as men similar in physique to the assailant) are more likely to reduce their fear responses.

Many of those women who are raped and withdraw from society, do so to avoid men because their attitudes have changed towards them as a result of a new found lack of trust (Kelly, 1988; Stanko, 1986; Hall, 1985). Therefore, although rape can be described as an act of violence, sex is the weapon of choice; it is understandable that the victim's sexuality will possibly be influenced by her assault. The most immediate reaction was an avoidance of sex followed by a decline in the frequency of sexual intercourse (Burgess and Holmstrom, 1979; Campbell, Sefl and Ahrens, 2004). However, a dichotomy exists here where sexual dysfunction for many women means they become promiscuous after rape (Deliramich and Gray, 2008).

It can, however, be difficult to measure and interpret the effect of social support on recovery, as the results could be confounded by the quality and quantity of the relationships before the rape. Nevertheless, it has been found that the support of close, caring others (Janoff-Bulman, 1992) is of particular significance in the recovery process. Social support has been related to the length of recovery whereby forty-five per cent of women with social support recovered within months, whereas 53% of those without social support had not recovered after several years (Burgess and Holmstrom, 1978). In contrast, although pre-assault support mediates post assault recovery, subsequent positive support had no significant effect on recovery, but negative social reactions (e.g. blaming) hinder

recovery (Ullman, 1999). Whereas, a combination of self-schemata, which reflected positive early-life experiences, and positive attachments to significant others, were associated with perceptions of others as meriting love and trust. They understood the rape to be an isolated incident that did not take away their basic capacity to trust others, which thereby diminished the long-term impact of the assault (Regehr, Marziali and Jansen, 1999).

Many women, unfortunately, do not always get the support they need from significant others because they too are detrimentally affected by the assault. Rape stresses her friendships with others because friends often have difficulty understanding how and why they cope as they do with the assault (Ahrens and Campbell, 2000).

3.6 Religion

Numerous studies have demonstrated that social support in various guises can be beneficial for adjustment following negative life events. Similarly much of the published research regarding religious commitment suggests it may help improve how people cope with, and actually facilitate recovery from, mental and physical illness (Matthews, McCullough, Larson, Koenig, Swyers and Milano, 1998). Two areas of research are highlighted. Firstly, it is posited that it may be the social component of religion that positively influences the adjustment. It is these social ties, within a well integrated religious community, who may respond positively to expressions of distress, for instance about a death, therefore facilitating post-loss adjustment. Secondly, religion may provide a belief system or perspective that enables individuals to deal differently and perhaps better with crises in general and death in particular (Wortman and Silver, 1989).

Religion is however part of individual and social identity and culture. Most studies regarding the association between religion and health have been conducted in the US; as a result other countries might produce different findings with regards to this association. Surveys of the US population for instance during the past 60 years have found that religion is very important in the lives of many Americans. Ninety-five percent of Americans believe in God. More than 50% pray daily and more than forty per cent attend church weekly. Almost three quarters of Americans say that their approach to life is grounded in their religious faith (Matthews, McCullough, Larson, Koenig, Swyers and Milano, 1998). This is in marked contrast to the UK where the Guardian published a poll by the research

organisation ICM that suggested only thirty-three per cent of those questioned described themselves as 'a religious person'. A clear majority (63%) say that they are not religious including more than half of those who describe themselves as Christian. Older people and women are the most likely to believe in a god, with thirty-seven per cent of women saying they are religious, compared with twenty-nine per cent of men. The poll suggests that in modern Britain religious observance occurs mainly on special occasions. Only thirteen per cent of those questioned claimed to visit a place of worship at least once a week, with forty-three per cent saying they never attended religious services. Non-Christians are the most regular attendees where twenty-nine per cent say they attend a religious service at least weekly. Fifty-four per cent of Christians questioned said they intended to go to a religious service over the Christmas holiday period. Well-off people are more likely to plan to visit a church at Christmas: 64% of those in the highest economic categories expect to attend, compared with forty-three per cent of those in the bottom group. Added to this, an overwhelming majority of 82% of people in the UK see religion as a cause of division and tension greatly outnumbering the sixteen per cent who believe that it can be a force for good (Glover and Topping, 2006).

As with social support research, religious coping generally has found differences in its potential effect. A review of the research of a number of studies indicated that religious beliefs and practices had a positive effect on preventing illness, on recovery from surgery, on reducing mental illness, and on coping with illness. However, religion made no positive contribution to recovery or adjustment for medical rehabilitation inpatients; diagnoses included joint replacement, amputation, stroke, and other conditions although it may have been a source of consolation for some patients who had limited recovery (Fitchett, Rybarczyk, DeMarco and Nicholas, 1999).

Research (Tix and Frazier, 1998) investigating potential mediators between religious coping and outcomes of stressful life events posited that the use of religious coping may have a beneficial effect through three general pathways, two of which are similar to the research already mentioned by Wortman and Silver (1989). Tix and Frazier (1998) identified three mediators which are: a framework of beliefs that may facilitate cognitive restructuring of the meaning of the event; the social support of the religious community and a sense of control over the stressful episode. The results of this research differ from Wortman and Silver (1989) because it is suggested that religious coping stands alone with

regards to adjustment to stressful life events and is not affected by cognitive restructuring, social support, and perceived control.

With regards to coping with an infant's death the findings were that perceiving greater levels of social support was related to better adjustment three weeks after an infant's death. In addition, perceiving greater levels of social support shortly after the loss was also directly related to higher levels of well-being, and indirectly related to lower levels of distress, eighteen months later. Whereas participation in religious services had no direct effect on adjustment. However, it was indirectly related to well-being and distress post-loss through its associations with perceived social support and finding meaning in the death. Similarly, importance of religion had an indirect effect on long-term well-being through its relations with finding meaning in and cognitive processing of the loss (McIntosh, Cohen Silver and Wortman, 1993). However, investigations into external locus of control found that adolescent cancer victims who, along with their mothers, refused their treatment were not only prone to anxiety but were also high in religiosity and external locus of control. As a result they coped with their distress by maintaining the belief that their lives are determined by fate or religious convictions (Blotcky, Conatser, Cohen and Klopovich, 1985).

An earlier UK qualitative study found that prayer and faith conquered other interventions in being seen as likely to help with depression. However a follow-up study gave no support for the view that religious coping activities are seen as an alternative to other forms of coping (such as social and cognitive coping resources) with psychological distress and illness. Additionally an experience of depression was associated with lowered belief in the effectiveness of religious coping. Additionally those who thought that religious coping was effective were more likely to seek social support, suggesting the possibility of an active coping style (Loewenthal, Cinnirella, Evdoka and Murphy, 2001). Whereas in contrast a Scottish study revealed that unhealthy people scored higher on the religion and spirituality scale. It was suggested that older people in Scotland may turn more to religious beliefs when they become ill in order to help them cope (Gilhooly, Hanlon, Cullen, Macdonald and Whyte, 2007).

Unlike the majority of reviews which largely focus on the USA to the exclusion of other countries, a UK review (Dein, 2006) includes studies conducted both in the USA and the UK. The findings overall suggest that those who are religious have a lower incidence of

depressive symptoms/depression and that being religious may increase their speed of recovery. However, although the review suggested an overall positive effect of religion on mental health generally, it also pointed out that religious practice might also have a deleterious effect. This may result in marital disharmony as a result of differences in religious practices. Religion can promote rigid thinking with a subsequent emphasis on guilt and sin, and can disregard personal individuality. Excessive reliance on religious rituals or prayer may delay seeking necessary help for their mental health problems, leading to worsening the prognosis of psychiatric disorder. At the most extreme, strict adherence to a 'religious philosophy' might precipitate suicide as occurred in rare new religious movements such as the Branch Davidians at Waco.

Coping strategies are often researched with regards to women who are raped. More recently a growing body of research demonstrates that traumatic experiences, such as rape, are not always followed by unmitigated distress (more on this later). Survivors of even quite horrific events also report positive life changes as a result of struggling to come to terms with those events. Amongst social support, approach coping, and perceived control over the recovery process the use of religious coping is another factor associated with higher levels of initial positive change and with increases in positive change over time. Means on the coping measures suggest that survivors use religious coping about as much as approach-oriented coping (i.e., cognitive restructuring and expressing emotions) (Frazier, Tashiro, Berman, Steger and Long, 2004).

3.7 The Criminal Justice System

Through rape, perpetrators disempower others; by participating in the process of prosecution women who are raped make an effort to alter that balance of power (Stanko, 1985). However, the offences of rape and sexual assault have notoriously low reporting rates due to social stigma and blame etc. Few women approach the police of their own accord, and even fewer cases are prosecuted (Feild, 1978; Jordan, 2002a). But when they do report the rape, research, from a victim perspective, has found mixed results (Campbell, 2001). Historically, findings were that although many women who are raped held positive attitudes toward investigating officers, they were frustrated by the overall response of the CJS. Although procedures and training have changed for the better in the UK (Moore, 1998) it seems that old police attitudes and practices, widely assumed to have vanished (Jordan, 2001a), are still in evidence and continue to revictimise women who have been

raped (Maier, 2008). Crime victims look to the CJS to validate and justify what has happened to them, however more often than not victims encounter 'secondary victimization' (Campbell, Dworkin and Cabral, 2009; Campbell, Sefl, Barnes, Ahrens Wasco and Zaragoza-Diesfeld, 1999). With this in mind it is important to look at the legal system to discover quite where this comes from and why it happens.

During the 20th and on into the 21st Century, criminal justice systems have increasingly been taken over by the 'professionals'. Legally, a criminal case is between the prosecutor, acting in the wider public interest, and the accused – not, as it was historically, between the victim and the accused. Where, in the civilized world, dating back as far as ancient Greece, it was the accepted practice that an individual who had harmed another was required to repay the victim for the harm caused. The concept of repayment or restitution, at this time, was inseparable from the principles of crime and punishment but in being controlled by the victims and their relatives, often became violent. This resort to personal vengeance became such a threat to the well-being of society that centuries later, under Anglo-Saxon rule in Britain, it became the interest of monarchs to intervene in an effort to stop these violent dispute settlements, whereupon such offences subsequently became crimes against the state. A criminal was subsequently fined, required to pay one portion to the victim's clan and the rest to the king for violating the king's peace. Eventually even these fines were abolished, where instead of focusing on repaying victims for the harm inflicted, burgeoning criminal justice systems became more interested in punishing offenders for their criminal acts (Fattah, 2003; National Center for Victims of Crime; Wallace, 1998).

Not until the 1940s did the victim begin to be studied in his/her own right within a new science that became known as victimology. During this period victimologists such as Mendelson, Von Hentig, and Wolfgang tended to use definitions of victims as hapless dupes who instigated their own victimisations. Von Hentig's seminal text 'The Criminal and His Victim' (1948), challenged the idea that the victim was a passive actor but focused both on those characteristics of victims which precipitated their suffering and on the relationship between victim and offender. Subsequently Von Hentig's ideas were tested by Wolfgang's in 'Patterns in Criminal Homicide' (1958) where he confirmed that victims positively precipitated in their crime. But perhaps the most controversial application of Wolfgang's model of victim precipitation is Amir's Patterns of Forcible Rape (1971) where he concluded that nineteen per cent of the rapes were victim-precipitated. However,

Amir's study has been criticised both on methodological and ideological grounds where the notion of 'victim precipitation' was vigorously attacked by the newly emergent feminist movement in the 1970s (Zedner, nd; Stanko, 1985; Brownmiller, 1975).

The Feminists specifically championed the cause of women who had been raped, sexual assault and domestic violence and generated a great deal of empathy and sympathy for this section of a largely disenfranchised group. It was the Feminists who advanced awareness of the crime of rape where the view was that although sexual in nature the crimes committed were in fact nothing more than aggressive assaults that have little to do with sex and are a way for the perpetrator to control, dominate, and humiliate women. Although more recently some Feminists argue rape as being on a continuum of normal heterosexual relations (Lea and Auburn, 2001). Nevertheless developments in policy and practice have moved away from the idea that victims (of any crime) somehow cause or, in some way, contribute to the crime and therefore their own victimisation. A new focus was taking shape: from the 'art of blaming the victim' to the acknowledgement of victim need and therefore helping and assisting crime victims, alleviating their plight, addressing their needs and affirming their rights, although the notion of victim rights has since become a contentious area of debate (Fattah, 2000; Wallace, 1998; Davis, Francis and Jupp 1996).

The evolution from the private system of conflict resolution to the public system of criminal justice, where the State becomes the surrogate victim, is viewed by many to have been to the detriment of the victim. It is argued that the original purpose of establishing the public prosecutor's office was to shield the victim from the accused and to relieve the victim of the burdens of private prosecution. Others, however, argue that as this same public prosecutor, along with other professionals and third parties (judges, prosecutors, lawyers, experts) assumed an increasingly important role in the CJS, the victim tended to be sidelined and was increasingly treated as irrelevant. Modern government argues that society as a whole is damaged by crime and therefore the public nature of this criminal prosecution system has evolved to ensure a fair system without the need for the victim or the family to act. This growing distance between the victim, the offender and the CJS has meant that until recently there was a growing lack of information passing back and forth between them. First, victims are often not told what, if anything, is happening in 'their' case. Second, victims are often not asked what they would like to happen or for full information about the crime and its effects on them. These effects may be financial,

physical, psychological or emotional. They may be long or short-term; apparent immediately after the crime or only emerge later; foreseeable or unexpected (CJS, 2005; Eastman, 2002; Sanders, 1999; Kelly and Erez, 1997)

In an attempt to remedy these defects, many governments have subsequently introduced procedures to enable the views of victims and/or information about the effects of crime on them to become known. In the US the President's Task Force on Victims of Crime (1982) identified the American justice system as '*appallingly out of balance*' (US Department of Justice, 1998: vii). Following the adoption of the UN Declaration of Basic Principles of Justice for Victims, various victims' charters, bills and similar legislation were passed in many countries such as Canada, Australia, Britain and other European countries (Fattah, 2000; Maguire and Shapland, 1997). Subsequently this has meant that more than 10,000 victim assistance programmes have been enacted throughout the US and where every state has established a crime victim compensation programme. Whilst in the UK the Victims Charter (1990; 1996; 2001) set out the standards of service victims could expect, but not demand by right, from criminal justice agencies such as the police and the courts.

Cynically, it has been argued that these reforms did not evolve out of a newfound compassion for victims as studies have suggested that the CJS would benefit by '*being nicer to victims*' (Kelly and Erez, 1997: 232). In the US the National Crime Survey revealed that, at best, 50% of crimes were reported to the police (*ibid*); with similar figures being quoted in the UK by the British Crime Survey (Walker, Kershaw and Nicholas, 2006). Although the reason for non-reporting varies depending on the crime, the most oft-quoted was that victims are intimidated by the CJS and uninformed as to what they are expected to do, apprehensive about how they would be treated and whether they would be believed. As has been previously noted for the most part, crime victims have no rights and are only invited to 'take part' as and when the police or prosecutor sees fit. The result is that although victims have no say in whether or how their assailant will be prosecuted the state depends completely on their cooperation, because without which there is no chance of a conviction (Kelly and Erez, 1997).

As a result of pressure from various victim advocate groups many governments concede the balance of the justice system is still biased towards the offender at the expense of the victim. Although Western Governments remain fully committed to the public basis for

their prosecution systems, in being denied meaningful participation in their respective justice systems victims are still '*on the outside looking in*' (US Department of Justice, 1998: ii). In the UK the Home Office has replaced the Victims Charter with the Code of Practice for Victims of Crime, which became law in April 2006. This gives victims of crime statutory rights for the first time in the form of over 50 service obligations that named criminal justice agencies will be required to provide to victims and their families. Government has invested around £10 million in these services and will continue expanding these initiatives. This will involve extending the network of Sexual Assault Referral Centres (SARCs), where victims receive medical care and counselling. Additionally this may assist the police investigation through a forensic examination where more recently there has been the introduction of a Forensic Nurse role. Vera Baird stated that there would be at least thirty six SARCs by the end of the financial year 2008-09. In addition, the government is funding the piloting of independent sexual violence advisors in thirty-eight areas to provide advocacy and support for individuals and providing funding through the Victims Fund for voluntary organisations that support them (see Baird, 2008). However, the changes are in their infancy and only time will tell if they have any positive impact on the experiences within the system of the individual who has been raped and ultimately the conviction statistics. Similarly, for millions of victimised Americans, the system is still not doing enough for the majority of victims because victims' rights laws vary significantly from state to state and often remain un-enforced. With this in mind the US has compiled a comprehensive report issuing a set of recommendations on victims' rights for the 21st century to be delivered across the nation (US Department of Justice, 1998; Office for Victims of Crime, 1998; Wallace, 1998).

Whilst the notion of establishing victims' rights would at first thought appear to be sensible, the issue has risen into a contentious debate surrounding this supposed lack of 'balance'. Firstly it is argued, this discussion creates a particularly divisive 'us and them' situation, as victims and offenders are often overlapping populations for example many offenders have a history of prior victimisation. Secondly, that by allowing victims to play a more active part in 'their' crime and 'have their day in court' some believe this would erode the rights of the offender although this is not necessarily a reality. The fact that the offender/victim status is often interchangeable means that both parties should feel they have been justly served by the CJS, as argued in the USA where

(v)ictims, no less than defendants, are entitled to their day in court. Victims, no less than defendants, are entitled to have their views considered. A judge cannot evaluate the seriousness of a defendant's conduct without knowing how the crime has burdened the victim. A judge cannot reach an informed determination of the danger posed by a defendant without hearing from the person he has victimized ... (President's Task Force on Victims of Crime, 1982: 76-7).

Although some argue it is not so much the balance between victim and offender that has changed, but a change in the way crime is viewed by society. Nevertheless, arguments aside, the public in Britain (and elsewhere) strongly supports reforms aimed to improve the treatment of crime victims (Roberts, 2006; Wallace, 1998; Fattah, 1997).

The expansion in the provision of victim services and participatory rights take the form of helping vulnerable and intimidated victims and witnesses feel less distressed whilst giving evidence in court by, for example allowing evidence to be given via live video line, in private, or by using a screen. Other benefits are greater use of compensation, increased surveillance of offenders in the community, keeping victims informed of 'their' case and giving victims a voice and allowing them to express themselves in court through the use of Victim Personal Statements (VS) (CJS 2006). Whether or not VSs directly affect a sentence, they nevertheless, have value in the sentencing process by providing additional supporting information. But just as important this information brings the human face to the proceedings and may help to make CJS personnel more aware of the needs, feelings and concerns of victims, and be sensitive to victims' interests (Edwards, 2001). The victims who choose to participate in this way are often those whose victimization is personal and involved a high level of suffering. It is their opportunity to communicate the significance of the crime upon them, both to the offender and the judge; in other words to enable victims to feel that they have a 'voice' and that they can participate in the criminal justice process. This could be seen as cathartic and a necessary ingredient in their healing process and need have no instrumental function. Having said that, however, many victims feel cheated and slighted if the effort they put into the VS has no impact and is ignored. As a result their expectations are raised and then quashed and subsequently some would have preferred not to have completed a VS had they known it would be treated thus (WATCH, 2006; Hoyle, Morgan and Sanders, 1999; Wallace, 1998; Erez, 1991).

The majority of these reforms are accepted to be long overdue and of significant benefit to the victim but are criticised as being

in reality nothing more than basic principles that should unequivocally govern the operations of a criminal justice system in a civilized democratic society (Fattah, 2003:1).

However, even accounting for the reforms, it is argued victims remain a pawn, and not a partner in discussions surrounding crime, its control and punishment. Cynically it is also suggested that many within the legal profession use various strategies enabling them to maintain their autonomous position which subsequently reinforces the traditional criminal justice approach to victims as an '*extraneous party*', '*if not sheer troublemakers*' (Erez and Rogers, 1999: 235).

As has been shown governments have made major overhauls to policy over the past thirty or so years with regard to the crime victim. However, it was not until the late 20th beginning of the 21st Century that there has been such an overhaul of the legislation regarding victims of sexual offences in England and Wales. Prior to this the law on sexual offences was based on legislation implemented in 1956, with some parts dating as far back as the 19th Century. Because this legislation was clearly unsuitable in the 21st century a number of important amendments have been made since. However, The Home Office acknowledged that this has led to a '*patchwork quilt of provisions*' (Home Office, 2000: iii). As a result the newly elected 1997 Labour government pledged to help victims of sexual offences obtain justice and subsequently the Sexual Offences Act 2003, came into force in May 2004 (see CJS, 2006; Westmarland, 2004). With this raft of legal reforms and subsequent changes in the investigation and prosecution of rape has come increased reporting. Nevertheless there are still major concerns they have had little, if any impact on the conviction rates, due mainly to the alarming attrition rates (Lea, Lanvers and Shaw, 2003; Regan and Kelly, 2003).

Attrition is the process by which criminal cases are lost or dropped as they go through the various stages of the judicial system from reporting to conviction. The great majority of offences consist of crimes against property and about half the recorded offences involve theft or handling stolen goods (volume crime). At the very beginning of the process the

actual rate of reporting can vary considerably depending on the crime from 95% of thefts of vehicles to thirty-four per cent for assault and twelve per cent for rape. Until 1995 the number of crimes recorded had steadily increased since records began, with the largest rise being in the 1980s. However since 1995 there has been an overall annual decline with a six per cent reduction in the number of crimes recorded by the police in 2004/05 compared with 2003/04 (Nicholas, Povey, Walker, and Kershaw, 2005; Walby and Allen, 2005).

Detection of an offender is an important precursor to a conviction, however, Home Office research has found detection rates have been following a general downward trend since 1980 where

...the number of detections achieved has failed to keep pace with the rise in recorded crime...or when crime numbers have fallen, the number of detections has fallen more (Simmons and Dodd, 2003: 110).

Research regarding the aforementioned volume crime has found attrition is most severe in identifying a suspect where in 82% of cases no suspect was identified (Burrows, Hopkins, Hubbard, Robinson, Speed and Tilley, 2005). It is at this point where there is a significant divergence between detection rates regarding the majority of criminal offences and those of a sexual nature. The more serious the sexual assault, the more likely the perpetrator will be well known to the victim. In cases of rape and other serious sexual assaults over 50% of the perpetrators were intimates, that is, husband, partner/boyfriend or former husband/partner, thirty-three per cent 'acquaintances' and approximately twenty percent were total strangers (Kelly, Lovett and Regan, 2005; Walby and Allen, 2005). To the uninitiated the fact that the victim knows the offender would suggest the process to conviction would be that much easier, however, often it is this very relationship that is the stumbling block along the road to a conviction. An additional problem to that of the relationship between the complainant and the accused is the consumption of alcohol and/or drugs on the part of the complainant which are particularly in evidence in so called acquaintance rapes (i.e. known for less than twenty-four hours) (Finney, 2004). Although the term 'acquaintance' rape is seen as a contentious description (see Gregory and Lees, 1999), nevertheless these types of rape are becoming more common. Therefore not only is there the difficulty of an existing 'relationship' but also because it often begins within a social setting (i.e. pub, club etc.) and often involves alcohol or drugs, which, as will be

shown can create problems on their own. Although there is more likelihood of an arrest when the perpetrator is known, it is less likely the suspect will be charged.

Here again rape myths could be an explanation where Helena Kennedy observes

Myths are tent pegs which secure the status quo. In the law, mythology operates almost as powerfully as legal precedent in inhibiting change, and the law is full of mythology. Women are particularly at its mercy ... (1993: 32).

For instance, many of those who the victim will come into contact throughout the justice process will expect the case to fit their stereotype of 'real rape'. This is a violent attack being perpetrated by a stranger, in a dark alley, using a weapon, and resulting in physical injury. As previously mentioned there is an expectation that the woman will be extremely emotional or hysterical after the incident and then report it to police immediately (Estrich, 1995). Whereas, in reality these conditions are rare, as research evidence reveals it is mainly committed by known men, and therefore more commonly happens inside, involving threats and other forms of coercion (Kelly, 2001). Or as previously mentioned the 'acquaintance' rape where the relationship begins within a social situation that has the additional problem of including alcohol. Nevertheless, ignoring all evidence to the contrary, when the CJS is presented with a case and woman that does not fit the stereotype, this will often cast doubt upon the credibility of the woman and the veracity of the case (Lonsway, 2005).

As previously mentioned, the majority of women already know their attacker, as a consequence, the majority of men accused of rape do not deny that sexual intercourse occurred. Instead their defence is that the woman consented to sexual relations (Kelly, et al, 2005; Temkin, 2000; Harris and Grace, 1999; Koss, Gidycz and Wisniewski, 1987; Chambers and Millar, 1983) or that they were 'asking for it' by their dress/behaviour/taking risks which subsequently discredit the woman (Burt, 1980). A victim's prior sexual experience is often questioned with the suggestion that if she is anything other than a virgin then her evidence is not to be trusted. If she has consented to sex previously, therefore why not also on this occasion (Scottish Executive, 2000). An Amnesty International (2005) opinion poll has found a large proportion of the British public blame women themselves for being raped. For instance, survey respondents believed a woman is partially or totally responsible for being raped: by a third of people if

she has behaved in a flirtatious manner, more than a quarter if she was wearing sexy or revealing clothing, and more than one in five if a woman has had many sexual partners. Similarly, more than a quarter of people said that a woman was partially or totally responsible for being raped if she was drunk, and more than a third held the same view if the woman had failed to clearly say 'no' to the man. Despite the vast amount of research evidence to the contrary 'real rape' constitutes a template against which all other rapes are measured. This is succinctly articulated by Jeffner (2000 in Kelly, Lovett and Regan, 2005: 21)

Only a sober young woman, who does not have a bad reputation, who has not behaved sexually provocatively and who has said no in the right way can be raped, and only by a young man who is sober and 'deviant' and with whom she is not in love.

These widely held beliefs permeate throughout the CJS and have a negative impact wherever they fall. There is clear evidence of this where despite official statistics graphically illustrating that over the past two decades reporting of rape has continued to increase, convictions have remained relatively static. This has meant that whilst in 1977 one in three reported rapes resulted in a conviction; by 2002, this had fallen to one in eighteen (thirty two per cent versus an all time low of 5.6%) (Regan and Kelly, 2003). Recent government figures state fewer than six per cent of rape cases reported to the police ultimately result in a conviction (CJS 2006). Bearing in mind only one in ten (Myhill and Allen, 2002) rapes are reported to the police, the figure of only one in eighteen may only be the tip of the 'dark figure'. Although there is a variance across other offences, on average a conviction occurs in approximately eight per cent of all recorded offences (Walker, et al, 2006; Tilley and Burrows, 2005); depending on the research, not a significant difference from that of rape but it is important to reiterate that the crimes are polar opposites when it comes to the identity of the offender. The government is concerned at the annual increase in attrition of reported rape cases, and has agreed to attend to this 'justice gap' not just with regards to rape, but to all reported crime (Home Office, 2002). Rape, however, is a unique crime in many ways where the physical assault is compounded by a violation of personal, intimate and psychological boundaries. The fact the offender is often known involves a betrayal of trust in relation to the offender but also creates major difficulties when interacting with the CJS.

Numerous studies have substantiated the pattern that as the victim-offender relationship becomes more intimate, the likelihood that the incident is defined as rape decreases, attribution of blame to the woman increases, and the level of perceived harm decreases (Bennice and Resick, 2004: 231).

More than with any other crime complainants experience reporting of the rape and the subsequent legal process as a form of re-victimisation (Kelly, et al, 2005; Jordan, 2001a; Gregory and Lees, 1999; Temkin, 1997).

Research to date in adversarial legal systems has identified four key points at which attrition occurs (Lees, 1996); the decision to report; the investigative stage; the Crown Prosecution Service (CPS); and the trial. The investigative stage has been further broken down by subsequent research which creates six attrition points (Kelly, et al, 2005). Victims can and do withdraw at any point along the criminal justice process, although the largest number of these occur during the reporting and investigative stages (ibid: Lees, 1996). However, attrition also varies according to the characteristics of the case. Research in the UK agrees that adult rape cases have higher attrition rates, especially if they deviate from the 'real rape' scenario and were higher still for those complainants who have some form of learning disability or mental health problems. However, cases involving children are more likely to be prosecuted and to result in convictions (Lea, Lanvers and Shaw, 2003; Harris and Grace, 1999).

3.7.1 Attrition Point 1: The Decision to Report

Although, as previously mentioned, the number of women reporting rape and sexual assault to the police has more than tripled over the past two decades in Britain, different research over this period has found between five and twenty-five per cent to have reported the crime (Lees, 1996) and more currently falls between ten (Myhill and Allen, 2002) and fifteen percent (Fawcett Society, 2007). However, Lees and Gregory (1993) Islington Study found a higher reporting rate of forty-one per cent which, in light of much lower reporting rates, was analysed to be as a result of taking participants from Victim Support and Rape Crisis centres. Similarly, the most up to date Home Office research revealed 75% of the sample overall reported to the police (Kelly, et al, 2005). Although comment was made that was because their participants were drawn from Sexual Assault Referral Centres (SARCs) they might have better experiences of reporting rape, no particular

mention was made as to the high reporting rate. But perhaps as with the Islington Study it is the very fact of where the participants are drawn from. Victim Support, Rape Crisis Centres and SARCs are very supportive organisations and would assist in the reporting process. SARCs, specifically, were established to combine the needs of women in the aftermath of rape and such criminal justice requirements as the collection of forensic evidence (Kelly et al, 2005).

One explanation for the general increased reporting rate is a common assumption that police treatment of these women has radically changed. This has been attributed to the broadcast, in 1982, of a now infamous television documentary of Thames Valley Police interviewing a woman reporting rape. The documentary prompted public outrage and as a result women who report rape '*can now safely expect to be treated with every respect, sympathy and courtesy*' (Temkin, 1997: 527) since most police officers who deal with rape complainants have now had some training (Kelly, et al, 2005). Nevertheless, although research differs as to the percentages, there are still many women who do not report. The most common reason for not reporting is a lack of confidence that the police would believe them or take them seriously, particularly if the man is known to them. Also, however, is the fear that they may be blamed especially if alcohol or drugs were involved, which mainly affects young women. Factors that increase the likelihood of reporting include: the offender being a stranger and the use of force and subsequent injuries (Kelly, et al, 2005; Du Mont, Miller and Myhr, 2003; Kelly, 2001; Lees, 1996; Smith, 1989).

One particular aspect of 'reporting' which impacts upon witness credibility, should their case continue to progress through the CJS, is the notion of 'delayed' reporting. Whilst prompt (i.e. immediate) reporting is no longer required as corroborative evidence (but is now understood as telling anyone and not confined to making an official report) it is felt to strengthen a complainant's story. Research shows that police are rarely the first people to be told (Kelly, et al, 2005) and accounted for only six per cent of a New Zealand study (Jordan, 2004). Nevertheless delays in reporting are viewed as abnormal and a factor that reduces the woman's credibility and subsequently continues to influence the perceptions of police, prosecutors and probably the jury. There are however, very real reasons that women delay reporting such as a combination of shock, fear, confusion or distress (Kelly, et al, 2005).

3.7.2 Attrition Point 2: Reporting and Investigation

As has already been noted the role of the police is critical where a common source of concern is the perceived failure of the police to strike a consistent and compassionate balance between the women's needs and the demands of investigative and administrative priorities (Jordan, 2001b). International research has found that the police focus on information has meant that these women's needs sometimes took second place to administrative priorities, especially when CID became involved. At this stage of the investigation they encountered disbelief, or were believed but felt they were treated like a piece of evidence (Kelly, 2001). This second stage is also the point at which the largest number of reported rape cases fall out of the system, where between half and three quarters of reported cases are lost (Kelly, et al, 2005). Although, as has already been mentioned, it is felt that police practice has improved, however, Temkin's (1997; 1999) research went on to report that although the majority of women were wholly or mainly positive about their treatment by the police, almost half were not. The problems were not, and are still not, about lack of policy or guidelines, but rather the perspective, experiences and resources of individual police officers. This was confirmed by the Association of Chief Police Officers working group on rape, who admit that while some forces have made great strides towards improving victim care and rape investigation, others stand still. There are still problems with some police attitudes around rape, because police officers can take on board the stereotypes that much of the general public have about rape (Bindel, 2007).

Through the investigation stage the majority of cases are lost due either to women withdrawing their statements or them being designated false allegations by the police. Early withdrawal is considered to be a key attrition point within the police investigative stage where research has found this accounts for the largest proportion of cases lost at the police stage (thirty-four per cent) (Kelly, et al, 2005). There are a number of reasons; the majority of women cited fear of court process, the prospect of giving public testimony and being judged. Police officers who were interviewed agreed that fear of court is one of the main reasons for early withdrawal. Cynically it has also been suggested that women are sometimes 'persuaded' to withdraw their statement often because of the circumstances surrounding the rape. This could be because the woman had been drinking alcohol and as this would likely reduce her credibility as a witness, the case would be unlikely to proceed to court. However, when women are asked what they need at this stage in the proceedings overwhelmingly they state it is for the entire reporting process to become more victim-

centred; to be kept informed, rather than being oriented exclusively around police operational requirements and ‘finding’ the defendant (Kelly, et al, 2005; Kelly, 2001; Jordan, 2001b; Gregory and Lees, 1999; Lees, 1996).

With regards to false allegations research has found there is an over-estimation by both police officers and prosecutors. This is one of the most contested areas within law enforcement responses to rape, where rates are found to be no higher than for other crimes (i.e two to three per cent) (Kelly, et al, 2005; Kelly, 2001; Lees, 1996; Adler, 1987). Other cases of so called false allegation are as a result of the recording practice of ‘no-criming’. When a report is made of an assault any further action to be taken is decided by the police. It is at this point that some cases, where for various reasons no further action is to be taken, are ‘no crimed’. Often this has been found to be an inaccurate form of recording and accurate recording practices have subsequently been reinforced by the Home Office (1986) and a series of Force Orders issued by the Metropolitan Police. Home Office guidance advises that the police may no-crime a case where the complainant ‘*retracts completely and admits to fabrication*’ but were to remain as a recorded crime in those cases where the woman simply withdrew her complaint. Despite these clear Home Office guidelines, recent Home Office studies found the average ‘*no criming*’ rate was still high and ‘*continues to be used for a far wider group of cases than counting rules designate*’ and ‘*... functions as a dustbin*’ (Kelly, et al, 2005: 38).

An important question here is why would a significant number of women voluntarily subject themselves to the unpleasant process of having to give a statement and being forensically examined about something that had not happened (Gregory and Lees, 1999)? Whilst there are a number of false reports these are rare but nevertheless are widely reported. Subsequently these false allegations confirm the sense that rape complaints are to be treated with suspicion rather than rigour (Harman, 2004). The key issue is where and to what extent does it happen? As previously mentioned this is not often as false reports can be, for instance, as a result of, confusion due to mental instability which could be temporary; a report made by someone other than the woman who has been raped which turns out to be an honest mistake. Despite, in these circumstances, there being no complainant, administratively these mistakes are recorded by the police as false complaints (Kelly, et al, 2005). Nevertheless, the end result is that failure to observe the official guidelines leads to an underestimation of the number of reported rapes and feeds the myth

that women lie about being raped (Jordan, 2001a; Gregory and Lees, 1999; Harris and Grace, 1999).

There are studies that assert that reforms aimed at reducing no-criming seem to have had the desired effect (Lea, et al, 2003; Grace, Lloyd and Smith, 1992) and although the no-criming rate does seem to be falling (Kelly et al, 2005), it is noted, however, it has been replaced by an increase in the category of ‘no further action’ (NFA), which make up for half of all detected crime. The most common reason for cases being lost here was complainant withdrawals. The strongest predictors of whether cases were NFA-ed were the age of the complainant, a prior relationship between the complainant and suspect before the attack. However, when controlling for other factors, the lack of evidence of violence by a suspect was one of the strongest predictors of cases being no-crimed or NFA-ed (Harris and Grace, 1999). In effect those cases that departed from the ‘real rape’ scenario.

Insufficient evidence is considered to be a key attrition point although is still part of the police investigation. Research has found that evidential issues account for over one-third of cases lost (Kelly, et al, 2005) and are, in the main, those considered by the police to be in effect ‘his word against hers’ (Kelly, 2001). Recent Home Office research found that within this group there were a number of complainants with learning difficulties or mental health issues, who were unable to give the police a clear account of the assault. Attrition for this group is particularly heavy as:

intellectual disability and psychiatric instability ... tend to be viewed as diminishing the victim’s credibility, rather than enhancing her vulnerability (Jordan, 2004: 37).

The fact that women in these groups are often targeted for sexual assault makes this particularly concerning (Harris and Grace, 1999; Lea et al., 2003). Insufficient evidence could also result because of ‘mishandling’ by the police where the assailant’s identity was known, but they were never traced and formally interviewed. Also in a substantial number of cases where the offender was identified the decision not to proceed was linked to the credibility of the woman as a result of alcohol or drugs (Kelly, et al, 2005). As a result of the evolving relationship between the police and the CPS, the police have had to relinquish the prosecution role to the CPS. Therefore, many of these cases are referred for advice to

the CPS, and in the majority (up to 66%) the CPS advise dropping the case (see Gregory and Lees, 1999; Harris and Grace, 1999). A lack of evidence can also lead to a downgrading of the charge. This is, of course, in the interests of the complainant if there is insufficient evidence to proceed with the more serious charge, as a lesser charge is more likely to secure a conviction. However, in so doing often the sexual assault classification is removed altogether, where it is cynically suggested any conviction looks better in the police statistics.

In conclusion of the police investigation, on the one hand they are pressed hard to improve the standard of care to those women who have been raped, thereby encouraging more women to come forward. But at the same time, they are under considerable political pressure to improve clear up rates. It is suggested that throughout the investigative process the police are 'second guessing' the CPS, only referring up cases they think will be accepted:

However, the police are not always successful in anticipating what action the CPS will take. Despite their apparently stringent screening procedures, passing through the CPS gateway provided absolutely no guarantee that a successful prosecution would ensue and the processes of attrition continued unabated (Gregory and Lees, 1999: 71).

3.7.3 Attrition Point 3: Crown Prosecution Service

As a result of the police investigative process, which is not without CPS input, only a minority of cases are referred through to prosecutors. It is concerns about the credibility of the woman that play a major part in assessments at this stage (HMCPSI, 2002). In reviewing the case the CPS must decide whether the evidence is likely to persuade a jury. For example is there corroboration by way of medical or forensic evidence? Are there independent witnesses? Is there evidence of violence (Harris and Grace, 1999)? Subsequently only those cases where the evidence suggests a realistic prospect of conviction is taken forward (Kelly, et al, 2005; Lievore, 2004).

Unfortunately it is all too easy for defence lawyers to destroy the credibility of the complainant at trial. It is here where the police unwittingly assist in this process. The initial statement taken by them will contain a complainants' medical history which could

include irrelevant discrediting material on her previous sexual history, such as an abortion. A copy of this statement is always given to the defence and subsequently could provide the ammunition needed which could be particularly damaging. Although government has introduced restrictions (Section 41, Youth Justice and Criminal Evidence Act, 2001) on sexual history evidence, there is a loophole where in certain circumstances the Judge can waive the restriction.

Having assessed the strength of the evidence, the prosecutor also has to weigh the likely penalty the offender might receive with the estimated length and cost of the proceedings, in order to determine whether a prosecution is in the public interest. One method of cutting costs is plea-bargaining with the defendant pleading guilty to a lesser charge so there may be no need for a trial. Subsequently this not only spares the complainant from having to attend court but there is also the relative certainty of a conviction and as such these can be persuasive factors when considering whether to hold out for a rape conviction. However, this is little comfort to women who have been raped who are subsequently shocked and insulted when their attacker is charged with a minor offence and given a trivial sentence (Lees, 2002; Gregory and Lees, 1999; Harris and Grace, 1999). Previously the CPS were criticised where, to all intents and purposes, they were a law unto themselves. The situation is, however, improving where the CPS is currently moving away from being independent and separate from other agencies and is beginning to recognise the needs of victims of crime. However recent studies show there is still little evidence of inter-agency links between police and CPS that sought to build cases. It appears that all concerned are still looking for those elements that would substantiate a 'real rape' where subsequently the main focus appears to be on what was discrediting. As a result opportunities are missed to collect and put forward such evidence that might go to the credit and believability of the complainant (Kelly, et al, 2005; Archambault and Lindsay, 2001).

3.7.4 Attrition Point 4: The Court Process

The court process is the final attrition point where an even smaller number of cases reach court, and between one third and over one-half of those involving adults result in acquittals (Kelly, et al, 2005; Lees, 1996). At this point the defence barristers' focus on whatever aspect might undermine the credibility of the complainant, where character assassination, whilst giving evidence, was quoted as one of the most common complaints amongst women who have been raped. As has been previously mentioned the majority of men

accused of rape no longer deny that sexual intercourse occurred rather they argue that the woman consented. As a result a favoured tactic of the defence is trying to convince a jury that a woman is likely to have consented to sex and cross-examine her with questions about her previous sexual behaviour. Often their choice of underwear is questioned. For example the case of a 17-year old woman who was raped, and who subsequently committed suicide, was forced to hold up the underwear she was wearing at the time of attack (Armstrong, 2002). Often none of these are pertinent to the issue of whether or not a woman was raped but arise from the constant focus towards stereotyping that subsequently render her less credible and reliable as a witness (Schuller and Klippenstine, 2004; Shepherd, 2002; Temkin, 2000; Olsen-Fulero and Fulero, 1997). It has been observed that these myths may still inform the thinking of many but have no place in a rational and just system of law (Lord Hope, 2001).

To combat such defence tactics, laws known as 'rape shield laws' (known in the UK as Section 41 of the Youth Justice and Criminal Evidence Act 1999) have been enacted in many jurisdictions to prevent unnecessarily intrusive questioning into a woman's sexual history. However, these laws have not always proven effective, for there is a high rate of success for applications to waive the protection given by these provisions (Kelly, Temkin and Griffiths, 2006; Adler, 1987) and often there is no formal application to the judge for a waiver showing just how lax judges are about enforcing this legislation (Temkin, 1993). National statistical data suggest Section 41 has had no discernible effect on attrition, because the conviction rate for rape has continued to fall (Kelly, et al, 2006).

In light of the foregoing, giving evidence would appear to be difficult in itself and gives a good indication as to why so few defendants are convicted. However, there are several other reasons why this occurs such as: no counsel is available for the complainant; various issues regarding corroborating evidence and evidence of resistance and consent. These issues are elaborated upon further.

What is generally not understood by jurors, and probably also not known by the public at large, is just how disadvantaged the complainant is with regards to counsel within the trial procedure. Unlike the defendant, the current practice within England and Wales (but not in Scotland) is a complainant has no access to a lawyer either before or during the trial. Not only do Prosecutors not meet the complainant, they often do not carry a case through from beginning to end (HMCPSI, 2002). Subsequently women who are raped are rarely allowed

to describe the experience or anguish, nor are they allowed to see their police statement, often made over a year before, until just before the court hearing. Yet despite this the Prosecutor has to prove the case 'beyond any reasonable doubt'. However, the defendant, from the moment he is arrested, is entitled to legal advice and then has the opportunity of preparing his case with a defence counsel. This preparation includes having access to the woman's statement which subsequently puts the defence in a far more powerful position (Lees, 2002; Kelly, 2001; Gregory and Lees, 1999). However, most other common law legal systems, now view contact with complainants as a vital part of case preparation. Some have gone so far as to express incredulity that any rape case could be prosecuted without meeting the complainant (see Kelly, 2001). Gregory and Lees (1999) report that the practice in Northern Ireland, where the CPS routinely meets with the complainant to go through her statement, has reduced judge-directed acquittals.

Corroboration is confirmatory evidence, in addition to that of the woman's evidence alone, which implicates the accused person. Prior to 1994 Judges were obliged to warn the jury of the danger of convicting solely on the basis of the evidence of the complainant. However, when the Criminal Justice and Public Order Act (1994) came into force, the corroboration ruling became discretionary. Unfortunately it is found to be no more effective than Section 41. Although the corroboration warning should only be given in exceptional circumstances, research has found it does continue to be used by Judges who argue that the ruling is now given in a totally neutral way (Gregory and Lees, 1999). However Lees (2002) argues it is frequently embroidered in ways that suggest women make false allegations. As a result the whole issue of corroboration is directly related to the question of reputation: if the woman is considered credible, then the idea is that corroboration is not necessary (Lees, 2002; Archambault and Lindsay, 2001).

All women find themselves placed in a double-bind by contradictory standards. On the one hand, they are tacitly encouraged to fight back as the CJS interprets physical injuries to the woman as evidence of her resistance; being seen as necessary indicators of a lack of consent (Jordan, 2002a; Galliano, Noble, Travis, and Puechl, 1993) and on the other, they are discouraged from doing so as resistance may result in further physical damage or even death (Wyre, 1986). Men, however, often do not fight back when attacked, yet few wonder if they were asking for it (Lees, 2002). Absence of injury is taken as evidence of consent rather than the result of a paralysing and realistic fear of being killed (Symonds,

1976) or a feeling that submitting holds the best chance of survival (Kelly, 1988). In court, however, these fears are trivialized and juries are not reminded that some rapists kill their victims. Many defendants take advantage of the argument that lack of resistance implies consent and maintain that because the woman did not resist, they did not know that she did not consent. Research shows that prosecution rarely explains during the court process the whole issue of lack of resistance and subsequent injuries (Lees, 2002). As a result evidence of physical injury and admissions by the defendant at some point in the process were factors that had the most impact on outcomes at trial (Kelly, et al, 2005; Temkin, 2000).

As previously mentioned rape of a woman is legally defined as sexual intercourse where the woman does not consent, however, rape is a unique crime where the most likely and also successful defence is to claim that the defendant believed the woman consented to sexual intercourse. Yet in no other crime or subsequent insurance claim would her word or integrity be automatically doubted, and her reliability as a witness attacked, as is the case in rape trials (Lees, 2002). Although consent has now been defined in statute (Sexual Offences Act 2003), this does not solve many of the issues relating to consent. It remains a problem that the law, as has already been mentioned, equates passivity or non-resistance with consent especially when there is no evidence of physical violence or if the woman had consented in the past. One of the main reasons for this are as a result of the most powerful and persistent cultural narratives, that of the notion of 'real or stranger rape' that serve to justify

Unique case treatment evidenced in ... consent and resistance standards, and the admissibility of victim character evidence (Caringella-MacDonald, 1985 cited in Kelly, Lovett and Regan, 2005: 1).

Where the central issue in the case is one of consent the defence has little choice but to try to undermine the credibility of the complainant in any way they can. However, in the end it is for the jury to decide. Unfortunately they too often have certain expectations about the dynamics of sexual assault, including stereotypes about victims and perpetrators that are based on the widespread and powerful rape myths in society (Lonsway, 2005; Brownmiller, 1975). Unfortunately research has found that the Judge can further influence

how a Jury responds in a rape case in his final summing up and instructions to them where it is suggested

...care should be taken to provide unbiased instructions to ensure that the potential for rape myths to impact on their verdict is minimized (Gray, 2006: 79).

3.8 Conclusion

In conclusion, it is a failure of the criminal justice systems to address these stereotypes. From early investigation through to the court room process the inherent stereotypes can serve to reinforce, rather than challenge, narrow understandings of the crime of rape. For example, to whom it happens and who are the likely perpetrators. The attrition process itself reflects, and reproduces, these patterns.

Nevertheless, improvements have and continue to be made within the CJS where the law has been enhanced within the Sexual Offences Act 2003. Within some police forces most improvements have been at the early stages where the initial contact is often with specially trained women police officers. The problems increase when the investigation is taken over by CID where instead of building evidence that goes to the woman's credit, and supporting her complaint, research agrees that the police are acting as gatekeepers, second guessing how the case will be perceived by the CPS and the courts (Kelly, et al, 2005; Kelly, 2001; Temkin, 1997).

It is against this background of low reporting rates, falling conviction rates, failed legislative reform, and enduring acceptance of rape mythology that attempts have been, and are continuing to be made to introduce new measures and kinds of evidence into rape trials in order to redress the balance currently so tipped in favour of defendants. As a result the Government produced a Consultation Paper (CJS, 2006) that sets out four proposals that, it is hoped, will improve the conviction rate. Many organisations responded to the Home Office (e.g. ROW, 2006; Barnardos, 2006; JUSTICE, 2006; CentreLGS, 2006) and with differing concerns/provisos have generally agreed that all four should be implemented (Baird, 2007):

- Allowing adult victims of rape to give video-recorded evidence at trials
- To consider further how general expert material could be presented in a controlled and consistent way with a view to dispelling myths around rape victims' behaviour

- Defining the law on a complainant's capacity to give consent where drink or drugs are involved which is to assist judges and juries
- Ensuring that all relevant evidence of complaints made by victims in rape cases should be admissible as evidence in a trial, irrespective of time passed since the alleged conduct

However a few months later the campaigning group Women Against Rape (WAR) complained, in an open letter to Times Online, that the government had not done enough to prosecute rapists (see Hall and Freeman, 2008). There was an almost immediate response from the Solicitor General, Vera Baird stating WAR was not right to suggest this. Her letter contained significant statistical information, along with details of governmental changes that have been put in place to support those individuals who have been raped. Additionally, the government has introduced specialist Officers and Rape Prosecutors across England and Wales and are introducing specialist training for police, prosecutors and barristers acting in rape cases. Rape, according to Vera Baird, should be a national and local priority, and as such new arrangements have been put in place for the performance management of police forces and the CPS.

It has been stated that where the US leads the UK will undoubtedly follow (Raitt and Zeedyk, 2000). One of the above UK governmental reforms, that, of expert evidence, has been used within the US since the 1980s. Within the court room sexual assault experts are called upon to inform Judges and juries and explain the realistic dynamics of rape and the common reactions of 'typical women who are raped' that are found in RTS. The use of RTS in the courtroom, it is suggested, not only informs but also is used to support the evidence of a complainant, providing some degree of corroboration that the alleged attack occurred. That there is a need for such information is shown where research involving post-trial interviews with jurors found that even where there was explicit evidence, i.e. injuries, that the woman had been forced to submit to intercourse they were primarily influenced by the moral character of the woman (Raitt and Zeedyk, 2000).

Since 1982 there have been a variety of cases in the US that have ruled on the admissibility of RTS. Research has found testimony tends to be allowed when it merely describes the woman's behaviour, but disallowed if the expert testifies that he or she believes the complainant's account. One particular decision went so far as to say that even the term 'RTS' implies that a rape occurred and should therefore be disallowed (Raitt and Zeedyk,

2000). However, as has been noted the law prefers to see tangible evidence in the form of injuries, torn clothing, etc., to prove that a rape has been committed, often there is none. This dependence on tangible evidence is often distressing for women whose common complaint was that '*they were not allowed to explain fully what had happened to them, or how they felt during the rape*' (Lees, 1996: 31). RTS begins to provide a way in which women's feelings can be introduced into the courtroom where it can be made clear why they chose, or found themselves unable to choose, not to fight back and consequently explains the lack of any physical damage. A lack of such evidence then can be substituted with evidence of psychological damage which may corroborate the woman's allegation that she has been raped (Raitt and Zeedyk, 2000).

However, it has been posited that the very fact that the evidence becomes psychological can subsequently create a problem where the woman's feelings are characterised as disordered and as a result can be used against her (ibid). A clever barrister could, for instance, subsequently suggest that she already had some mental instability and 'gave off the wrong signals' or this disorder led her to misinterpret a man's intentions. Additionally, should RTS become accepted as a scientifically accepted syndrome within the court and was *not* used in support of a case then it could be assumed that she did not suffer from it.

And if she has not suffered from RTS (i.e. if she has failed to show the symptoms prescribed by psychology), then it may create doubt that she was indeed raped, because science has 'shown' that rape should result in those symptoms (ibid: 105).

Although RTS could be used against a woman as much as in her favour, Raitt and Zeedyk (2000) argue that there is a role for psychological syndromes in the courtroom when limited to an educational capacity. The UK government's implementation of new laws (as detailed above) regarding expert evidence is in that capacity only. However, it is highly unlikely that a new law alone will see an end to the problems faced by women who are raped, given the inevitable clash between their needs and police responsibilities. This, combined with the continuing impact of traditional rape myths and beliefs throughout the whole CJS, leaves women with the overwhelming emotion of complete powerlessness. Therefore it will be of interest to see what occurs in the future considering the Solicitor General has stated that '*justice must not be defeated by myths and stereotypes*' and the

government will be considering different ways to present fair and factual material to juries (Baird, 2008).

This is particularly important because as the Home Office recently stated

In no other crime is the victim subject to so much scrutiny during an investigation or at trial; nor is the potential for victims to be re-traumatised during these processes as high in any other crime (HMCPS and HMIC, 2007: 162).

Those individuals who received little assistance from the legal system, and encountered victim-blaming behaviours from system personnel had significantly elevated levels of post traumatic stress (Campbell, Sefl, Barnes, Ahrens, Wasco, Zaragoza-Diesfeld, 1999). This was particularly so for individuals whose rape cases were prosecuted as they scored higher on measures of distress than those whose cases were not prosecuted (Cluss, Broughton, Frank, Stewart, and West, 1983). This distress included, increased occurrence of nightmares, decreased participation in social activities, more dissatisfaction with heterosexual relationships, loss of appetite, recurrence of phobias, and greater psychological distress (Holmstrom and Burgess, 1975).

As has been shown there are many factors that can impact a woman's recovery from a rape experience. The extent to which a woman recovers may begin with her unique strength gained as a result of coping with previous stressors. However, the significant impact of what has been termed the secondary stressors could prove to be too much to contend with and may impact her recovery process. The impact of such stressors is largely due to those corrosive factors of society's making, out of the woman's control, in the form of rape myths that essentially blame the woman for the rape and can have the most negative affect on recovery. Nevertheless, some women, whilst struggling with the psychological affects in the aftermath of a rape and coping with significant amounts of negativity along their road to recovery, do experience positive change. Although the main thrust of what has been discussed so far has mainly shown the negative aftermath of a rape experience, there is an emerging body of work that focuses on the more positive aspects of coping with a traumatic experience that of Post Traumatic Growth.

CHAPTER FOUR

4. Posttraumatic Growth

4.1 Introduction

Although the main focus here is on the possibilities of positive change following highly stressful events, it is important to understand at the outset that people facing major life crises typically experience distressing emotions (even for just a short period). For all traumas these include sadness, depression, guilt, anger, general irritability, disbelief, psychological numbness, intrusive rumination, intrusive thought and unpleasant physical reactions (Herman, 1992; Janoff-Bulman, 1992). Additionally, it is necessary to dispel the widespread assumptions that although traumas often result in disorder it should not be replaced with expectations that growth is an inevitable result. As will be shown the extensive work by Tedeschi and Calhoun, (2004) has promoted an interest in the potential for a positive reaction to trauma, a construct they termed posttraumatic growth (PTG). Having recently '*sketched the overall picture of posttraumatic growth*' (PTG) the Tedeschi and Calhoun (2004: 1) article concluded by proposing that this new field of research would benefit from the input of other researchers using both qualitative and quantitative procedures. Many responded at the time with their understanding of this theory from their own theoretical standpoints and are included in the review on this theory below. The current research aims also to make an input into PTG Theory where the emphasis is upon recovery from the traumatic event of rape. Although rape and sexual abuse are referred to within the aforementioned article, it is suggested that for those who experience it, interpersonal violence of this nature often results in a different outcome than for other similarly traumatic events and as such requires to be studied separately.

Positive changes following highly stressful events have long been recognised in philosophy, literature and many ancient traditional religions that have told of suffering that culminates in growth. Formal research begun in the late 20th century has continued to study the positive side to trauma, and subsequently the 1990s saw the focus on the possibility of growth from the struggle with trauma. Such research has been demonstrated empirically following chronic illness, heart attacks, breast cancer, bone marrow transplants, HIV and AIDS, rape and sexual assault, military combat, maritime disasters, plane crashes, tornadoes, shootings, bereavement, injury, recovery from substance

addiction, and in the parents of children with disabilities (see Linley and Joseph, 2004 for a review).

4.2 Terminology

The positive changes that follow trauma or adversity have been given a number of terms, including posttraumatic growth (PTG), stress-related growth (SRG), perceived benefits, thriving, and positive illusions (*ibid*). PTG is used in favour of others by Tedeschi and Calhoun (2004) such as *SRG* because, it is argued, *SRG* focuses on lower level stress and not on major crises where significant life disruption is seen as important. However, Aldwin and Levenson (2004) state there is no evidence, that they are aware of, that shows PTG is qualitatively different from *SRG*. *Illusion* has been related to processes such as denial, avoidance, wishful thinking and cognitive illusion (Taylor and Armor, 1996). Whether or not this is so is debatable, nevertheless, a criticism is this ‘dark side’ of overcoming trauma is still given insufficient consideration in the Tedeschi and Calhoun (2004) model who argue that people who report changes do appear to have veridical transformative life changes that go beyond illusion (Maercker and Zoellner, 2004).

Coping is similarly dismissed by Tedeschi and Calhoun (2004) as not very important when they argue that rather than being a coping mechanism, PTG is seen as an outcome or ongoing process for those who report change. Also, the terms *thriving/flourishing* are deemed insufficient regarding what is considered a significant threat or the shattering of fundamental schemata and may at times co-exist with significant psychological distress. PTG describes the experience of those who have developed in some ways. It is not simply a return to baseline it is an experience of improvement that for some persons is deeply profound (see Tedeschi and Calhoun, 2004 for a review). Arguably, however, a more all-encompassing term is that of *adversarial growth* (Linley and Joseph, 2004) because the positive changes in the wide array of traumas that have been studied share the common factor of struggling with adversity in some form or another.

4.3 Domains of Posttraumatic Growth

Like the terminology, at this time there is also little agreement on the domains or dimensions of growth that should be assessed, or whether, in fact, domains are meaningful. Types of growth experienced appear to differ depending on the instruments used to

measure it. Also different populations and different types of stressful events may yield different domains of growth (see Park, 2004 for a review).

The Posttraumatic Growth Inventory (PTGI) has developed out of analysis of individuals' responses to highly stressful events. From this questionnaire five domains have evolved, as summarised by (Tedeschi and Calhoun, 2004: 6):

greater appreciation of life and changed sense of priorities; warmer, more intimate relationships with others; a greater sense of personal strength; recognition of new possibilities or paths for one's life; and spiritual development.

These are argued to '*do a good job of covering the reported experiences of PTG*' and have discovered '*no other research that indicates other types of growth that are not generally represented in this scale*' (Tedeschi and Calhoun, 2004: 6). Others argue that no particular scale captures all of the domains of growth that have been identified to date (Park, 2004). There are concerns that the attitude of Tedeschi and Calhoun (2004) may have a two-fold negative reaction. Firstly, although it is acknowledged these five domains may cover a range of growth outcomes typically experienced in response to trauma, a sense of growth could be experienced in an area that does not fit neatly into one of these five categories. For instance, an increased ability to help others (through increased credibility as a survivor or because of knowledge gained); decreased naiveté that is protective against future trauma or material / financial gain (Aldwin and Levenson, 2004; McMillen, 2004). Research on people living with AIDS, found that health behaviour change was one of the primary domains of growth identified, but health behaviour change items (or other concrete instrumental changes) are rarely included on any of the measures of growth currently in common use. Similarly, yet unique to September 11, 2001, were changes in political views (Park, 2004).

Having added greatly to the list of benefits there is criticism that within many studies, it is arguable whether changes identified as positive by the respondent are in fact positive, as many such changes are so subjective. In a study on perceived benefits from sexual abuse, McMillen, Zuraivin and Rideout (1995) found that one of the most frequently endorsed categories was self-protection (e.g., 'I don't fall in love with people. I have never given myself wholly to anyone. As a result, I don't get hurt.'). It is questionable whether this

subsequent overall wariness towards others is in fact positive, or whether it is likely to severely limit any chance for meaningful relationships in the future? This problem may be attributed to the single-question methodology or some form of cognitive protection on the part of the respondent. Information regarding these questions is discussed later.

Secondly, it may inhibit future research on the more unusual by-products of adversity that could shed further light on the phenomenon as a whole. Some of the more idiosyncratic outcomes are: meeting an emergency responder who later became a husband; or after being hospitalised due to a traumatic injury, a physician diagnosed a long-standing depression, prescribed antidepressants that completely changed that individual's life. These less ordinary positive by-products can be built into trauma and life narratives just as more common types of benefit can be (McMillen, 2004; Pals and McAdams, 2004).

4.4 The Process of Posttraumatic Growth

4.4.1 The Traumatic Event

Using an earthquake metaphor the Tedeschi and Calhoun (2004) model is based on two explicitly cognitive anchors: '*a psychologically seismic event that can severely shake, threaten, or reduce to rubble*' (p5) a person's fundamental schemata and beliefs about themselves and the world; and cognitive processing of the meaning of the traumatic event, especially deliberate rumination, schema change, and life narrative development. Cognitive processing and schema reconstruction are comparable to the physical rebuilding that occurs after an earthquake. Whereas physical structures can be designed to withstand future shocks, similarly cognitive rebuilding takes account of the changed realities and produces schemata that are resistant to future shocks. These results are experienced as growth. However, the fact that the model argues there will be no growth without these cognitive anchors is seen as too prescriptive and, as has been shown previously, is inconsistent with the range of positive changes adversity survivors have described (McMillen, 2004).

It is generally agreed that the earthquake metaphor is particularly useful, especially when the focus is not on the trauma but the struggle with rebuilding the self after the seismic event that promotes growth. Nevertheless it is important that the events are challenging enough to the assumptive world to set in motion the cognitive processing necessary for growth (Tedeschi and Calhoun, 2004). However, there is little specific data about the

nature of the 'razing' of the self and it is here that research opinions differ. Too great a threat, it is argued, may actually inhibit one's search for meaning and subsequent growth. Wortman (2004) found individuals whose assumptions about the world have been most shattered by the event, who had experienced a sudden traumatic loss, such as the loss of a child, are far less likely to experience growth than those in certain other groups, such as cancer sufferers. Similarly in cancer research, the relationship between PTG and stages of disease was found to be a factor where very high levels of life threat (or an unambiguous negative prognosis) could result in a cognitive 'shutting down'. This is where individuals feel so threatened by the experience that they cannot bear to consider the consequences of the illness, and as a result a search for meaning is not undertaken (Campbell, Brunell and Foster, 2004; Lechner and Antoni, 2004).

Research into widowhood, however, has suggested widowed men, in comparison to married controls, are more likely to have lower self-esteem, become depressed, and to experience greater mortality and morbidity than are widowed women. Whereas widowed women's self-esteem was higher than that of married women. Relating this to Tedeschi and Calhoun's (2004) model, research predicts these differences only if the event of widowhood were more disruptive, shattering, or challenging for women than it is for men. In fact, the data are clear in indicating that the opposite is true. Widowhood is a far more difficult transition for men than it is for women. Perhaps growth occurs when people are placed in a situation in which they are required to perform tasks that enhance their feelings of competence, and they are able to perform these tasks successfully. Perhaps these women have felt controlled and restricted by not only their own ideas of traditional gender roles but also their husbands, and now they can 'break free'. As a result of having to do things they have never done before, women develop new coping skills as well as an awareness of their own strengths. This then raises their self-confidence and self-esteem grows. Men may be less likely to show personal growth because the tasks they typically assume following spousal loss, such as responsibility for household chores, may be less likely to impart feelings of competence, effectiveness, and personal strength (Wortman, 2004).

An alternative way of thinking about the seismic process has been considered when researching threats to self-esteem (Campbell, Brunell, and Foster, 2004). Although such threats are not generally considered traumatic, it is possible that the experience of trauma in such a way may put the self-system into a state of shock, which is referred to as ego-

shock. Analysis of participant narrative accounts of both major and minor ego threats were believed to be of sufficient power to be considered traumatic in the broad sense of the term used by Tedeschi and Calhoun (2004). Findings were that ego-shock primarily occurred immediately after major self-esteem threats, such as the unexpected breakdown of a marriage. Participants reported that they ‘froze up’ or were unable to act, felt removed or distant from themselves that the world seemed distant or strange, and they felt emotionally numb. It was suggested this might even serve as a primitive cognitive mechanism for protecting the self-system from threat. These experiences of ego-shock were temporary, being quickly followed by an awareness of the situation with the corresponding attributions and actions, a different type of trauma but similar in the reactions shown, i.e. a form of ‘shutting down’.

This finding is slightly inconsistent with other reports of a linear relation between PTG and trauma severity (McFarland and Alvaro, 2000; McMillen, Smith, and Fisher, 1997). But there is similarity in the arguments put forward by Harvey, Barnett, and Overstreet (2004) who view trauma as a specific type of loss event. They argue that many people particularly in midlife and older, but sometimes earlier, experience an accumulation of major losses all occurring at approximately the same time. Finding psychological growth in the midst of such an accumulation of losses as the death of close others, divorce or break down of close relationships, economic difficulties and the loss of health, could be a daunting task (a cognitive ‘shutting down’ perhaps) and prevent individuals from finding growth or meaning.

4.4.2 The Personal Experience

It is through the psychological processing of the crisis events that trauma survivors come to appreciate and value what has happened. Not that their particular crisis is preferred in and of itself, because many would wish life had not dealt them their particular ‘blow’ but it becomes appreciated for what they have now gained. This highly emotional element is what seems to make the traumatic experiences so transformative and although the trauma itself often remains a distressing event, many are surprised to find growth (Tedeschi and Calhoun, 2004). This ‘surprise’ element suggests most people do not set out to discover ways in which they have benefited from adversity, however some do. Therefore McMillen (2004) feels that model building and testing can be advanced by further refinement of the

PTG concept and suggests different levels that describe how individuals ‘find’ growth, such as benefit seeking; benefit finding; benefit reminding and benefit thriving.

Individuals who have not experienced a trauma have also been found to experience growth albeit at lower levels, however this is argued to reflect just the maturational process or an accumulation of experience over time (Tedeschi and Calhoun, 2004). Whereas, research finds that positive events may promote development in adulthood that it is not restricted to traumatic events. For example, childbirth, marriage, or profound religious experiences may also have the potential to promote growth in a dramatic way. There are numerous examples in the scientific and popular literature that indicate the birth of a child changes adults in fundamental ways such as their identity, values and priorities, can increase emotional ties to others, open up new life paths, and so on (Aldwin and Levenson, 2004).

4.4.3 Personality Characteristics

Although it is argued (Tedeschi and Calhoun, 2004) that distinctions should be made between PTG and other related personality characteristics such as resilience, hardiness, optimism, and sense of coherence, this stance has been criticised on a number of counts.

Resilience is thought to result from superior coping and a more positive appraisal of potential stressors (Bonnano, 2004) where resilience, like PTG, is described as the ‘*ability to go on with life after hardship and adversity*’. However, unlike resilience, PTG also involves a qualitative change in functioning (Tedeschi and Calhoun, 2004: 4). Thus, although resilient individuals may well experience upset and variability in their emotional and physical well-being, their reactions to a potential traumatic event tend to be relatively brief and usually do not impede their functioning to a significant degree compared with other, more traumatised individuals (Westphal and Bonnano, 2007). Similarly, Harvey, Barnett and Overstreet (2004: 26) quote the late actor Rod Steiger’s motto of ‘Just Keep on Going’. This motto was used to symbolize his own very troubled early life that became a rags to riches story. This attitude is seen as another type of outcome that is common and relatively positive (probably not so much growth as it is movement), not giving up, not wallowing in despair, and not becoming abjectly depressed. It is, plain and simple, surviving, which is the most that many people can summon under their load of loss or bereavement. Movement has been likened to resilience where after a loss or traumatic event would also require a qualitative change in functioning. To attempt to live life exactly

as it had been before such a pivotal event might well be attempting the impossible and could also be counterproductive. To ‘just keep on going’, it is necessary to recognize what has happened, realize that there is no return to life as it once was, and adjust daily life accordingly. This adjustment may not necessarily be positive in nature, but a qualitative change nonetheless (Harvey, Barnett, and Overstreet, 2004).

Hardiness is a personality construct, consisting of three interrelated components of challenge, control and commitment. It is often referred to in the literature as a stress-resilience factor (Bonnano, 2004). Initially hardy individuals who experienced high levels of stress, but remained healthy were found to have a different personality structure than individuals who experienced high levels of stress and became ill. When successful people are confronted with difficult situations, they do not deny them but interpret them as challenges that serve as opportunities for self-reflection and growth (Kobasa, 1979).

Researchers are subsequently beginning to understand that hardiness enables individuals to remain both psychologically and physically healthy despite confrontations with stressful situations or experiences. Additionally, research in this area, although not directly related to PTG, has found that personality hardiness is emerging as a pattern of attitudes and actions that helps in transforming stressors from potential disasters into growth opportunities (Maddi, 2005). Individuals do not assume a martyr stance wondering ‘why me?’ but rather believe that ‘when life gives you lemons ... make lemonade!’ Maddi therefore agrees with Tedeschi and Calhoun (2004) that hardy individuals will be less challenged by trauma but goes on to argue these individuals will subsequently report relatively little growth, since it is the struggle with trauma that is crucial for PTG. Perhaps the individuals referred to by Tedeschi and Calhoun (2004) are the less hardy variety. If so, hardiness research has found the less hardy react with fear and paralysis, leaving little, if any, room for growth (Brook, 1999).

Optimism or dispositional optimism is defined as a self-reported general expectance of good things happening relative to bad things. Studies on optimism have shown that in non-controllable situations, such as experiencing a traumatic event, optimistic people make more use of reframing, acceptance coping, and attempt to see something good in the situation and learn something from it (see Maerker, 2004, for a review). Within group-based interventions of mixed cancer patients, dispositional optimism has been identified as

an individual variable that could enhance perceptions of PTG. Although cross-sectional research has yielded strong correlations between optimism and PTG, this relationship is also found, over time, to be constantly changing (see Antoni and Lechner, 2004 for a review).

In parts of the literature optimism, as well as PTG, has been suspected to be associated with avoidance and denial and therefore, associated with worse adjustment after stressful events. Tedeschi and Calhoun (2004) have found a modest correlation between optimism and PTGI scores that could indicate that PTG and optimism may well be distinct concepts. It is subsequently suggested that optimists may be better able to focus attention and resources on the most important matters and ignore any uncontrollable or unsolvable problems. However, research has discovered different levels of optimism. In their review, Taylor and Armor (1996) pointed out the difference between naïve optimism (a belief that things will turn out okay) and a more active optimism (the belief that things will turn out okay because one's own efforts and resources will ensure that they become or stay that way). Only the active, constructive form of optimism was associated with better psychological adjustment, whereas naïve optimism was not. Similarly in a breast cancer study, although looking at early benefit finding, rather than PTG, predicted better adjustment across time for mothers high in optimism and worse adjustment for mothers low in optimism. These findings suggest that benefit finding may serve an avoidant function for those with low personal resources (e.g., low optimism) and an approach-oriented function for those with greater resources (see Stanton, 2004 for a review).

Extraversion and openness to experience are two other basic personality qualities that people may use after a traumatic event where research has revealed that extraversion predicted PTG scores (Wilson and Boden, 2008).

As a result of differing findings with regards to pre-trauma personality characteristics, it is considered that only prospective, longitudinal research designs will be able to demonstrate conclusively whether such personality characteristics allow for PTG (Tedeschi and Calhoun, 2004).

4.4.4 Or is it all just an illusion?

PTG then is considered to be constructive and self-transforming where growth is seen as going beyond 'illusion.' (Tedeschi and Calhoun, 2004: 4). However, no evidence is given to support this claim. Given all that may be lost following a trauma, it is understandable that survivors may want to convince themselves that something good has come out of it. Nevertheless, it is agreed that it is difficult to empirically establish the validity of growth as a construct independent of people's attempts to make themselves feel better, either as a self-enhancing protective motive or as a deliberate coping effort. A recent series of social psychology studies indicated that personal changes reported by participants after a stressful experience found they tended to shift self-reports of their previous selves to be more negative (relative to controls), whereas their current ratings of themselves did not differ from controls who were not reporting on growth. The subsequent effect of this shift gave an impression of positive change. These results suggest that reports of positive change are, at least in part, illusory, and call into question the validity of self-reports of growth (Park, 2004; Wortman, 2004).

Others however argue there are two sides of the concept – it also has a self-deceptive, illusory face. Where the constructive side is arguably, to do with functional adjustment or cognitive restructuring, the self-deceptive side although might be linked to denial, avoidance, wishful thinking, self-consolidation, or palliation has been equally extensively researched and is called 'positive illusions' (Taylor, 1983; 1988). When faced with threatening events, people tend to make cognitively adaptive efforts that may help them to return to or exceed their previous understanding of themselves and the world they live in. As a result the themes around which such 'transformations' occur may include a search for meaning in the experience, an effort to regain a sense of mastery, and an attempt to restore a positive sense of self. Positive illusions might seem to be similar to denial, etc. however, Taylor and Armor (1996) highlighted that positive illusions represent people's beliefs about their own personal qualities and their degree of personal control, whereas wish fulfilment and denial are more focused on how one wants external circumstances to be when they are not.

To take account of this dual-faceted concept Maercker and Zoellner, (2004, for a review) having previously used different methodologies for the assessment of PTG, found that individuals use both an active coping mechanism for the constructive and functional side

and some form of palliation for the illusory side. For example, their Janus-face model of PTG is conceptualised as a multidimensional construct including changes in cognitive aspects such as beliefs and goals, which can also facilitate behavioural changes.

4.4.5 Managing distressing emotions

Individuals must find ways of managing the initial distress post-trauma. This is necessary to allow constructive cognitive processing which produces schema change. However, the early stages of cognitive processing are likely to be automatic and include negative intrusive thoughts, images and rumination. If the process is effective, this leads individuals to give up on previous goals and assumptions and eventually take on new schemata. Tedeschi and Calhoun (2004) predicted growth increases over time as people continue to process what has happened but if it occurs quickly, this is probably an indication that the assumptive world was not severely tested. Or as some theorists argue early reports of change may reflect denial that may in turn impede recovery, given that emotional processing of the event is necessary for recovery (see Tedeschi and Calhoun, 2004, for a review). Conversely, others imply that early reports of growth do not reflect denial and may in fact be adaptive. The adaptiveness of early positive change also is consistent with Fredrickson's (2000) broaden and build model, in which positive emotions (and finding positive meaning) undo negative emotions and create an 'upward spiral' in adjustment.

Most studies of growth have been conducted years post-trauma therefore there is little information about the relations between early reports of growth and distress. This data is important for clinicians working with trauma survivors, who may focus exclusively on the more recognized negative effects of trauma (e.g. PTSD), ignoring potential positive changes. However, although only a very few studies have assessed growth soon after traumatic events they do find some benefit or positive aspect of the experience, even as soon as one week after the trauma. This was reported within a longitudinal study of women who had been sexual assaulted and found that the majority (57% to 75%) of respondents reported positive changes between two weeks and two months after the assault. These reported benefits, however, were no longer present for many when questioned in a follow-up interview and subsequently those who showed a decrease in benefits over time showed a corresponding increase in distress. Although at twelve months those with the least distress were those that found the most positive change at two weeks (Frazier, Conlon and Glaser, 2001). Similarly, McMillen et al.'s (1997) longitudinal study

of survivors of three types of disaster found that it was common for people to report growth at the first interview which was just four to six weeks after the disaster.

Women participants within a group-based setting are expected to explore their emotions on coping with cancer. Although they often find this difficult to do, those women who reported that they engaged in higher levels of such processing also reported greater PTG at all assessment times. However, emotional processing at earlier time points did not predict subsequent PTG scores. Therefore, perhaps other cognitive changes are the sufficient condition for sustained growth over longer periods (Lechner and Antoni, 2004).

As has been shown, there are divergent reports of the time taken for PTG to occur therefore it is necessary to understand, more fully, the processes that underlie growth and how it may be sustained over time.

4.4.6 Rumination or Cognitive Processing

Rumination is traditionally associated with negative, self-punitive thinking and clinical depression. It has been pointed out that evidence for the long-term drawbacks to rumination does not seem to correspond with the idea that it is involved in PTG (Updegraff and Taylor, 2001). However, rumination has a different meaning when related to PTG. In its reassessment rumination takes on the form of recurrent event related thinking such as making sense, problem solving, reminiscence and anticipation. Therefore instead of the traditional use of rumination in its negative form Tedeschi and Calhoun (2004) use the term cognitive processing.

Survivors reflect on what has happened and in so doing their life is viewed as the 'before and after' of the trauma, the trauma being the turning point. Where previous goals and ambitions were possible they are not so now because they cannot accommodate the reality of the trauma. Therefore new goals and worldviews are formulated that allows a perception that one is moving forward again toward goals in a world that permits this. The sense of movement toward achieving goals is crucial in life satisfaction. In thinking about what has been lost individuals may appreciate they have achieved growth in various ways but some would give all that up to have life as it was before their 'loss'. Another form of cognitive activity that is related to higher levels of distress is regret and repeated consideration of how the trauma could have been avoided. These are known as

‘counterfactuals’. However this can still be considered making sense of events (Janoff-Bulman, 2004; Tedeschi and Calhoun, 2004).

Trauma creates both negative and positive cognitive processing. The negative is required initially to set the positive in motion. Recent studies support the relation between deliberate cognitive processing and PTG. Greater levels of cognitive processing soon after an event resulted in greater PTG but chronic long-term searches for meaning have a negative psychological impact on the individual (Tedeschi and Calhoun, 2004). Although it is agreed that cognitive processing of a trauma may be necessary for people to rebuild their assumptions and schemata, and therefore to experience PTG, other research raises questions as to the nature of this cognitive processing. Rumination is defined very differently, as persistent thoughts about one’s symptoms of distress, and the possible causes and consequences of these symptoms. This research subsequently found two types, that of brooding and reflection (Noelen-Hoeksma and Davis, 2004). Within this research brooding is significantly related to both current and future depression, whereas reflection, which resembles the definition of rumination given by Tedeschi and Calhoun (2004), is associated with benefit finding and reappraisal and problem-solving forms of coping, that seem likely to contribute to long-term PTG, but brooding is not. However, it is suggested that there are different cognitive processing styles that are differentially related to posttraumatic distress and possible growth. But a number of questions remain. For example, ‘What makes some people engage in brooding whereas others engage in reflection?’ ‘Does brooding eventually transform into healthier reflection, as Tedeschi and Calhoun (2004) suggest it might?’ Whilst to date no evidence has been found in various studies, the possibility still remains (see Noelen-Hoeksma, 2004, for a review). Therefore understanding the type of cognitive processing and when it occurs may be crucial to understanding the cognitive routes to PTG.

4.4.7 Coping, Cognitive Processing and Growth

Research has examined the relationship between coping strategies and PTSD severity to better understand why some individuals are successful in recovering from trauma-induced psychological disturbance, whereas others develop lasting problems. The manner in which an individual copes with life events is a factor that may influence the extent to which a person experiences PTG. Early success in coping is suggested to be a precursor to later PTG. However, previous research on transformational coping argues individual

differences lead to outcomes that can be adaptive or maladaptive (Aldwin, 1994 cited Tedeschi and Calhoun, 2004). Whereas Carver (1998) suggests it is a combination of self-confidence in coping and the importance of the events that make people decide whether to engage in coping or whether to give up. When events are very important, people with high confidence continue to strive to achieve optimal functioning, and those with low confidence give up (Tedeschi and Calhoun, 2004).

The conception of PTG, as put forward by Tedeschi and Calhoun (2004) complicates matters by arguing that people who report growth must give up certain goals and basic assumptions, at the same time persisting in an attempt at building new schemata, goals, and meanings. This persistence in cognitive processing should be associated with PTG (see Tedeschi and Calhoun, 2004 for a review). Many studies have found, however, that although they do not include measures of PTG, individuals who show evidence of processing their trauma or loss do no better, and often worse, than people who do not. For example, research regarding loss of a partner found that those who thought less about their loss and did not search for meaning regarding the loss reported fewer symptoms, higher well-being, and rated themselves as more recovered from the loss than those who reported searching for meaning (Wortman, 2004).

Research has revealed that during the early period of dealing with the diagnosis of, and treatment for, breast cancer, PTG was associated with greater positive reframing, religious coping, self-distraction, emotional processing, and less seeking social support. However PTG became differentially related to these areas dependent on the time assessed suggesting women employ different coping strategies at different time points during the course of the illness. Subsequently it is suggested that this relation is dynamic and may be reflective of the nature of the stressors that are being encountered at any given time (Stanton, Kirk, Cameron and Danoff-Burg, 2000). In a sample of mixed cancer patients, PTG was positively related to the cancer-specific adaptive coping strategy called 'fighting-spirit'. PTG was related to lower levels of hopelessness or helplessness, but unrelated to anxious preoccupation, denial, and fatalism all three of which are considered maladaptive. Compounding this, those who enjoy good social support are more likely to find benefits and meaning in cancer because their 'fighting-spirit' coping attempts are mirrored and reinforced by those friends and family that provide them with support. Similarly,

hopelessness or helplessness may inhibit or decelerate PTG and this effect might be alleviated with the aid of social support (Lechner and Antoni, 2004).

Although possibly only a matter of semantics, Janoff-Bulman (2004) argues the Tedeschi and Calhoun (2004) model should more accurately be titled a 'Model of Posttraumatic Coping' because she feels the authors appear to regard PTG as an outcome, or natural by-product, of the coping process presented. If this is so, it is argued, can there be an understanding of such growth just by knowing that survivors have successfully completed the requisite cognitive processing and have reconstructed their assumptive worlds. Although successful coping is generally necessary for PTG, it is argued to be insufficient for a complete understanding of this growth. In an attempt to further understand how growth can occur, three models have been put forward that breakdown the difficult cognitive-processing task confronting the trauma survivor. These are *strength through suffering*, or the more glib 'no pain, no gain'. *Psychological preparedness*, which is similar to stress inoculation or 'what doesn't kill you makes you stronger'; and *existential re-evaluation*, where the survivors' main aim is to try to understand what has happened but particularly why it happened to them.

A severely adverse event can be the necessary trigger for individuals to make significant changes in their lives. In other words, some adverse events make survivors take a critical look at their life, if it is found wanting, then life priorities may be purposefully and consciously changed to achieve greater happiness and improved physical and mental health (McMillen, 1999). Among people who were exposed to one of three disasters (a plane crash, a tornado, or a mass murder), those with higher numbers of pre-incident diagnoses reflecting mental health problems were most likely to find benefit in the disaster (McMillen, Smith, and Fisher, 1997). The authors suggested that this occurred because those whose lives are in worse shape before the disaster and those who faced a life-threatening situation may have been more likely to reassess their lives and their futures in the disaster's wake. Such threats to mortality, as in the Near Death Experience where there is 'no future for me' (Wren-Lewis, 2004: 92) that subsequently become a mere 'brush with death' it is argued, cognitive processing does not seem to be involved in growth at all, as those who do best following adversity frequently show little evidence of processing (Wortman, 2004).

4.4.8 Growth, Cognitive Processing, Disclosure and Social Support

It is suggested that PTG can be facilitated by the process of self-disclosure in the context of a supportive social environment. Growth can occur when others listen supportively. Also the importance of social relationships in relation to PTG lies in their abilities to promote rumination and thus the revision of schemata by the traumatized individual (Tedeschi and Calhoun, 2004). Indeed it is emphasised rumination, or worrying to a degree, is automatically and necessarily a part of all the cognitive and emotional works (Harvey, Barnett and Overstreet, 2004). It can be difficult, however, to measure and interpret the effect of social support, as the results could be confounded by the quality and quantity of the relationships before the trauma. Nevertheless, it has been found that the support of close, caring others is of particular importance during challenging and traumatic life events (Janoff-Bulman, 1992), especially so if it is given by others who have had a similar experience, as this is most credible (Lechner and Antoni, 2004). This then can have a reciprocal affect as these individuals might not only assist others who have experienced similar negative events but may go on to prevent others from experiencing similar difficulties.

In rare but compelling instances some people completely transform their life structures to work for the benefit of others, often by working to change an environment that they believe contributed to their pain. Tedeschi and Calhoun (2004: 14) refer to the 'Extension of the Concept to Social Transformation' whereby the famous and the unknown can emerge as important forces in changing the narratives and the schemata of societies such as Desmond Tutu and Nelson Mandela regarding apartheid and Candy Lightner, founder of Mothers Against Drunk Driving (MADD) after her 13-year-old daughter was killed by a drunk driver. Traumatic events not only happen to individuals but also to groups and through vicarious processes to whole countries and societies. Similarly, the social narrative can be changed by the struggle with events such as: the Great Depression where new ideas evolved about the responsibility of government and capitalism. Out of World War II combatant's view of their societies was changed; Japan changed from a strongly militaristic to a more pacifistic culture. Within Germany the youth were very affected by the Holocaust. And also, as has already been mentioned, 9/11 is being seen as a catalyst for change (McMillen, 1999).

There are also different ways that social support may directly and specifically facilitate the development of positive changes i.e. self-schemata, which reflected positive early life experiences (Regehr, Marziali and Jansen, 1999) in combination with outpourings of support may remind people of the importance of family and friends. These positive messages could then show how one is faring, fostering views of increased personal strength (McMillen, 2004). Narrative research concurs that close others' reactions to disclosures and confiding are absolutely critical in influencing how successful the account maker will be in dealing with the loss experience (Harvey, Barnett and Overstreet, 2004).

It is generally agreed that healing is facilitated when others are willing to listen to what the trauma survivor is going through, however some are sceptical as to how often this is likely to occur. Research has found close others often will not respond to disclosures of distress with empathy and concern, they are typically made uncomfortable by displays of distress and often react with hostility, incredulity, dismissal and the like. Consequently, they often discourage displays of distress in a variety of ways. The end result is that social interactions often impede growth rather than facilitating it (Wortman, 2004). It is becoming increasingly clear, however, that the negative elements of social interactions are more strongly related to mental health than positive elements (Campbell, Dworkin and Cabral, 2009). Ullman (1999) found positive support had no significant effect on recovery, but negative social reactions (e.g., blaming) hinder recovery from rape. These reactions, particularly so in the case of sexual assault and incest, can be devastating, and therefore positive social support is of particular importance to the confiding person (Harvey, Barnett and Overstreet, 2004). An extension to this is support from the criminal justice system, which is equally critical, as this particularly validates what a crime victim has suffered. In these ways social support may contribute more directly to the recognition of PTG.

Research regarding mutual support groups has found growth can occur as a result of the discussion of perspective and offering of beliefs (Tedeschi and Calhoun, 2004). Clinical interventions may be particularly fertile ground for growth, within which there will be a mix of people. Some of whom will most likely have already found benefits and experienced growth and can therefore assist others in the revision of schemata. Although not specifically looking to find PTG, it is reported that participants in the intervention condition showed a significant increase in PTG at post-intervention (which was maintained at both follow-up assessment points) as compared to women in the control condition, who

showed no significant change over time (Lechner and Antoni, 2004). Although there is growing evidence of the importance of social support, it is argued, it may play a strong role in the development of PTG only when it remains stable and consistent over time. This is because cognitive processing can be inhibited by a lack of support whereby individuals would ultimately experience less growth. Others however argue for increasing the specificity of the role that supportive others may play in facilitating PTG (McMillen, 2004) as belonging support and the report of benefit are found to be positively associated.

4.4.9 Posttraumatic Growth and Physical Functioning

It has already been acknowledged that the presence of growth is not an end to distress but that they may co-exist. However Tedeschi and Calhoun (2004) also imply that positive psychological changes predominate over any negative changes that occur when they suggest 'out of loss there is gain' (Wortman, 2004). Although research has subsequently found there is a relationship between PTG and physical well-being such research often does not give a complete understanding. A relationship has been found between PTG and physical well-being where quicker cortisol habituation is reported to a laboratory stressor (Tedeschi and Calhoun, 2004) and within clinical interventions, was not only found to be lower in women relative to controls, but was also mediated by reports of increased PTG. Also these women's immune systems were recovering at a faster rate than the controls (Lechner and Antoni, 2004). Wortman (2004), however, argues there is insufficient information given to the many negative changes that can occur following trauma. Exposure to trauma often brings about permanent neurobiological changes that can cause persistent hyperarousal, resulting in PTSD symptoms. These symptoms can become chronic and debilitating therefore affecting changes in personality such as increased hostility, suspiciousness or paranoia, feelings of emptiness or hopelessness, impulsivity, and constant feelings of impending doom. Individuals often adopt more negative views of the world and feel that danger is ever present and subsequently feel they cannot keep themselves or their loved ones safe. Fatigue and concentration problems may also occur that may impede the ability to perform well at work. Finally, many people find great difficulty getting enjoyment out of things that formerly brought them pleasure. Therefore it is necessary to consider the impact of such negative changes along with any positive changes that have been reported.

4.4.10 Posttraumatic Growth and Psychological Distress

Given that PTG refers to positive changes in the aftermath of trauma, it would be natural to assume that such growth would be associated with increased positive well being and decreased psychological distress. Yet the quantitative evidence is certainly mixed regarding the degree to which higher levels of growth are associated with lower levels of psychological distress. Even within their own research Tedeschi and Calhoun (2004) remain inconclusive where they argue '*continuing levels of manageable distress may actually fuel PTG*', and go on to report that '*where relations are observed higher levels of growth tend to be associated with lower levels of distress – but not always*' (p13). However, they explain by arguing the absence of relations between PTG and traditional measures of psychological adjustment suggests they are independent and therefore not the same as an increase in well-being or a decrease in distress.

Although other research has found that most people perceived at least one positive life change as a result of a loss, the majority of individuals continue to be extremely troubled by their loss. If a person reports one positive change but is also experiencing many of the previous negative affects, is this still growth (Wortman, 2004)? Other trauma researchers have also emphasized that any positive changes that occur as a result of trauma are typically accompanied by negative changes that are every bit as significant (e.g. Frazier, Conlon and Glaser, 2001; McMillen, Zuraivin, and Rideout, 1995). Therefore it is not so much the percentage of people who show a few self-reported positive changes, but what of that percentage are judged as being significant and not dominated by any negative changes. It is important to make note of both positive and negative changes that may have been caused by a trauma. When both kinds of changes have occurred, it is then necessary to consider under what condition it is appropriate to conclude that positive changes actually indicate growth (Wortman, 2004).

Although this search for benefits of traumatic experience is counterbalancing in nature, it may actually backfire. Indeed, Conservation of Resources (COR) (Hobfoll, 1989) theory had originally posited that loss of key resources leads to psychological distress and is central to the stress process. Subsequently further stress results in resource loss just when they are most needed. Since PTG had been conceptualised as a path for offsetting the negative impact of trauma exposure, subsequent research combined PTG with COR theory and found that those who experienced the greater psychosocial resource loss and greater

PTG had in turn reported greater PTSD (Hobfoll, Hall, Canetti-Nisim, Galea, Johnson, Palmieri, 2007). However, what is new in Hobfoll et al's argument is that

*...if PTG is sustained over time and if it is translated to growth-related **actions**, it will be related to lower psychological distress (p359).*

Action based coping strategies have been examined as mediators between low points and both positive and negative outcomes (Aldwin, Sutton and Lachman, 1996). They found that positive action (which includes instrumental action and conscious emotion regulation) promoted positive outcomes (e.g., perceptions of increased mastery and social support). In contrast, negative action (which included hostile aggression and manipulation) seemed to promote negative outcomes such as an increased sense of vulnerability and more bitterness toward the world.

Both guilt and shame are toxic contributors to PTSD (Wilson, Drozdek, and Turkovic, 2006; APA, 2000) and both emotional states include action-related elements. Guilt is thought to derive from the self-perception of a failure to act or acting in a way that does damage to others, while shame can develop from acting in ways that are discrepant with one's principles (Berkowitz, 2000). This has been shown in relation to rape. Those women who did not fight off their rapist often feel shame and guilt regarding their lack of action whereas other women who at least attempted to fend off their perpetrator but failed to do so are less affected. Just knowing that one acted, that one tried, is less aversive than knowing one failed to act (Herman, 1992; Janoff-Bulman, 1992).

Others suggest failure to find a negative relation between growth and distress occurs because some people reporting growth may deny negative aspects of their experiences. A common tendency is that people cope with stressful situations by identifying positive aspects of the situation and subsequently perceiving growth from it. But this perception does not necessarily reflect genuine positive change, as has already been argued; any exaggerated self-improvement may be an 'illusion' to help alleviate their distress. As previously mentioned, high scores on measures of distress often accompany growth. Therefore there is an element of scepticism regarding the veridicality of reports of high levels of growth from a person who is also reporting high levels of distress and coping efforts than from someone who reports high levels of growth, low levels of distress and

coping (Park, 2004). The fact that there is the paradox that positive and negative are inextricably linked comes as no surprise to Janoff-Bulman, (2004). The long-term legacy of trauma, and subsequently the maintenance of growth, involves reminders of both losses and gains. The survivor can focus on one or the other, but both are ever present. In short, growth does not undo the fact of what happened (Butler, 2007).

Whilst the previously reported criticisms are aimed at the heart and intricacies of the PTG theory a more overarching weakness is that of culture. Culture is critical because it comprises the ways people do particular things in a given culture and the particular meanings that are so attached. This most glaring omission in the Tedeschi and Calhoun (2004) model surely would have an effect on many of its components, such as: survivors' pre-trauma fundamental schemata, beliefs, and goals; the types of trauma people typically endure; the management of emotional distress of adversity; ongoing life narrative development; the degree to which survivors use different aspects of rumination to cope with adversity; and the degree and types of social support received following adversity (McMillen, 2004; Pals and McAdams, 2004).

The US culture has produced books, magazines and a general attitude to 'look on the bright side'. It is a culture that embraces what one psychologist has called the 'tyranny of the positive attitude' (Held, 2002). Even at a micro level, this type of thinking is prevalent among individuals with cancer and is particularly rife within a group setting (Lechner and Antoni, 2004). It is also possible the US culture is largely responsible for the PTG phenomenon. Prior to the 1980s, research suggests that middle-class Americans rarely talked about their traumatic events. Narrative tastes, however, change over time, even within a given culture. In the past 25 years or so, these kinds of tellings have become increasingly common. Educated Americans today expect, and relish, stories about how personal trauma leads to growth. Indeed it is argued the Tedeschi and Calhoun (2004) approach is timely because it taps into this popular culture zeitgeist. However, missing from Tedeschi and Calhoun's (2004) model is a consideration of the ways that cultural narratives shape people's understanding and expectations of PTG. Their PTGI might be considered universal. The idea that good things may come from bad events may be common in many societies, but it is suspected that the kinds of 'bads' and the kinds of 'goods' will vary substantially from one society to the next and over historical time (see Pals and McAdam, 2004, for a review).

4.5 Theory

There are various criticisms of the Tedeschi and Calhoun (2004) model of PTG. Although it incorporates cognitive processing, schema reconstruction, and other relevant psychological processes such as ruminative processes, wisdom etc., all in a context that could possibly guide future research, the terms are considered ambiguous. Additionally the theoretical predictions are somewhat unclear and therefore difficult to operationalise (see Maercker and Zoellner, 2004 for a review). Also the same processes are proposed to lead to each of the five domains. Although this model accounts for the fact that change occurs following adversity, it does not sufficiently account for the different types of change. It is suggested it may be more helpful to develop models for each of the major domains of self-reported positive changes and determine later what processes the different models share.

Various areas are not included in the Tedeschi and Calhoun (2004) model, such as pre-adversity family functioning. This could help explain the self-report of improved relationships following adversity and survivors' pre-adversity levels of general perceived self-efficacy, which could subsequently explain the degree to which adversity survivors would report a greater sense of personal strength (see McMillen, 2004 for a review). Also missing are behavioural measures of growth, such as helping others, that are seen as a good reflection of the validity of stress-related growth (Frazier and Kaler, 2006; Park, 2004; Stanton and Low, 2004). The idea that the action of helping others is viewed as adaptive after a traumatic experience has strong intuitive appeal (Westphal and Bonnano, 2007) and also fits with the well-documented link between social support and adjustment (Cohen and Wills, 1985).

4.6 Method

Different instruments have been used to measure the concept of growth. Some researchers have simply asked a question of how much change that is felt will only reveal a perception of growth on the part of the individual (i.e. McMillen, Smith and Fisher, 1997). Others have developed a series of scales assessing growth in a variety of areas (see Joseph and Linley, 2004, for a review). It is argued the development of scales to measure growth represents an advance in capturing the construct. Such questionnaires can be useful if used with caution because these scores are likely to represent only a portion of what we might consider growth. Additionally investigators determine what goes into these scales, and, as

has already been mentioned, no particular scale captures all of the domains of growth that have been identified to date.

Also previously mentioned, is the fact that different populations and different types of stressful events may yield different dimensions of growth that can also differ depending on the instruments used to measure it. For instance, multi-item checklists used for the assessment of growth tend to elicit higher rates of growth (everyone reports at least one benefit or area of growth, with most participants reporting 15 to 30 such changes (e.g., Frazier, et al, 2001; McMillen, Zuraivin and Rideout, 1995) than is the case with single, open-ended questions i.e twenty to fifty percent of the sample report no benefits or growth (e.g. McMillen, 2004). It is felt, however, these may underestimate the extent of perceived benefits or growth because Tedeschi and Calhoun (2004: 3) argue

...the evidence is overwhelming that individuals facing a wide variety of very difficult circumstances experience significant changes in their lives that they view as highly positive.

Many question that the evidence is as strong as suggested. If a respondent mentions one thing, for example, 'I spend more time with people who are important to me', is that person categorised as demonstrating growth? There is no further information obtained from the respondent to suggest whether this change is judged as significant or meaningful, or as more significant than any of the negative changes that the person may be experiencing (Wortman, 2004). Other concerns regarding the current questionnaire-based assessment are that the measures of growth, including the PTGI, often consist of only no change or positive change type of responses which not only may induce a socially desirable mindset, but does not allow for a decrease in any area thereby reducing the validity of the scale. To correct this tendency, new scales should have negative items embedded within them to assess negative as well as positive change (Nolen-Hoeksema and Davis, 2004; Stanton, 2004).

It is easy to be sceptical of life change reports checked on a pencil-and-paper checklist and although the PTGI has yielded some promising results, it is much more difficult to be sceptical about, and would be well complemented by, narrative accounts of traumatic events. It would therefore seem important to assess growth outcomes by examining the

extent to which they naturally emerge in the context of a person's own understanding of the event. Additionally, issues surrounding more contentious areas such as culture, etc. could become clearer. The way a person experiences growth outcomes may very well fall into one of the pre-established areas but it might be expressed in a way that is unique to his or her circumstances, the particular type of traumatic event in question, personality characteristics, and, the cultural narratives that are available as a person makes sense of the traumatic event (Pals and McAdams, 2004). Nevertheless, it is understood that such reports may to some degree represent something other than psychological adjustment, such as a cognitive adaptation to threatening events (McFarland and Alvaro, 2000; Taylor, 1983). This should not imply that growth does not occur; such self-protection may just be the starting point of subsequent growth (Nolen-Hoeksema and Davis, 2004).

4.7 Conclusion

To sum up, there is general agreement that

'the phenomenon [PTG] is complex ...' and 'cannot easily be reduced to simply a coping mechanism, a cognitive distortion, psychological adjustment or well-being, or a host of apparently similar constructs' (Tedeschi and Calhoun, 2004: 15).

However, there is criticism that the model relies too heavily on cognitive processing and understates the role of the larger environment. It includes little, if anything, in the way of socio-demographic variables, ethnicity, age, gender, etc. (McMillen, 2004; Wortman, 2004).

Questions remain, however, where although the Tedeschi and Calhoun's model ostensibly asks, 'What leads to PTG? Perhaps the questions that should also be asked are:

- What leads adversity survivors to conclude that their lives are better off than they were before the adversity?
- Do reports of growth give accurate perceptions of true change, or are they motivated by other factors?
- Does posttraumatic growth relate to lower psychological distress?

If perceived growth is genuine, people's answers to questions about positive changes following a tragedy should be consistent with answers provided elsewhere in an interview (Wortman, 2004) or actual behaviours (Frazier and Kaler, 2006). Although Frazier and Kaler (2006) attached behavioural measures to the compassion and empathy scales used, those individuals who reported that they were more empathic as a result of their stressor were found not more likely to volunteer to help others.

The popular literature and media persist in expounding the notion to adopt a positive attitude, particularly so in the case of cancer, even when the individual is feeling sad or discouraged. In spite of interventions studies that have shown that appropriate expression of negative feelings may contribute to longevity and better quality of life, many individuals still believe that repression will lead to better outcomes (Antoni and Lechner, 2004). If, however, there indeed now exists unprecedented pressure to accentuate the positive, it could be that the pressure itself to be happy and optimistic contributes to at least some forms of unhappiness (Held, 2002).

As a result of the aforementioned body of research many empirical studies have since been carried out into this phenomenon, the majority of which have researched different forms of illness, i.e. cancer and HIV and AIDS, but also bereavement and natural disasters. However, there are very few studies that have researched this affect with regards to crime generally, and particularly that of adult rape (see Linley and Joseph, 2004; Tedeschi, Park and Cohen, 1998 for a review).

CHAPTER FIVE

5. Theory and Methodology

5.1 Rationale

The rationale for undertaking a study such as this has two parts. Firstly because of its feminist approach it necessarily requires the researcher to reflect on their personal reasons for doing so and secondly, as is required of all pieces of research, its academic underpinnings.

Firstly, my personal interest in this area of research began whilst undertaking an undergraduate degree in Criminological Psychology. During the three-year course two women I knew had both been raped by strangers and I was subsequently struck by the differences in their recovery process over the months following their attack. Whilst one woman had considerable difficulty in leaving the safety of her home and became a recluse for a while, the other, not only continued her life much as before but actually made changes that could be viewed as positively affecting her recovery. This area then became the focus of my undergraduate dissertation which took the form of a literature review where fortunately I received a First Class, both for the dissertation and for the degree as a whole. Encouraged, not only by my academic ‘success’, but also my appetite had been whetted by my growing interest in the relatively new area of research that is posttraumatic growth.

Unlike my undergraduate dissertation taking on a PhD involved becoming embroiled in the many and varied ethical considerations that were necessary in such a sensitive piece of research. These are discussed in more detail later in this chapter. However, briefly to state here that during the design phase of the research the emotional well-being of the participants was the primary concern. Having said that it was also important to consider the impact the narratives of my participants would have on me as the researcher. Young and Lee (1996) argue that the role of emotion in the research process is not accorded the recognition it deserves and this is endorsed by Hubbard, Backett-Milburn and Kemmer (2001) who address the need for research teams to develop strategies to ‘manage’ the emotions of researchers throughout a project. They suggest that while there is now a widely accepted understanding that participation as a respondent in research carries with it

an emotional component and a consequent need for the researcher to be sensitive and aware of the ethical implications, there is little corresponding awareness of the emotional impact on the researcher.

This emotional impact has been referred to by various terms such as vicarious trauma, compassion fatigue and burnout. Although these are considered overlapping concepts, these terms are quite distinct in their definition. However, in essence, all are natural responses to repeated exposure to trauma work which can affect many aspects of a person's life. It may consist of short-term reactions, or longer-term effects that continue long after the work has finished. Some have even argued its effects are potentially permanent (see Morrison, 2007). 'Vicarious trauma' was coined by McCann and Pearlman (1990), and is the term perhaps most widely referred to in much of the literature on this topic, with some even arguing it is the most appropriate term (Dunkley and Whelan, 2006).

Whilst much research in this area has explored the responses of health-care workers such as therapists, research has found that researchers who work in the field of sexual assault may be affected. For example, one study found that people researching rape (who worked only with archival data and had no personal contact with victims or offenders) experienced somatic complaints, sleep disorders, increased cautiousness, increased need for social support and emotional responses such as anger, anxiety, fear and sadness (Alexander, de Chesnay, Marshall, Campbell, Johnson, and Wright, 1989, cited Wasco and Campbell, 2002). As Campbell (2002, cited Morrison, 2007) pointed out, the norms of research do not typically provide for such effects.

Being aware of this potentially personally harmful situation it was important for me to have in place certain self-care strategies that would hopefully eliminate the risk of such vicarious trauma as suggested in literature (e.g. Brescher, 2004). Personally these would include having and maintaining interests completely separate from work, which would allow me to separate myself from the work and the stresses encountered there. This would include maintaining existing connections with friends that were outside the field that I knew from experience would allow for significant amounts of humour to continue to filtrate through my life. Already important to me was bodily self-care where I intended to maintain the various physical activities that were already in place. Working autonomously whilst undertaking this research would allow me to take breaks from the work, when needed. Available to me were opportunities for debriefing sessions both from my

university supervisors and also my then manager at Victim Support where I was a volunteer. Effective supervision is said to be an essential component of the prevention and healing of vicarious traumatisation (Bell, Kulkarni and Dalton, 2003). Responsible supervision is argued to create a relationship in which a worker feels safe to express their fears, concerns and feelings of inadequacy. This has been found to be particularly pertinent with regard to rape crisis work. Rape victim advocates may be bound to silence outside of the work setting, either by legal confidentiality mandates or social pressures not to bring up the topic of rape. Therefore, a key way in which organisations can support workers is by providing opportunities to verbalise 'rape-related pain' and be in the company of supportive listeners, which may be difficult for them to arrange in other areas of their lives. Within rape research the researcher is also bound by rules of confidentiality as is also the case whilst volunteering. Similarly I had also painfully discovered during my time as an undergraduate there were few people who would wish to discuss the topic of rape in social situations! Additionally within the university environment there would be opportunities to both give and receive support and positive feedback with other PhD colleagues.

In relation to its academic underpinning the rationale is such that not only is there a lack of studies exploring how individuals recover from crime related traumatic events but also research findings suggest that there are two distinct types of traumatic incidence. Firstly where fear and terror is apparent, and secondly where there is the addition of what is termed 'social betrayal' such as those involving interpersonal violence (Birrell and Freyd, 2006). This could mean that generalisation from those other studies related to illness, natural disasters etc. might not be appropriate in relation to crime victims in general and women who are raped in particular.

Since investigation on the psychological consequences of adult female rape begun in the 1970s, only seven studies have been found that have specifically researched the positive phenomenon that is posttraumatic growth (Frazier, Tashiro, Berman, Steger and Long, 2004; Frazier, Conlon and Glaser, 2001; Smith and Kelly, 2001; Thompson, 2000; Frazier, Conlon, Tashiro and Sass, 2000; Burt and Katz, 1987; Veronen and Kilpatrick, 1983). Additionally, six of these seven studies were carried out in the USA (Frazier, et al, 2004; Frazier, et al, 2001; Smith and Kelly, 2001; Frazier, Tashiro, Conlon and Sass, 2000; Burt and Katz, 1987; Veronen and Kilpatrick, 1983) thus the generalisability of their findings to

the UK is largely unknown. Furthermore only two used qualitative methodology (Smith and Kelly, 2001; Thompson, 2000), specifically that of face-to-face (FTF) interviews with rather limited samples sizes; six and five participants respectively. Thus it is unlikely that their samples fully capture the range of experiences; although Smith and Kelly's participants were randomly selected from a previous postal survey study of 60 participants. Therefore the rationale for the current study is five-fold:

- The study of positive change is seen as an important area of research because focusing only on the negative sequelae of trauma and adversity can lead to a biased understanding of posttraumatic reactions. Any understanding of reactions to trauma must take account of the potential for positive as well as negative changes if it is to be considered comprehensive.
- There is currently a dearth of material regarding positive outcomes in relation to the crime of rape, both globally and more importantly, specifically to the UK. Apart from the one other UK study mentioned earlier this area of research largely originates from the USA and the applicability of these studies to other populations is unclear.
- It is necessary to research different areas of trauma separately as any areas of change that are found may be unique to the traumas studied and therefore this makes generalisation inappropriate. For instance, unlike illness and natural disasters, a crime such as rape involves the intentional infliction of harm by another (Frazier, et al, 2000). As has been previously mentioned, in addition to the traumatic response of fear and terror that is common to the majority of traumatic incidences there is also a 'social betrayal' (Birrell and Freyd, 2006) where interpersonal violence is concerned. The degree of betrayal trauma is believed to be determined by the nature of the relationship between the 'harm-doer' and their victim, e.g. stranger through to intimate partner. Many view harm by an acquaintance or husband, who one tends to trust, as a greater violation than harm by a stranger (Kelly, 1988; Stanko; 1985; Hall, 1985).
- To date the majority of research carried out in this area uses quantitative methods of inquiry. Whilst this method has proved useful, it is felt the use of qualitative interviews, which reveal rich data, would add considerably to the understanding of this new phenomenon generally and specifically in relation to the crime of rape.

- To date where qualitative methods have been used they have been conducted with particularly small number of participants, where it was anticipated that this study would achieve a sample size of at least twenty, the end result was a sample size of twenty-one. This then is an almost four-fold increase in sample size in comparison to the previously mentioned studies.

5.2 Research Aims

The current research sets out to investigate a rape experience from the woman's perspective and seeks to understand if this experience can result in some individuals actually functioning better following victimisation, than prior to the rape? With that in mind the study seeks to:

- Discover the meaning of recovery from a rape experience from the perceptions of the women.
- Discover the changes made by women who are raped that they consider a positive in their recovery process.
- Identify those psychosocial characteristics of these women that may initiate or facilitate such positive changes as a result of coping with the trauma. This will involve identifying those features and characteristics of the women's lives before, during and after their rape.
- Identify features and characteristics of those women who have facilitated positive change and discover how they differ from those women who respond more negatively.

It is important to point out that the above aims and objectives have changed somewhat since their conception. At the outset I had anticipated that part of the study, as outlined in the third and fourth bullet points, was to draw certain comparisons between those women who had achieved a positive change and those who had not. However, as I progressed through the literature review and subsequently the data collection, the reality was that this was a naïve assumption and as such this information was not easy to classify in any significant way. Having said that, however, I have reflected somewhat and drawn certain conclusions on this objective in the overall conclusion in Chapter Nine.

5.3 Design

5.3.1 Methodology

The nature and aims of the research suggest that a qualitative approach to the study would be most appropriate. Conventionally speaking qualitative methodology has tended to be associated with an holistic approach to the material in question and places emphasis on meaning, understanding and the role of experience; whereas quantitative methodology favours extremely restricted methods of measuring human behaviour. Although historically, (i.e. late nineteenth century), qualitative methods were viewed as valid a way of researching human beings as were quantitative approaches and, at that time, were often seen as more appropriate; this position changed with the advent of behaviourism in psychology. Behaviourism emphasised the aforementioned reductionist stance, that sought the basic ‘elements’ of behaviour, but in so doing, lessened their relevance to everyday living. Although behaviourism has since, to some extent, lost favour, nevertheless its methodological emphasis on control has remained in favour. Subsequently qualitative methods were viewed with suspicion because they lacked those valued elements of reliability and generalisability, which then invalidated the study of one-off, unique, human experiences (Sarantakos, 1997; Hayes, 1997). However, as a result of the influence of feminist psychology qualitative approaches became increasingly accepted as a valuable part of modern psychology.

5.3.2 Feminist Research and Theory

There are a wide variety of perspectives in feminism, but there is no unique feminist method as they have been unable to agree upon the overall structure of their research (Sarantakos, 2004). However, overall the feminist approach is an inductivist approach to both theory and research. Thus, data are accumulated and examined, patterns are sought, regularities emerge and theories are subsequently induced. Feminists recognise that science cannot be separated from society and culture, therefore its research is distinguished from that of mainstream psychology by women’s experiences assuming priority in the research process. However, it does in fact rely on an array of methods that are common to the social sciences (Hayes, 1997; Renzetti, 1997; Oakley, 1981).

At a basic theoretical level, feminism is about challenging gender inequalities in the social world and in so doing works towards an understanding of, and subsequent end to, the causes of female oppression, in all its forms. Consequently, early feminists attempted to

correct this gender bias by making women more visible, by studying topics of more relevance to women, and by eliminating sexist perspectives and procedures (Oakley, 1981). Feminist research has argued that rape is a consequence of deep-rooted social traditions of male dominance and female exploitation; in effect consistent with sociological theories of conflict and social learning, which are considered to be part of the overarching construct of patriarchy. These theorists assumed that patriarchy shapes attitudes and beliefs, women's roles, men's roles, and their relationship to each other. In essence then rape is not only the result of differentiated and unequal gender roles and social stratification but as a result men learn to be aggressors and women learn to be victims (Ward, 1995; Brownmiller, 1975).

Feminist scholars maintain that knowledge is rooted in experience therefore they have relied upon the experiences of individual women to elaborate the phenomenology of rape and to identify the attitudes which affect that experience (O'Neill, 1996). As a result, using descriptive interview methods, feminists prefer to work with women in their world; in familiar situations which reflect their everyday life. Whilst these naturalistic techniques are also available to psychologists, they traditionally prefer to make use of laboratory research to achieve the rigorous control required for experimental studies. Although feminist methodology sacrifices this control it is argued they achieve a study which has meaning and value for the participants (Hayes, 1997; Ward, 1995; Stanko, 1985). The issue of control does not only relate to that which the researcher exerts on the data, but also often extends to the relationship between the researcher and the researched, which is a particularly distinctive facet of feminist research. In the majority of psychological studies it is a hierarchical relationship where the investigator controls and directs the 'subjects', the research strategy, and interprets the data according to pre-existing theoretical frameworks; whereas feminists, in looking to empower women, create more equal relationships with their participants (Hayes, 1997; Ward, 1995; Oakley, 1981).

In light of the nature of the study the current project will use a feminist style approach. This method is used here for practical and ethical reasons due to the nature and sensitivity of the subject area and out of respect to the participants rather than due to its theoretical underpinnings. The current research will use a semi-structured interview technique and will include additional sources of written information provided by the participants. The interview form of data collection enables individuals to describe, discuss and understand

their experiences in their own terms. This technique subsequently enables qualitative researchers to gain insight into aspects of social life that quantitative methods may be unable to capture.

5.4 Ethical considerations

In order to be able to undertake these interviews with such vulnerable individuals as women who have been raped the ethical guidelines set out by the British Psychological Society (2006) informed the background through which the research was conducted. The procedures adopted throughout the study follow these guidelines and are expanded upon in more detail later within this section.

It is however, of particular importance to point out that, as a result of the research, participants were not exposed to greater mental or physical harm than they would do normally in their everyday lives. Therefore participants were not required to answer any questions they felt uncomfortable discussing and could leave the interview at any time. However, it is acknowledged that the interview may elicit heightened emotions therefore a list of local support services available and national telephone help lines were given.

Bucks New University does have access to public liability insurance. This to be called upon should any participant require payment for counselling or support as a result of being re-traumatised by participating in this research. At no point during the research did it become necessary to invoke this insurance.

Additionally, reasonable steps were taken to ensure the privacy, anonymity and confidentiality of the participants by keeping any identifiable information in a locked cabinet and ensuring nothing identifiable will appear within the final thesis.

5.4.1 Ethical Dilemmas

A number of ethical dilemmas emerged as part of conducting this research. One example that arose during the recruitment of participants concerned the amount of detail about the research to be revealed to the participants. I wanted to represent my study as honestly as possible but did not wish potential participants to be aware that I was particularly interested in 'positive' outcomes following rape for two reasons. Firstly, some participants may be deterred from taking part because they might consider that they had nothing

positive to offer. Secondly, others who decided to take part might come to the interview already having decided what they consider is positive about their recovery. Whilst this is not altogether a bad thing, nevertheless it was preferred the information received from the interviews would be without any preconceived ideas of their recovery.

A second fundamental dilemma arose during the analysis of the data. Researchers often state that all speech including hesitations, including ‘er’ and ‘um’ etc. should be included in the transcribed text. Although I felt I was ‘going against the rules’ after returning the first few transcripts to my participants I did in fact delete all of these hesitations. I did so because a few of my participants had said these ‘hesitations’ made them sound foolish. I subsequently felt secure in my decision to make any modifications after reading what other researchers had decided with regards to this situation (see Popadiuk, 2004). I agreed with Popadiuk’s perspective that most people speak and write quite differently. It did not seem fair that I could take as much time as needed to formalise my text, which would sit alongside the participants’ casual speech. I had already noticed when transcribing some of my questions or comments from the interview tapes that I had immediately ‘amended’ those areas. The interviews were casual, informal, and loosely structured, whereas the text was to become academic, formal, and structured. I feel therefore that certain modifications are acceptable because to do otherwise would make the participants appear uneducated or inarticulate. The women in this study are neither.

5.5 Reliability and Validity

There is disagreement as to whether validity and reliability are appropriate terms for qualitative research, as they are more appropriately used in quantitative research. Many researchers within the qualitative arena prefer the terms consistency and dependability. As such a piece of research is tested by its ‘quality’ whereby a good qualitative study not only aids our understanding of previously confusing situations but does so in a professional, systematic and accurate manner (Golafshani, 2003; Sarantakos, 1997). This is achieved by providing rigorous descriptions and good audit trails in the research documentation (Popadiuk, 2004). As will be shown in Chapter Six, I provide information regarding participant selection, descriptions of the interview process, and how the data was analyzed in order for the reader to determine the plausibility of the data.

As a result qualitative research is more often iterative rather than linear, in that the researcher moves back and forth between design and implementation to ensure congruence at each stage from the design to analysis. Verification strategies can be put in place to assist this process (Morse, Barrett, Mayan, Olson, and Spiers, 2002). For example the sample must be appropriate, consisting of participants who best represent or have knowledge of the research topic. As will be discussed in Chapter Six the participants were mostly generated from rape supportive websites where the majority of the audience will be women who have been raped. It is considered that having such appropriate participants ensures efficient and effective saturation of categories. Sampling adequacy evidenced by saturation and replication means that sufficient data to account for all aspects of the phenomenon have been obtained (Morse, 1994). After conducting in the region of fifteen interviews I began to appreciate that I had become 'bored' with what I was hearing from my participants. My first reaction was a certain amount of distress at such a negative reaction, until it was appreciated that I had potentially reached data saturation. Although it is acknowledged that data saturation occurs when the researcher is no longer hearing new information or appreciating that new themes are emerging from the data, there is little information as to how many interviews might achieve such saturation. It has been suggested, however, this could be as few as twelve interviews (Guest, Bunce and Johnson, 2006). However, to ensure that there was nothing new to be learned, and out of professional courtesy, I proceeded to interview those participants with whom I had already made definite arrangements.

Further verification occurs whilst collecting and analyzing data concurrently and being responsive to what is heard. Such reflexivity was maintained during the whole interview period as I was continually moving between interview, transcription and understanding, on a broad level, the themes that were becoming apparent throughout. As a result the questions on the interview guide (discussed further in Chapter Six) were amended when necessary to account for potential new themes. In addition to the above verification strategies, the transcribed tapes were returned to the participants for them to check that it corresponded with what they understood they had said. By so doing I sought to enable participants to express their thoughts on what may or may not be included within the final text. This action concurs with feminist methodology that looks to empower women and because power is a dynamic process, this action subsequently allows a more equal division

of such power between researcher and those whose experiences are the topic of the research.

CHAPTER SIX

6. Method

6.1 Generating a Sample

The main aim of this research is to identify the changes made by women that they consider to be a positive in their recovery process. Additionally identify those psychosocial characteristics of these women who make positive changes after rape and how they differ from those who respond more negatively. Because no two rape situations or rape experiences are the same for any two women (Janoff-Bulman, 1992; Brownmiller, 1975), how well (or not) an individual recovers from a trauma will be the result of complex interactions among person, event, and environmental factors (Harvey, 1996). Therefore to address these aims, it is important to assemble a sample that is 'biographically diverse'. These good 'exemplars' will be able to provide detailed testimonies which will allow their rape experience to be viewed from a variety of angles.

It is therefore necessary to include individuals with varying histories of previous trauma including previous sexual assault. This is important because previous life stressors before rape may act to either hasten or inhibit the recovery process. Stress inoculation theory posits that positive self-schemata develop, whereby an individual remembers recovering from previous stressful events which helps them cope with subsequent stress (Persaud, 2001; Janoff-Bulman, 1992; Burgess and Holmstrom, 1978). However, traumatic life experiences can also create negative self-schemata that are reinforced by a subsequent attack thus making for a longer recovery period (Regehr, Marziali, Jansen, 1999; Koss, 1993).

A variety of social groups is also required as this area is often not included in the previous research on positive change and is necessary to enable understanding of a rape experience between these different groups. The majority of the current research into positive change has selected their sample from those who have sought help from reporting to the police, attending sexual health services, or counselling and psychiatric services. Whilst all these areas are relevant, additionally it would be necessary to include those who have not accessed such specialist services. Persaud (1998) states when looking to discover those individuals who cope well in the aftermath of a trauma it is possibly more informative to

talk to individuals who have not reported their victimisation to understand how they have coped. It could be they have superior coping abilities, they may not have suffered any perceived distress associated with the trauma or they could be denying the rape ever happened. However until they are interviewed, it will not be discovered what might be different about these individuals.

Research on rape and other forms of victimisation indicates that the way in which a person responds to victimisation changes over time (Frazier, Tashiro, Berman, Steger, and Long, 2004; Frazier, Conlon, and Glaser, 2001; Burgess and Holmstrom, 1974) therefore it is important to interview participants who have been raped more recently and those whose victimisation took place some time ago. There are obvious problems involved in interpreting and comparing accounts of rape from different time periods, especially since some of the women were asked to recall an experience that happened many years ago, whilst others were recounting events that had occurred only a few weeks previously. It is understood that over time memory is often selective and can become poor and confused by the telescoping of events (Frazier et al.2004; 2001).

6.1.1 Inclusion and Exclusion Criteria

This study is concerned with those women who have been raped as an adult, from the age of 16 and above. Although my research is concerned with those who have been raped as an adult, in discussion with the University Ethics Committee, it was decided to be 'inclusive' of all women who are raped. This decision was made because women who are raped often suffer a 'secondary victimisation' as a result of others' negative behaviours and attitudes towards them. Therefore not wishing to revictimise anyone by being in any way exclusive, no mention was made in any part of the recruitment process regarding age limitations. In anticipation of receiving interest from those who were raped as a child certain amendments were made in many areas of the administrative process to accommodate this situation (reported later). Specifically, all participants were asked to complete an amended version (aPTGI) of the Post Traumatic Growth Inventory (PTGI) (Tedeschi and Calhoun, 1998). The amendments made to the PTGI were felt necessary because the original measured only the positive elements of recovery whereas it is felt important that any understanding of reactions to trauma and adversity must take account of the potential for positive and negative changes if it is to be considered comprehensive (Linley and Joseph, 2004). Whilst this questionnaire solely fulfilled an administrative role

for those participants who were not age appropriate to be interviewed, a paper concerning its validation will be reported in the future.

6.1.2 Recruitment sites

In order to generate a sample of women with a variety of different experiences of, and responses to, rape, as outlined above, it was felt necessary to use a range of recruitment sites.

It was decided Victim Support (VS) would be an extremely useful recruitment site as although many women who are raped do self-refer, their database would also provide details of those individuals who had reported their rape to the police. Due to my volunteer status with them I thought access to their database would be available to me. A letter would then have been sent to those identified inviting them to take part in my research. After Victim Support's own ethics committee had considered my proposal, permission was granted. However the time it took for this permission to arrive meant that I had already been overwhelmed by the response from other recruitment strategies. It had also been noted at this stage that there was a distinct lack of ethnic minority participants in my sample. A computer search was undertaken by my VS manager to identify those women who were from ethnic minority groups. Unfortunately there were very few. Therefore combined with information that these groups tend to be reluctant to discuss their experience it was decided to not pursue this course of action at that late stage.

Women who have been raped are well known not to report to the police and by the very nature of the crime committed against them and society's often negative attitudes towards them, are often reluctant to tell others. It was therefore felt that use of the World Wide Web (WWW), and its associated anonymity, might encourage a variety of women to come forward. However, whilst the Internet and WWW does offer new and exciting prospects for social research, it does raise certain methodological issues; however, these are, by and large, not new. The key issue is that of sampling bias whereby contact can only be made with those who can and do use the Internet and the WWW.

A specific target was made of organisations supportive of women who are raped using an 'advertorial piece' (Appendix 1) that gave basic details of the research to be conducted and concluded with a request to contact me should anyone be interested in taking part.

The Rape Crisis Organisation receives more contacts from women who have been raped than the police (Rape Crisis(b)). This is a fact even though many of their 'centres' nationwide have already been closed, or are under threat of closure, due to lack of funds. Therefore it was felt their Headquarters internet site could reach individuals who had not reported their rape to the police. Their head office was contacted and permission sought to upload the 'advertorial piece' on their website. Approval had to be gained from appropriate personnel before their technical staff uploaded the information in mid-August, 2007.

Support Forums

It is well known that many women who have been raped tell no-one due to the fear and shame they feel for what has happened to them. It was therefore important to attempt to encourage these women to come forward. Through use of forums that are specifically intended for women who have been raped, each woman can make contact with others who have had similar experiences. This is accomplished by registering with the forum using a pseudonym and because all contact is through the forum itself no-one can gain access to another's contact details including their email address. Therefore anonymity is maintained whilst still making the desired contact and exchange of information with others. Superior forums are efficiently moderated by individuals concerned with everyone's well being.

'Survive' was contacted first where I directly accessed the 'discussion board' and posted the information piece myself in mid-June. Although I had a limited response from this forum what it did provide me with was a participant who used a number of these forums and was particularly impressed with Pandora's Aquarium. I therefore looked to do the same on this forum. However, 'Pandy's', as it is affectionately called, is very well moderated and restricted to members only. Although it is a straightforward process to become a member, their rules and regulations prohibit any kind of 'soliciting' of their members. Should these rules be broken the offending information will be stricken from the site. Therefore permission had to be sought to upload my information piece. This was duly achieved and went live in mid-July, 2007.

The remaining recruitment strategy was that posters were put up around the university campus in July, particularly on the back of the cubicle doors in the ladies toilets, where it was felt that complete anonymity could be achieved. The use of easy tear off strips

containing my contact details made this contact information gathering process for potential participants very straightforward and not observable by others.

Interviews with my participants extended over 6 months from July, 2007 until January, 2008. This produced a total of 21 transcribed interviews.

The varying success of the different strategies is outlined in Table 1.

It is important to mention at this point that initially I had intended to include men within this study. The recruitment strategies mentioned above were utilised with men in mind also. Although direct contact was also made with male rape forums, unfortunately no men came forward to take part.

Table 1 – Recruitment Sources

SOURCE OF RECRUITMENT	NUMBER RECRUITED
Rape Crisis England and Wales website	9
Pandora’s Aquarium Support Forum	4
Survive Support Forum	1
Posters	4
Snowball sample	3
TOTAL	21

6.2 Interview Procedures

Having successfully recruited participants into the study, it was now a matter of organising the interview process. A guided conversation style was selected as the principal method because this approach will be useful in gathering information from such a vulnerable group of individuals.

6.2.1 The Interview Process – the preamble

After achieving ethical approval for the research from the Society and Health Faculty Ethics Committee the advertising process was started. As a result my recruitment strategies all began within a very short space of time of each other. However, each of the outside organisations had to make their own decisions regarding ethical considerations

which took varying amounts of time and subsequently affected the time before the information pieces could be viewed. This was to become fortuitous because each time this occurred there was an immediate and overwhelming response.

‘Overwhelming’ needs to be put into the context of this particular piece of qualitative research. Overall the number of participants that made contact was forty-three, which, for quantitative research would be deemed woefully inadequate. However, it was the necessary ‘administrative’ process associated with each potential participant that in fact created this ‘overwhelmed’ response in me as the researcher and co-ordinator.

6.2.2 The Administrative Process

All pieces of ‘advertising’ referred to two methods for interested parties to make contact with the researcher. Firstly, a dedicated mobile telephone number, where potential participants could leave a confidential message should they so wish; and secondly a university email address. Only two individuals made the initial contact by telephone, thereafter all administrative contact was by email. Although in this technological age I had anticipated a certain amount of email contact with my participants before arriving at the interview, I had not anticipated the vast amounts of contact that in fact occurred. I had anticipated posting any information sheets, consent forms etc. to my participants but in fact email was used for this process which on the whole the majority of my participants had no difficulties with. Although this saved on paper and stamps etc., it did create a certain amount of ‘organisational’ hurdles for me to overcome.

- My response to any initial contact was to email giving further brief details of my research and attach a Personal Details Questionnaire (Appendix 2). The purpose of this questionnaire was two-fold:
 - When returned the ‘biographical’ information it contained was necessary in order to keep track of those details that are important to create a sample that was diverse for all those reasons previously given.
 - To discover those individuals who were inappropriate, due to age, to be interviewed.
- On receipt of the Personal Details Questionnaire a Participant Information Sheet (Appendix 3) was sent via email which gave full details of the research, their particular involvement plus an indication of what will happen to the data. It was at

this time that I requested to interview them. In anticipation that they would agree to be interviewed and for the interview to be digitally recorded, I also attached a scanned signed Consent Form (Appendix 4) with the request that if they were to agree, and had access to a scanner, perhaps they could do the same in return. If there was no scanner access then I would post a signed Consent Form to them including a pre-paid return envelope. Consent was also required for potential participants to complete the aPTGI (Appendix 5).

- Both processes were utilised; some of those without scanner access just printed out, signed and returned the consent form directly to me without waiting for the pre-paid envelope.
 - As previously mentioned if it was inappropriate to interview a participant then an amended Information Sheet (Appendix 3a) and Consent Form (Appendix 4a) was sent to them that requested their completion of the aPTGI only.
- Once consent had been achieved it was then a matter of either organising an interview or sending out the aPTGI.
- As a result of using the internet, participants were both geographically close and distant. This subsequently necessitated consideration of travelling to meet with participants. Many were too far away to consider travelling to, so a telephone interview was arranged. This then involved arranging the use of a 'speaker' phone which was used in conjunction with a digital voice recorder.
- Two participants did not want to 'talk' to anyone about their experience. Therefore two suggestions were made: with guidance from me, they could either write their whole experience which would include certain aspects of their life that were of interest to my research. Alternatively use could be made of email where they began by writing their basic experience and an email 'conversation' could continue from there.
- One participant lived in the United States of America and geographical timing and cost precluded a telephone call. She made the decision to write her whole experience including those aspects of her life that were of interest to my research. Another lived in Canada however she made the decision to conduct the interview via email as did the two other individuals who lived in the UK but did not wish to speak to me directly.

Although the administrative process at first sight looked fairly straightforward, it was quite dynamic in that it evolved and changed as I ‘progressed’ through my participants in an attempt to suit each individual. Some participants came to the ‘interview’ without the need for much (email) discussion between us. However with others many emails would often go back and forth before a date could be agreed upon, often there would be quite a large time gap between my emails and their response. This is by no means meant as criticism of any of my participants because it is understood that to talk to me about such a traumatic experience takes a lot of courage and therefore required much thought and decision making on their part. Nevertheless what it did necessitate was my putting together various ‘tracking’ sheets so that I could tell ‘at a glance’ which participant was at what stage of the administrative process. I was always conscious of being as prompt as possible with my response to participants’ emails but very occasionally an email was inadvertently but temporarily ‘overlooked’ but never for too long.

6.2.3 Attrition

Unfortunately quite a few of those women who were age appropriate for my research were not interviewed. It was rare that they would decline immediately but some would do so after a considerable amount of time had been taken in the early part of the process. I give below a few examples of what happened:

- Potential participants would initially be very keen to take part in the research until I invited them to interview at which stage contact from them ceased. I would send a couple of follow-up emails but still they did not respond.
- One participant I had email contact with for almost four months within which time she asked to meet me informally. We did so and talked for approximately two hours but even though, at that time, she agreed to be interviewed, she declined at a later date.
- Some participants, for a variety of reasons, had great difficulty in deciding whether or not to be interviewed and although there was intermittent email contact over a period of time they eventually declined to do so.

Many did not give reasons for not going forward to interview but those who did said they felt they were not strong enough at this time to revisit their traumatic experience in this

manner. However many of those who did not complete the interview phase did complete the aPTGI all of which will go towards a future validation study.

For those participants who decided to go ahead with the interview the decision had to be made as to whether the 'interview' was to take place in person, by phone or via email. Although, as already stated, geographic location dictated the end result nevertheless it was left to the participant to decide which they were most comfortable with. Nine participants decided to be interviewed by phone which from my point of view entailed the organisation of a speaker phone used in conjunction with the digital voice recorder. Eight participants were met in person at a location of their choice. These were a mixture of my home, their home and a quiet office at the university. Three were interviewed via email and one emailed me an in-depth forty six-page report.

6.2.4 The Interview Process – 'building rapport'

All participants had been in email contact with me before the interview, some for quite a considerable time, and within this time a certain 'rapport' had already built between us. Nevertheless in the majority of cases it was the first time I had actually spoken to them; therefore I considered it important that an exchange of everyday pleasantries (and where appropriate a coffee/tea) take place to begin with to help the participant relax.

A few of the participants had previously emailed to me an outline of their experience. This was particularly useful in that it meant the participant did not have to talk about their experience and therefore only needed to be alluded to during the interview. Additionally it gave me some prior insight into the person I would be talking to and could personalise some of my questions. Apart from those participants who had already sent me an outline of their experience, I began by asking them to tell me about their experience. On the whole the responses were of a length that was easy to follow. However, a couple of my participants talked at great length revealing precise details of the rape; on these occasions it would have been rude to interrupt, and I therefore spent the time listening and trying to remember points to come back to for further information or clarification. At the other end of the spectrum there were a few of my participants who obviously found the process so difficult that they said very little at all in answer to my prompts. This meant I had to probe rather more to elicit the sort of information I required.

6.2.5 The Interview Process - conducting the interview

The primary aim of the interview was to explore women's personal experiences of, responses to, and recovery from, rape. With this in mind my primary data collection method was the semi-structured interview, in addition to which I had prepared an interview guide, shown below. The use of the interview guide indicated that there was some structure to the interviews, even though they were treated as conversations during which I drew out detailed information and comments from the respondents. This 'guided conversation' technique meant that the issues were introduced in a flexible conversational style to encourage the participants to discuss their experience in whatever way they chose. All participants were asked to explore the same issues laid out as below which are known to impact recovery both positively and negatively. The opening request I made of each participant was 'I would like you to tell me about the rape, in as much or as little detail as you feel comfortable with'. As the interview progressed and depending on what I was being told, questions were changed or added accordingly – all of which were in an open-ended format. Throughout I made empathic comments to support the participants to encourage them to continue to elaborate upon their stories. For example, I asked for particular details of a situation, or how they made sense of a problem. Throughout the process the participants were encouraged to share their thoughts, feelings and actions associated with their experience. As a result the written interview questions served primarily to inform the direction and purpose of the interview. During this interview stage the training I received at Victim Support was of particular use as the knowledge gained enabled me to conduct each interview in an individualised manner. As a consequence, the duration of the interviews varied enormously, from 40 minutes to 3.5 hours. This latter interview was spread over three separate occasions. All participants had agreed to have the interviews tape recorded. It was preferable to record the interviews because they took the form of 'conversations' and it was necessary to maintain rapport with the women at all times.

In particular, the women were asked about:

- The circumstances around the assault
- The factors which shaped their decision to disclose, or not to disclose, their experience of rape to others.
- Others reactions to being told of the rape
- Affect on:

- Relationships
- Social and emotional functioning
- Previous stressors
- Religiosity
- Personal change as a result of experience
- Priorities now and have they changed as a result of the experience
- Use of information and support forums
- How they feel about their life now and in
 - the future?
- Why they wanted to take part in my research?

It is important to point out that the questions used were always open-ended and never had a positive bias.

6.2.6 The Interview Process – ‘endings’

Bringing an interview to a close is important particularly for the participant. Time was spent with each participant to ensure that she was in a sufficiently stable state of mind before she either left or hung up the telephone. Often I would make light conversation about what they were doing for the rest of the day. This was particularly true on those occasions where I was aware she had been particularly upset that they were going to meet others or there was someone close at hand.

6.3 Participant Characteristics

To be included in the sample the women had to be aged sixteen years or above at the time of the assault, however one exception was made to this. One participant came forward as having been raped at age 14 and was now aged 59 but had told nobody up until the time she asked to take part in my research. In discussion with my supervisors it was decided to include her in the study because we wanted to discover, amongst other factors, why she had decided to tell someone at this stage in her life. Otherwise the ages ranged between 16 and 59.

The definition of rape employed in this study is in line with that given by the Sexual Offences Act 2003 which came into force on 1 May 2004. This new classification is ‘penetration by the penis of somebody’s vagina, anus or mouth, without their consent.

Rape can be committed against men or women, but since it involves penile penetration it is only committed by men'. However this act also incorporates a new law called 'Assault by Penetration' where it is an offence to penetrate the anus or vagina of someone else with any part of the body or with an object, if the penetration is sexual and if the person does not consent'. This still meets the legal definition of rape but has been separated out under another heading because '*...experts advised that acts within this category would be under-reported unless they were explicitly named*' (Walby and Allen, 2004: 18). All the women in my study were raped, but one woman's assault falls [if it was committed more recently] under the new law 'Assault by Penetration'.

Age is one of the most influential risk factors for becoming a victim of a sexual offence. The younger a person is, the more likely they are to be at risk of being raped. In all cases those under twenty-five are the most at risk (Walby and Allen, 2004). In line with this Home Office research the majority of my participants (n=17, 81%) were under twenty-five at the time of their rape. With regard to rape specifically, sixteen to nineteen year old women were over four-times more likely to have reported being raped in the last year than women from any other age group (Myhill and Allen, 2002). In the current research eleven (52%) of the women were aged sixteen to nineteen at the time of their rape; five (24%) were aged twenty to twenty-four and four (19%) were twenty-five and above. One of my participants, as has already been mentioned was fourteen at the time of her rape. Although not entirely consistent here, nevertheless age at time of rape for the women in this study still shows that the sixteen to nineteen year olds are by far the most vulnerable group. However, as previously mentioned there is no separate crime of child rape in England and Wales (Kelly, 2001), therefore this poses a problem for research with the under 16s as we are not sure of the prevalence in this young age group, since they are excluded from the British Crime Survey figures.

All of the women described themselves as white and all but three as British. These three were American, Finnish and Canadian. Based on the new system of employment conditions (National Statistics, 2001) the women came from a wide range of socio-economic backgrounds having employment within intermediate occupations and higher and lower managerial occupations plus being currently unemployed, students, homemakers and retired.

Three women had been raped either by more than one man or on more than one occasion. One of these women was raped by multiple assailants (both stranger and acquaintance) over a long period of time. Another of these women was raped by a partner and an acquaintance. Another of these women was raped by two strangers in a single incident. This and other previous stressors may be influential in determining the impact of the crime on their recovery.

6.3.1 Relationship with the Perpetrator(s)

Rape incidents have, until more recently, been divided simply into two categories: rapes perpetrated by a stranger and rapes perpetrated by an acquaintance or person known to the woman. More recent Home Office reports further break down the categories into Partner (or intimate) to include husband, male partner, ex-husband, ex-male partner; Family member – to include father/mother, step-father/mother, other relative; Other known – to include date, person in position of trust, neighbour, friend, someone known at work/school/college/ university, acquaintance; Stranger (Finney, 2006; Walby and Allen, 2004).

The more serious the sexual assault, the more likely was the perpetrator to be well known to the woman. However the percentages vary depending on the research methodology but taken overall the following all support the claim that the majority of perpetrators are known to the woman. Finney (2006) found that serious sexual assault was most likely to be committed by a partner (or intimates) – 51% and eleven per cent were strangers; whereas Walby and Allen's (2004) research found 54% of perpetrators were partners (or intimates) and a further twenty-nine per cent were known to the woman and eighteen per cent were strangers; Kelly, Lovett and Regan (2005) found acquaintances to be highest amongst the perpetrators at thirty three per cent, followed by strangers (twenty eight per cent), current and ex-partners (nineteen per cent), known less than twenty four hours (eleven per cent) and family members (ten per cent). In the current study twenty-four per cent of the perpetrators were partners/intimates, 57% were known to the woman and nineteen per cent were strangers. Although the percentages differ again from those other studies nevertheless the overall understanding is that the majority of rapes are committed by someone known to the woman.

The characteristics of the women recruited for this study are summarised in Table 2 which is to be found on page 106.

6.3.2 Participant Rape Experiences

All information here was given by the participants either at or just before they were interviewed, however with the passing of time some of the information below may not now be accurate.

Anna

A twenty-one year old university student who describes herself as White, British and single. She was raped at nineteen whilst at university by a man she had met only once before. This man lived with, and was a friend of, some of her university friends. Anna was sexually innocent at the time of the rape. The rape occurred after a night socialising with her girlfriends. During the course of the evening they were joined by the perpetrator. She began to feel ill during the evening and although she had been drinking alcohol she states that the amount she had consumed would not normally have made her feel so ill. She woke up the next morning alongside the perpetrator but her memories of what happened are very sketchy. A combination of how ill she continued to feel the day after and experiencing 'flashbacks' of the night in question lead her to conclude that her drink had been drugged in some way. Anna first told her GP about the rape, then a counsellor and finally school friends.

Boda

A twenty-nine year old university nursing student. She describes herself as White, British and living with a partner. Boda was twenty-one when she was raped in her home by a stranger who was having a drug induced psychotic episode. Boda was returning home from work after she had been shopping and was moving back and forth through her open front door, bringing in the shopping bags. At one point she turned to see a very large man standing in her hall who almost immediately threw her to the ground and got on top of her. Although he had originally demanded money he subsequently sexually assaulted her by inserting his fingers both anally and vaginally which produced significant amounts of trauma. During the attack, Boda also sustained vast amounts of bruising from being strangled and cuts to her face which required nine stitches, all were as a direct result of her efforts to not be further sexually assaulted

Although, in legal terms, when Boda's assault occurred what she had experienced was not considered to be rape, today it would be classed as 'assault by penetration' which is deemed as serious as rape. The perpetrator was apprehended and after a heated debate

with those within the CJS the offender was eventually accused of grievous bodily harm which, as this was his second offence, automatically brought a life sentence. Boda has told the police, friends, relatives, work colleagues and partner.

Carla

A thirty-six year old woman who works part-time for a charity and describes herself as White, Finnish and single. Carla was raped when she was twenty seven by a security guard who was employed within the same organisation. The perpetrator was part of the twenty-four hour surveillance team overseeing the apartments where Carla lived. Her experience began when he used his pass key to enter her apartment on two occasions. Once whilst she was asleep she awoke to find him on top of her when he raped her whereupon she kicked him off. He returned again a short while later.

Carla reported the incident to one of her managers, who did not instigate an investigation and stated to her that the company was not liable. Carla was asked if she wanted to continue working for the company, however because of her fears at seeing the perpetrator again she was transferred to another country. Carla has told friends, relatives and work colleagues.

Claire

A twenty-three year old university student studying at Masters level. She describes herself as White, British and living with a partner. Claire was raped when she was eighteen whilst working in Greece during her holiday period after finishing her 'A' levels. She is of the opinion that her alcoholic drink had been drugged. The holiday job was in a bar where she was a *'fake punter that had to pretend to be drinking at the main club to warm the crowd up'*

She became friendly with a group of young men from her home town and agreed to meet up with them later. She began chatting to them after she had finished her shift but before she could leave she had to complete a final work task. At this point she had a drink which she left at the table, but finished later after completing her task, and then left with the group of lads. All she can remember later is being left with someone who *'reminded me of Jabba the Hut, he was disgusting'*. Claire has told a variety of people about her rape, including friends, relatives, Rape Crisis and support forums.

Elouise

A twenty-five year old part-time residential carer who is in a relationship and describes herself as White, British. Elouise was raped when she was sixteen by someone she had met whilst she was on holiday in another country. She did have a boyfriend at home but had only had sex with him once just before she left on holiday and so was sexually inexperienced. Elouise's experience occurred when she met the perpetrator on a beach one evening towards the end of her holiday. She had met him a few times previously. The perpetrator forced himself upon her and although she fought him and said no he raped her. Elouise has told no-one.

Emma

A thirty-two year old who is working full time as a Business Analyst, describes herself as White, British and living with a partner. Emma's experience began when she was twenty and took place within a working relationship with a senior colleague. Emma was employed to work as Personal Assistant to the perpetrator during which time she travelled to other countries with him on board his personal boat.

The first time Emma was raped was after she had been working for him for approximately two weeks. She was forced by the perpetrator to take an illegal drug which made her faint, after which she was raped for the first time. Through a combination of threats of, and actual, violence where the perpetrator often tortured Emma and continued forcible drug taking this abusive relationship continued for two years. Emma has told her partner, relatives, friends, work colleagues and psychotherapist.

Eva

A twenty-three year old student who describes herself as White, British and single. Eva was raped by her sister's ex-boyfriend but he was also someone she considered to be a friend. The friendship developed further after Eva's relationship ended with her boyfriend. At this time she was particularly upset and the friendship between her and the perpetrator became very close, where they would talk often about many aspects of life and within which she felt safe.

Eva's experience began one evening when she was socialising with the perpetrator in his home. They were watching television and using the internet and drinking alcohol, all of

which they had done before. However on this particular occasion she became unwell due, she considers, to drinking more alcohol than usual. As a result she prepared to stay the night but he would sleep on the floor. Before going to sleep the perpetrator mentioned they should '*get together in a sexual way*' to which she replied she only saw him as a friend and she was still very upset regarding the break up of her relationship. She considered he was making a joke but she admits to be shocked by the suggestion. She later awoke to find him having sex with her. Eva has told the police, relatives, friends, work colleagues and a support group.

Jane

A twenty-six year old who is unemployed and describes herself as White, British and single. Jane was raped about a month before she contacted me by two armed African men who were strangers to her. This occurred whilst she was volunteering for an NGO (Non-Governmental Organisations) in Ghana. As a result of her rape Jane returned prematurely to the UK.

Her experience began whilst asleep with her boyfriend when she was awoken by someone calling his name outside their village hut. He went out and when he did not return after some time she went to look for him. At that point she found a man standing outside their hut who said he would take her to her boyfriend. She felt no sense of danger at the time because the village where she was living was known to be a safe place. The stranger walked her some distance away to where her boyfriend was lying on the ground with a gun held to his head by another stranger. She was then threatened with a knife and forced to lie down also. Jane was confused as to what was happening but eventually realised that the strangers were intent on robbing them. After one of the strangers returned from taking all their belongings from their hut they began talking. Although Jane could not understand all of what they said she thought at the end they said something like '*oh let's kill them*'.

Jane at this point was in fear for her life but is of the opinion that the two men were not planning to rape her but took advantage of the fact that she was only dressed in her bedclothes. Both of these men raped Jane whilst being threatened with both a gun and a machete. Jane has told the police (in Ghana), friends, relatives, work colleagues and counsellor.

June

A forty-six year old full-time manager of a Rape Crisis Centre. June lives with a partner and describes herself as White, British. June was first raped when she was totally innocent at the age of seventeen. June states there have been seventeen rapes in all where she always knew who they were but they were never partners. The individuals concerned were a teacher, acquaintances, carer, an abusive relationship and work colleagues. Whilst working in Africa civil war broke out and it was during this time that two African men regularly visited her house and raped her whilst her husband was at work. Whilst the rapes were happening June's children were being shielded in another room by one of the servants. June has more recently told work colleagues, her partner and some relatives.

Kelly

A twenty-six year old who is unemployed, living with a partner, and describes herself as White, British. Kelly has been raped by two separate men on separate occasions. Her first experience of rape was within an abusive relationship between the ages of 17 and 18. Prior to this she was thrown out of her family home when she was seventeen and felt she had nowhere else to live but with her boyfriend. He had from the start been physically abusive towards her. However he lost all control and became very violent after she became pregnant by him and had an abortion without telling him after which he raped her. Her second experience occurred when she was twenty one at the college ball when she was passed out through an excess of alcohol. Kelly has told her partner and friends.

Kiera

A thirty-year old describes herself as White, British, married and a full-time homemaker. When Kiera was twenty she was sexually innocent. At this time she was raped by a friend who she subsequently became involved with in a sexually abusive relationship which continued for approximately nine months. The relationship was very manipulative on his part where he sought to isolate her from others that they knew.

From her description of the relationship it suggests that it was based mainly on sex which was dictated by the perpetrator, this he could do because of her sexual innocence. Kiera has, over time, told both friends and relatives about her rape.

Kylie

A twenty-seven year old full time researcher who is living with a partner and describes herself as White, British. Kylie was raped by a friend when she was approximately

sixteen. She had been out socialising with a group of friends that included the perpetrator. Kylie was attracted to him and after they had returned to another friend's house she had consented to kissing but the perpetrator then raped her. Kylie has told the police, partner and friends.

Laura

An eighteen year old university student who is single and describes herself as White, British. Laura was raped when she was sixteen in her school by someone she had been friends with since she was about eleven. They had finished band practice and she was storing her instrument under the stage when he pushed her against the wall and began kissing her against her will. She tried to fight him off but he threatened to kill her if she continued to refuse to do exactly what he asked. He was very violent towards her by kicking and punching her which made her fall to the floor badly winded and could not get up. It was then the rape happened. Laura has told the university counsellor.

Lauren

A twenty-one year old university student, describes herself as White, British and is single. Lauren was raped when she was sixteen by an ex-partner. Lauren's experience began when she recommenced her relationship with the perpetrator. Their first date was a consensual sexual act, however Lauren states that although she had consented to have sex with him she had not consented for multiple acts over an extended period of time. Lauren has told her current partner, relatives and friends.

Liz

A 59 year old who is working full time as a medical secretary, describes herself as White, British and is married. Liz was raped when she was fourteen and sexually innocent, by a young man who she had been friends with for a while. The perpetrator invited her to his home to listen to music. She states she had no reason to feel threatened and it was whilst they were chatting and listening to music that without any warning he jumped on her and raped her. Liz has told no-one about her rape.

Mia

A twenty-eight year old university social work student who is in a long term relationship and describes herself as White, British. Mia was raped when she was eighteen by a

friend's brother. Her experience began when she stayed overnight at her friend's house, sleeping in her friend's bedroom. The perpetrator came home after socialising elsewhere and just got into bed with Mia. Mia was aware that he was a determined character and so to prevent anything serious happening she performed oral sex on him in the hope he would then leave her alone. He then raped Mia after which he acknowledged that they should have spoken about whether further sexual activity should have occurred. Mia has told her boyfriend and friends.

RJM

A 54 year old had been divorced for some years and describes herself as White, British, and in full time employment as a senior secretary. She was raped by an ex-partner only 3 weeks before she contacted me. The physical relationship with the perpetrator had grown gradually out of being neighbours and good friends. There were issues of commitment on the part of the man and as a result the relationship had broken down twice. At the time of the rape they were no longer conducting a physical relationship but remained on friendly terms. He subsequently requested to begin the relationship again but she refused. She said that her refusal did not seem to concern him.

The day the rape took place was a social occasion of lunch and a game of cribbage at RJM's house. It was agreed that the loser would have to do what the other wanted for an hour. RJM lost the bet. His request was for her to run a bath for him and not talk. RJM ran the bath, not ever considering she should be concerned for her safety, but it was at this point the friendly ambience changed. He 'ordered' her to remove her clothes which she told him she did not want to do. His response was that she had lost the bet and so she had to do so. Again she said she did not want to remove her clothes at which point he then forcibly removed them. There was no overt violence but he was much stronger physically and she felt completely powerless where she acknowledged that this was no longer a game and he was no longer the person she thought she knew.

He then ordered her into the bedroom where at this point she realised he wanted to have sex with her. She kept repeating she did not want to do this but he ignored her. She even said that this would be rape and his response was 'yep'. RJM had told no-one of her rape at the time but did tell a close friend a few weeks later.

Rose

A 60 year old who works full time as an Administrator, describes herself as White, British and is divorced. Rose was raped when she was seventeen by someone she knew well as they both worked together on a youth based social committee. Her experience began at the close of one of the meetings which were held in his bedroom. The other committee members had left and she stayed on to clarify some points regarding the minutes. They began a discussion regarding her imminent departure to university and how she might subsequently cope with any unwelcome sexual advances. At this time Rose was sexually innocent and was confident she would remain so by continuing to say no should the situation subsequently arise whilst at university. The perpetrator argued that he did not consider she was strong enough to actually fight off anybody who was really determined. Although Rose argued she was, his response was that *'we ought to trial it. And that was how it happened'*. Rose did not tell anyone until she was approximately thirty and that person was her priest. Since then she has told her partner, friends and colleagues.

Ruth

A twenty-eight year old who is working full time as an Executive Assistant, describes herself as White, Canadian and living with a partner. Ruth describes her rape experience as being part of an abusive relationship which lasted approximately six years and began when she was twenty. Whilst in this relationship she also suffered sexual, emotional and verbal abuse. Ruth's describes a relationship that is indicative of an abusive relationship Ruth has told the police, current partner, friends, relatives, work colleagues and counsellor.

Sam

A fifty year old who lives with her partner and describes herself as a homemaker and White, British. Sam was raped by a stranger when she was forty-four. Her experience began whilst she was walking her dog on a summer morning by the river. She had turned to look for her dog when she saw a man on a bike right behind her. He cycled slowly past her and then went under a bridge. Sam took the decision to slow down until he had disappeared completely past the bridge. She then walked faster to go under the bridge but as she got to the other end he came back and stopped beside her whereupon a strange conversation began where he asked if she would make love with him. Sam refused and the perpetrator tried to get hold of her and she tried to kick him and, although she cannot remember exactly, she believes he must have grabbed her leg and at this point she fell to

the ground. He threatened her with anal sex if she did not co-operate which he backed up with a knife. He then raped her. Sam has told the police, relatives, friends, neighbours and colleagues.

Survivor

A forty-three year old who describes herself as White, American and is married and retired. She was lured away and raped by a stranger when she was sixteen years old. Her experience began in a shopping mall close to Christmas. She was waiting for her sister on a bench outside a shop when a stranger, who was already sitting there, got up and whispered to her *“do you want to go smoke a joint?”*

This suggestion was, at that time, not out of the ordinary because as Survivor explains it was the 1970s and she was a teenager doing what everyone else was doing. She agreed but said she was waiting for her sister to which he said to invite her also. Survivor spoke to her sister who declined to join them but said for her to go ahead and they would meet later. As Survivor states *‘see, even my 17 year old sister didn’t see it as dangerous’*

Survivor walked outside the Mall with the stranger and although she thought they would smoke there he continued to his car. Although she did feel a sense of danger at getting into the car she ignored it. Once in the car the stranger put a gun to her head and tied her up. He drove away to a secluded spot where he raped her. Throughout the whole experience she feared for her life. It was therefore a huge shock when he eventually let her go alongside the main highway where she found her way back to the Mall and her sister. Survivor has told the police, friends, relatives, husband and emergency room therapist.

Table 2 – Participant Characteristics

CHARACTERISTIC	PARTICIPANTS
Age At assault	14 – 59 years age range; 57 per cent were aged 14 – 19; 24 per cent were aged 20 – 24; 19 per cent were aged 25+
Time since assault	The woman who had most recently been assaulted was three weeks prior to the interview; Four women were interviewed within two years of the rape; Twelve women were interviewed between 2-15 years of the rape; The remaining four are between 27-45 years ago
Disclosure	19 women disclosed to others at some point after the rape 2 women had not disclosed to anyone until entering this study
Relationship with perpetrator [The numbers add up to more than twenty one as a result of previous victimisation and multiple rapes]	<u>Intimate</u> Partner/Ex-Partner = 5 (24%) Person in Position of Authority = 1 (5%) <u>Other Known</u> Date = 1 (4%) Person in Position of Trust at work = 2 (10%) Friend = 4 (20%) Acquaintance = 6 (29%) Stranger = 5 (24%)
Previous sexual victimisation	Two women had been sexually assaulted in a previous incident; one of these women had been raped by different assailants over a long period of time. Another woman was raped by a partner and an acquaintance.
Ethnicity	Eighteen of the women stated themselves to be British. The remaining three women stated they were American, Canadian and Finnish All of the women described themselves as white
Employment status	A wide range from higher managerial occupations through intermediate to student, homemaker and retired.

6.4 Role as Interviewer

My role in the interview was two-fold. Firstly to listen supportively to participant’s stories while also actively exploring their rape experience. I would hope that the relationship

between myself and the participants was perceived as warm and understanding, much like a “friendly stranger” (Lyons and Chipperfield, 2000: 37). Some of the women commented on how comfortable they felt throughout our conversation and although some wept during the process they still felt safe enough with me to share such information that was often difficult for them. Two of my participants felt sufficiently comfortable with their research experience that they posted a message on Pandora’s Aquarium stating how kind I had been to them during the interview and concluded by encouraging others to come forward and take part.

During difficult times in the interview I used the knowledge gained from my immersion in previous research on the after affects of rape and the training I had received with Victim Support to support participants when needed, both intellectually and emotionally. Although all participants were fully aware of the reasons for the interview as being for the purpose of research, nevertheless it was felt that many used the sessions to offload.

As much as possible, I established a non-hierarchical relationship with the women by dressing casually, meeting them in a location that was comfortable for them, speaking with them as peers. At the same time, however, I know that I maintained my legitimate power as a researcher and interviewer, which afforded me the opportunity to interview the research participants and give them confidence in my skills, background and intentions. Some Feminist researchers have suggested that we should do away with all power differences as in the hierarchical nature between the researcher and the researched used in certain interview practices (e.g. Oakley, 1981). Intellectually this is a robust practice but power is something that exists in our everyday interpersonal relationships. Interviewing, is another form of interpersonal relationship, therefore, in practice, this power spills over whilst working ‘in the field’ (Popadiuk, 2004). It is how one uses their power that determines the quality of the relationship. However, within any interpersonal relationship, each individual adopts a certain ‘role’ where one has more ‘power’ than another e.g. sometimes the student, sometimes the teacher (Lyons and Chipperfield, 2000). There were occasions within some interviews where I felt the ‘power’ role was reversed and the power was definitely with the participant. On these occasions I have to admit to feeling a little uncomfortable because if the participant was aware of this ‘switch’ I wondered whether they would lose confidence in me as the researcher and interviewer. No comment

was ever made by the participant and as far as I was concerned at every interview there was much respect for the other.

6.5 Data Analysis

The current research used the method of thematic analysis according to Braun and Clarke (2006) who define it as a method for identifying, analyzing and reporting patterns or themes within data. Additionally this method was chosen because it is clear, organised and generates a 15 point checklist of criteria for good thematic analysis (see p 96). This checklist covers the whole process from familiarisation with the data including transcription, through generating initial codes, searching for themes, reviewing themes, defining and naming themes and finally producing the report. Some of the phases of thematic analysis are similar to the phases of other qualitative research, so these stages are not necessarily all unique to thematic analysis. Braun and Clarke (2006) however, suggest various decisions need to be made by the researcher before beginning the analysis. Namely whether an inductive or deductive approach is to be taken and also the level at which the themes are to be identified, where it is either at a semantic or latent level.

Regarding the initial approach to the analysis, this study used the deductive approach. The deductive approach is where the analysis would tend to be driven by the researcher's theoretical interest in the area. Within this study the two predominant theories were Rape Trauma Syndrome (RTS) (Burgess and Holmstrom, 1974) and Posttraumatic Growth Theory (PTG) (Tedeschi and Calhoun, 2004). It was necessary to use the existing feminist knowledge on the psychosocial aspects of recovery from rape as, according to PTG, it is the negative aspects of trauma, specifically within this study those associated with RTS that underpin the themes to be identified regarding the positive aspects within the recovery process. Both theories then were utilised with regards to the research aim that looked to discover 'the meaning of recovery from a rape experience from the perceptions of the women'. This piece of analysis then linked to the research aim 'the changes made by women who are raped that they consider a positive in their recovery process'.

Additionally, Braun and Clarke (2006) suggest that another 'decision' revolves around the 'level' at which themes can be identified: at a semantic, explicit level, or at a latent, interpretative level (citing Boyatzis, 1998). With a semantic approach the researcher is not looking beyond the explicit or surface meanings of the data. A thematic analysis at the

latent level goes beyond the semantic content of the data, starting to identify or examine the underlying ideas, assumptions, and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data. Thus for the latent thematic analysis the development of themes themselves involves interpretive work, and the analysis that is produced is not just description, but is already theorized. Although Braun and Clarke (2006) argue for a decision regarding semantic or latent themes, they do state ‘... *there are no hard and fast rules* ...’ (p86). It has been found necessary, within this study, to embrace both the semantic and latent levels of analysis as will be shown in the process below.

Before showing the process involved it is important to understand what counts as a theme. According to Braun and Clarke (2006) a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. Ideally, there will be a number of instances of the theme across the data set, but more instances do not necessarily mean the theme itself is more crucial. As this is qualitative analysis, there is no hard-and-fast answer to the question of what proportion of a data set needs to display evidence of the theme for it to be considered a theme. It is not the case that if it was present in 50% of one’s data items, it would be a theme, but if it was present only in 47%, then it would not be a theme. However, it is important to note that here to there is no right or wrong method for determining prevalence. Part of the flexibility of thematic analysis is that it allows the researcher to determine themes (and prevalence) in a number of ways. What is important is consistency within any particular analysis.

6.5.1 The Process

Following Braun and Clarke’s (2006) checklist the interviews were transcribed verbatim and were checked against the audio for accuracy. This process was very time consuming where the face-to-face recordings on average took one hour to transcribe each fifteen minutes of speech. However with regard to the telephone interviews the recording quality was very variable. These necessitated the use of a ‘speaker phone’ in addition to the digital voice recorder which subsequently reduced the quality of sound. Some of my participants used their mobile phones to take my call which reduced the sound quality even further. The result was these transcriptions probably took me twice as long to transcribe as the face-to-face interviews. Each transcript was then returned to the participant for them

to check my understanding of their conversation and thereby added a measure of validity and reliability.

Very few amendments were made to the transcripts with the exception of those already mentioned previously but additionally to one of the first face-to-face interview transcriptions. This was amended by the participant because, on occasions, she felt that what she had said made her sound 'silly'. After this I made a concerted effort to mention to all my participants that conversation, when transcribed verbatim, is very disjointed and can have the effect of making the most intellectual individual sound rather less so. As a result I confirmed to my participants that any quotes used within my thesis would be adapted in an appropriate fashion so as to not 'make them look silly'. Other changes that were made came mainly from the telephone interviews and were as a result of an unclear recording that made it difficult for me to understand what was said.

The transcripts were read through and notes made, throughout the reading, on general themes within the transcripts. This immersion in the data allowed me to understand the respondent's way of thinking. Transcripts were read through again, this time using NVivo7 as the organisational tool, and as many headings as necessary were coded, to describe all aspects of the content. At this stage almost all of the interview data had been accounted for within these headings and is known as 'open coding' and were freely generated at this stage. The list of categories were then surveyed and grouped together under higher-order headings. The aim, here, was to reduce the number of categories by collapsing some of the ones that are similar into broader categories. With the vast amount of data that qualitative research produces, it was firstly necessary for me to build up a picture of the data as a whole and provide an 'at a glance' understanding of the psychosocial complexities surrounding rape. As suggested by Braun and Clarke (2006) various charts were compiled that included relevant information on all participants and coded as they related to the impact of rape upon a variety of interpersonal relationships; the negative sequelae of rape and subsequent positive responses as a result of coping with the trauma of rape (see Appendices 6, 7, 8 and 9). Such coded information is directly related to the theories of RTS and PTG and therefore the initial analysis was deductive in nature. As previously mentioned the level at which the themes were identified were both semantic and latent as the following examples show.

The first key theme Disclosure to, and Evaluation by, Others explores the reasons behind why some women do and do not disclose their rape to a variety of individuals, both personal and professional. The initial coding was driven by the main theories involved regarding the support of others and how such support may impact upon the recovery process of a woman who has been raped. Thereafter the main and sub-themes were identified at a semantic level as a result of the surface meanings of the data within. Whilst Chapter 7 explores this area in much greater detail it is necessary to give a brief summary here to support the analysis process. Tedeschi and Calhoun (2004) argue that the support of close, caring others may play a strong role in the development of posttraumatic growth when it remains stable and consistent over time. However, whilst research generally agrees with this stance Burgess and Holmstrom (1974) also argue that negative reactions from others can have a severely detrimental effect on a woman's recovery. The semantic level of coding is shown here in the quotes from RJM and Claire.

Thank you Cynthia for listening and being sensitive to my emotions ... it has been very helpful to have feedback ... that engender rational thought to take another step forward in the right direction. I am sure that my "recovery" ("adjustment") has been exacerbated by your "internet presence" and prompt responses in times of turmoil, ably supported by my "trusted friends" of course (RJM Appendix 10: 321).

... my mum tried her best to support me but she's very much like if something's wrong you just get on with it and that's it. You just don't speak about it, you just get on with it. She wasn't trying to be mean, she was trying to stop me from dwelling on things. But that didn't work because I found alcohol and just went on a drink binge for a long, long time (Claire Appendix 11: 345).

During the process of compiling the various charts previously mentioned it became clear that many of my participants had, as a result of coping in the aftermath of their rape, made certain changes that they considered positive in their recovery process. As previously the initial analysis coding associated with these changes in the theme Coming to Terms with Rape was again driven by the predominating theories. However, whilst the majority of the adaptive changes that were identified were consistent with both PTG and RTS and so would be considered semantic, one however, created a conflict between the two theories. This then necessitated interpretative work at a latent level to understand what might inform

this finding. Although this whole area is explained in greater detail within the analysis in Chapter 8 the following further explanation is necessary to this section.

For instance both RTS and PTG agree that individuals who make a positive self-assessment in the aftermath of their rape that they feel stronger, these individuals recover more quickly. This was also found for many of my participants and is discussed in more detail in the sub-theme Personal Strength. An example is shown below where RJM's term 'better' is suggestive of a new found strength from coping in the aftermath of her experience.

Yes, I will be "different" but I will be "better" because of it, I hope (RJM Appendix 10: 340).

A conflict arose, however, between PTG and RTS with regards to the sub-theme 'helping others' where this pro-social behaviour was taken up by many of my participants in the aftermath of their rape. Both theories agree that such behaviour is both a form of growth and can positively assist in the recovery of women. Although the women who 'helped others' did so in a variety of ways that was personal to them, nevertheless this sub-theme was at a semantic level as shown here in a quote from Claire.

I started to work for Rape Crisis after I had received counselling from them, ...they were fantastic. ...Volunteering was really good because I got to meet all different women. I was mostly there for the young girls because a lot of the women [who worked] there were older and so the point of me being there was that they [the clients] would understand what it's like for a girl my age who wants to go out and party all the time, but also feels that she can't (Claire Appendix 11: 348).

However, many of those women who had 'helped others' had also experienced negative emotions such as blame or guilt. An example of which is shown here from Claire.

I felt stupid that I'd left my drink with them ... I should've known better because you get told all the time not to leave your drink (Claire Appendix 11: 352).

Whilst blame and other associated negative symptoms are accepted as common emotions amongst rape theories such as RTS, PTG argues that such negative emotions would be a sticking point to finding such growth. This conflict between the two main theories therefore necessitated a latent level of analysis whereby it was necessary to seek to identify the features that gave this sub-theme its form. As a result, and again more detail is given in Chapter 8, it became necessary to explore theories more appropriate to the linking of this pro-social behaviour with negative emotions. Exploration of other theories to explain such a conflict is also termed theoretical triangulation. Whereby such triangulation is used to decrease, negate, or counterbalance the deficiency of a single theory, in this case PTG, thereby increasing the ability to interpret the findings (Thurmond, 2001). For instance the Negative-State Relief model (Cialdini, Schaller, Houlihan, Arps, Fultz, and Beaman, 1987) suggests that unhappy people would wish to be helpful in order to lessen their negative mood. Such helpfulness, in the form of volunteering, has not only been found to be related to lower levels of depression (Krause, Herzog and Baker, 1992) but is also understood to restore self-esteem and would therefore link to the image-reparation hypothesis (Crocker, Luhtanen, Cooper and Bouvrette, 2003). As previously mentioned many negative emotions such as blame and guilt are common amongst women who have been raped and are often associated with low self-esteem. Therefore, involvement within an area, such as volunteering, that is considered to be 'worthy' would restore low self-esteem, and as a result these women can again appear to be 'decent' people all of which has been shown to reduce their distress. This is clearly shown in Claire's quote above that she now has a more positive self-image as a result of now having a position of trust within the Rape Crisis organisation where she is seen as a role model to the younger girls who have been raped.

Moving through the process as depicted by Braun and Clarke (2006) the names given to the themes and sub-themes ultimately reflect the surface meaning of the data within them because the majority were coded at a semantic level. Additionally, although the aforementioned quotes have been used to explain why a deductive approach was taken and the level at which the themes were to be identified, it is considered that such quotes also show that all data have been sufficiently interpreted and made sense of in accordance with Braun and Clarke (2006). Where additionally and finally the extracts illustrate the analytic claims and tell a convincing and well-organised story about the topic under exploration.

6.5.2 Use of Documents

Certain pieces of written text were used in addition to, or in place of, the interviews. As has already been mentioned one participant had provided a complete written account of her rape experience that included all those aspects in the interview guide. One participant provided a written diary that is not for analysis but was a way for me to more clearly understand the decisions she has subsequently made as a result of her rape. Some of the other participants updated me on their 'recovery' via email one to two months after the final interview. The email updates were important and useful in ascertaining what developed in the women's lives subsequent to our interview contacts.

The broad aim of this thesis then is to identify the changes made by women in the aftermath of their rape that they consider to be a positive in their recovery process. Using pre-existing knowledge on the psychosocial aspects of recovery from rape this study explored those specific areas that are known to affect a woman's recovery. The first key theme was Disclosure to, and Evaluation by, Others which encompasses why some women do and do not disclose their rape to a variety of others and when they do the subsequent response to this disclosure. The second key theme was Coming to Terms with Rape which explored the positive changes made by the women. In so doing, and in keeping with the PTG theory, it was necessary to identify the extent of psychological trauma these women also experienced that explored how one can be the motivator for the other. The final theme of Duality of Recovery acknowledges that whilst the positive changes made by these women are stated by them as assisting in their recovery process, nevertheless the losses experienced are felt as keenly.

CHAPTER SEVEN

7. Disclosure to, and Evaluation by Others

7.1 Introduction

Women who have been raped have already experienced the psychological, and often the physical, pain of incredible violation. Unfortunately these women are often subjected to even further violation in their subsequent social interactions upon disclosure of their victimisation. Negative contact with others can occur on many different levels since the effects can register both consciously and unconsciously and can be perpetrated unwittingly through sheer lack of understanding of the effects of a rape. Anyone who comes into contact with the woman, from close relatives, friends, neighbours and work colleagues to any of the professionals such as police, etc. may inflict a secondary stressor (Campbell, Sefl, Barnes, Ahrens Wasco and Zaragoza-Diesfeld, 1999; Gregory and Lees, 1999; Symonds, 1976).

In the first instance, a woman will consider whether or not to disclose the rape to others. This decision is influenced by the same factors that may provoke the secondary stressor. Many of the women in this study said that they felt apprehensive about telling others of the rape because of feelings of self-blame, humiliation, responsibility for men's behaviour, and shame. All of which are reinforced by the rape myths that exist in our society (Campbell, Dworkin and Cabral, 2009); all of which encourage silence. Breaking the silence barrier exposes the woman to judgement from others for her failure to fulfil her expected societal role (Frese, Moya and Megias, 2004; Burt, 1980). In order for women to live up to such expectations, they must be fragile, passive, submissive but yet still responsible for controlling the extent of their sexual activity (Stanko, 1985). Being raped is viewed as a failure of this feminine role and as such these women are viewed as having deviated from the expectations of their group, and as a result are often subject to stigmatization and may be socially rejected (Goffman 1968). Gerhard Falk expounds upon Goffman's work and argues for 'situational deviance' which refers to an actual deed by the person who thereafter is stigmatized. A robber or other street criminal is given as an excellent example. It is the crime which leads to the stigma and stigmatization of the person so affected. Situational deviance cannot be stigmatized unless it is discovered (Falk, 2001). Within

rape, many women are painfully aware of such stigmatization before even telling others, as a result they often do not tell others.

Research has shown that the support of close, caring others provides personal validation of self-worth and benevolence, of a caring, loving environment, is important to subsequent well-being (Harvey, Barnett and Overstreet, 2004; Neimeyer, 2004; Janoff-Bulman, 1992) and may play a strong role in the development of posttraumatic growth when it remains stable and consistent over time (Tedeschi and Calhoun, 2004). However, whilst other research has explored subsequent well-being, which is not the same as PTG, nevertheless it has discovered that although women may receive positive reactions to disclosure (e.g. emotional support, belief, tangible aid, and information support) they have been found to have only a small positive or non-significant effect on subsequent well-being (Ingram, Betz, Mindes, Schmitt, and Smith, 2001; Rook, 1984). An extension of this thinking is where Tedeschi and Calhoun (2004) do acknowledge that social support is not always beneficial where there is an understanding that close others sometimes react with hostility, incredulity, dismissal, and the like. With this in mind it is argued that more attention should be paid to these negative aspects of relationships (Ingram, et al, 2001; Rook, 1984) because it has become clear that the negative reactions (e.g. victim blame, disbelief) often disrupt the individual's efforts and success in coping (Campbell, Dworkin and Cabral, 2009; Davis, Brickman and Baker, 1991). Often these negative reactions being more focussed upon by the woman than any positive responses they may also receive (Ullman, 1996), as is exemplified in the quote below:

And you really only need to have one person make the wrong reaction and you know 99 people could have given you affirmation; one person is judgemental and you're back to square one. That's the awful thing (Rose).

Characteristically, it has been found that the more stigmatised the trauma, (i.e. AIDS victims or incest survivors) the more unlikely it is that talking with others will secure the sort of validation and support that fosters integration of and growth from the experience (Harvey, Barnett and Overstreet, 2004; Neimeyer, 2004).

This study's findings concur that close caring others are important to subsequent well-being, and although the aforementioned research agrees with Tedeschi and Calhoun

(2004), both this study and others are more sceptical than Tedeschi and Calhoun (2004) about how often such support is likely to occur. For various reasons some women feel unable to ask for the support of close others in the first instance and should they do so these others often do not offer this support at all, for long enough or the support is not of the kind the women most needs. This also applies to other professionals, particularly the Criminal Justice System where should women make the decision to report their rape they do so to receive not only support and validation but also to seek the justice they deserve, however, they are often met with disbelief and blame. Similarly, some women turn to the religious community in an effort to gain the support they need where for some they feel it is the only place they can turn, however, here too the expected support may be lacking. For many women then their recovery from rape is often made slower and more painful by such interactions and as such it is highly unlikely that growth will be facilitated (Wortman, 2004) by disclosing to these particular support structures.

7.2 Seeking Help from Family and Friends

Women who have been raped most commonly tell friends and family first about their assaults (Ullman, 1996). It is from these significant others that they need reassurance that they are now out of danger, that they did not precipitate the attack, and that they did all they humanly could under the circumstances to handle the situation well. The search for assurance that they did nothing wrong consistently underlies the woman's drive to reduce the frightening feelings of helplessness and restore the self-respect and confidence that have taken such a battering as a result of the crime. The rebuilding of this confidence depends on the efforts of both the woman who has been raped and those with whom she comes into contact. The tragedy is that the reactions of other people, especially those with little or no knowledge of such trauma, instead of providing such reassurance often either initiate feelings of guilt or confirms the woman's existing impulse towards self-doubt or self-blame (Wortman, 2004; Herman, 1992).

As a result of any such existing feelings some women do not tell others and whilst they may avoid any negative reactions this action also would pre-empt any potential assistance with their recovery. Additionally, these women, in not having disclosed their rape to anyone would not therefore, according to posttraumatic growth theory have this facility to aid 'growth'. This is because Tedeschi and Calhoun (2004) argue that supportive others can aid growth through the provision of new schemata, and by offering perspectives on

what happened that can be integrated into schematic change. When women have taken the decision to tell others of their rape when others can tolerate the distress, this sustains cognitive processing and thereby encourages growth (Tedeschi and Calhoun, 2004). However, as will be discussed, whilst some of the women in this study have taken the decision to disclose to others, often these others do not tolerate their distress which can lead to significant disruption in their recovery process. As a result growth is rather more likely to be inhibited than facilitated by such interactions.

One of the women in this study has not only very personal experience but also vast knowledge of raped women's concerns achieved as a result of working at a Rape Crisis centre, where blame is at the centre of disclosure.

I can look back and say commonly from working here [Rape Crisis Centre] so many young girls can't tell their parents because it's the guilt. They feel so guilty themselves they're not going to tell anyone (June).

Before being interviewed for this study, two women had chosen not to tell anyone about their rape experience. Sexual innocence is often a reason why women take this decision. Often they do not understand what has happened to them and therefore do not have the language to express it to others. Both women made the decision not to tell as a result of their innocence, however it was also compounded by a mis-understanding that in some way they had precipitated the rape, they were to blame by choosing to be alone with a man, therefore they had been 'asking for it'. Although it is understood that most rapes are preceded by some social interaction between the woman and the offender (Katz and Mazur, 1979 cited West, 1984) nevertheless both the woman's situation and behaviour before the rape are scrutinised by others in an attempt to identify if these were in any way the cause of the rape (Frese et al. 2004).

Liz was fourteen and sexually innocent at the time of her rape by a friend at his house. However, her rape experience occurred forty-five years ago in an era where the majority opinion was that sex before marriage was abhorrent and therefore she was already painfully aware she would be blamed for the rape should she tell her parents.

I was taught that sex was wrong unless you were married. I was also told that if I brought 'shame' to their doorstep I would be thrown out (Liz).

Similarly Elouise's innocence was the initial reason for not telling anyone of her rape experience by a foreign 'date' on a beach nine years ago when she was just sixteen.

I just accepted what had happened and I don't know, I did think it was wrong but I just think at the time I didn't realise how forced upon I was ... I felt half of it was my fault and therefore when you think something's your fault you don't really go and say to people well this happened to me (Elouise).

Innocence and elements of self-blame inhibited their initial disclosure to others however thoughts of their blame for the rape remain unchanged and as is obvious are very much influenced by what they perceive others to believe:

I started to try and tell my (now) husband as a scenario, not naming names, but he challenged me and said that it wasn't rape so I didn't carry on. I think a lot of men assume the woman is up for it even if she says 'No'. I was devastated by his comments but just like 'me' I hid the feelings away, but they don't go away do they? (Liz)

I wouldn't go out of my way to tell anybody now. Because I think if I'd said this to my current boyfriend that this happened to me when I was 16, I know his response would be why did you go there? Why did you do that? You must have known what a man's thoughts would've been (Elouise).

Both Elouise and Liz felt they could not tell others because of their understanding of their situation when they were raped, this being a combination of their sexual innocence and the existence of victim precipitation and rape myths in our society. This then not only led them to believe they were to blame for what happened to them at the time but persists to this day. By maintaining her silence, Elouise has protected herself from harm at the hands of others, whereas sadly by much latterly attempting to gain some support Liz has had all her worst fears met which, as her narrative suggests, continues to impact her negatively.

The other women in this study have all eventually told somebody where the timing ranged from immediately after the rape to approximately twenty years later. However, six others, in addition to Liz and Elouise above, have taken the decision not to tell their parents, thereby eliminating a potential source of support. The reasons for these women are not solely as a result of feelings of blame for the rape but as a result of their being a tendency to avoid discussing sex within the family. Additionally for some there is an existing negative relationship with their parents. Research has found that as a result of such a negative relationship within the family these women are already at a disadvantage with regards to potential anxiety and psychological disorders in adulthood but also, these adults tend to lack social support and coping resources generally (Mallinckrodt, and Wei, 2005; Shaw, Krause, Chatters, Connell, and Ingersoll-Dayton, 2004). Some have, however, felt the need to seek the support of others either at that time, or at a later stage, because of the ongoing negative effects of the rape. The following are an example of these.

Four of these six women could not tell their parents of their rape because of an inability to discuss sex with them. Anna was nineteen when she was raped after probably being drugged by an acquaintance. Anna felt she could not tell her parents because she felt guilty for her actions even though she was under the influence of a drug. As a result she felt how could they believe her particularly since their relationship was one in which sex was a taboo subject.

I thought they'd kill me. To find out that I'd slept with a stranger and I didn't think they'd believe me. I don't know it's just that they are my parents, I don't talk about that kind of stuff with them anyway. I think a lot of people of my age don't really. We don't argue or anything but we don't really talk about sex. It's not that kind of relationship at all (Anna).

Anna's narrative is typical in this respect but this attitude unfortunately continues to fuel the myths that exist in society that tend to lead people to interpret rape in terms of sexuality and not in terms of violence, where the penis is the weapon (Burgess and Holmstrom, 1974). If she had been mugged, hit over the head with a heavy object and a handbag stolen, one could almost be certain she would immediately tell her parents. Additionally, the existing relationship within the family influenced the lack of disclosure which attests to recent findings on this topic whereby women who received inhibiting messages generally

did not disclose to parents after they were sexually victimized. Inhibiting messages were conveyed in a variety of ways, such as talking about sex in restricted ways (e.g., do not engage in sex until married); expressing condemning beliefs (e.g., sex is wrong, dirty); and delaying or ignoring the topic of sexuality and reproduction (Smith and Cook, 2008).

Laura was raped and beaten by a school friend, whilst in school, at the age of sixteen, two years before she entered this study. Her narrative reveals a negative relationship with her family.

I was scared of what they would think. My relationship with them isn't very good and they weren't very supportive of me generally so I didn't feel I could have told them (Laura).

Additionally Laura has not felt able to tell any of her friends, neither the ones she was at school with nor since she has moved some considerable distance away to attend university. The result has been to isolate her.

I feel better about going out now but I still find it hard to trust people. I don't particularly enjoy going out. I don't like being around a lot of people (Laura).

Similarly, Kylie did not feel able to tell her parents where the negative relationship was compounded by abuse that existed within the family. This had created considerable tension with her mother, who Kylie states is mentally ill. Kylie was raped by a friend when she was sixteen which was approximately eleven years before she entered this study.

My sister was sexually abused by my step dad a couple of years before and we didn't want to stay at Mum's any more because she is still with him now. He went to prison but my mother stayed with him. I feel very betrayed by her. I've never really got on with her since. I find her emotionally difficult to talk to. She's mentally ill herself and had a difficult upbringing because she was abused as a child by several people and so I think she thinks it is partly her fault what he [step father] did to my sister and felt she must make amends which I don't really understand. I understand the concept about it but I can never understand my mum as a child. That if it has

happened to her why on earth she wanted to stay with someone who has actually done that to her own children. I find it very very hard to accept (Kylie).

When women do eventually summons the courage to disclose their rape to others it is often out of a desperate need for that support (Hermans, 1992; Janoff-Bulman, 1992). Kylie did feel the need to seek support from her sister and a friend, unfortunately they did not support her.

...I told my sister but she wasn't very supportive or helpful and I think she just wanted me to leave it alone. This is because of what happened to her as a child, she just didn't want to know. It had broken the family up and she just wanted it all to go away and she just didn't want any more trouble in the family and that was her reason for not helping me which I find incredibly hurtful now but I completely understand what she is saying. I understand what has happened to her but it's no point being angry with her. It's really sad what she did, I'm upset about it but I'm NOT prepared to lose my sister over it because we are very close. She was young herself at the time and wasn't strong enough either (Kylie).

Research has found that as a result of feelings of vulnerability and helplessness, people often respond to survivors by discouraging open expression or discussion of feelings about their loss. Survivors commonly report that when they attempt to discuss or display feelings about what has happened, they are blocked from doing so and experience this as upsetting (Wortman, 2004). As can be seen from Kylie's narrative, her sister's inability to support her, whilst undeniably understandable, nevertheless had a negative effect upon her which is still evident some eleven years later.

Eva was raped when she was twenty-two by a friend whom she had trusted implicitly. Eva desperately needed the support of others, particularly her Mother but it was not given due to an existing negative relationship.

I don't have a lot to do with my mum ... Even though I did tell her because I felt like I needed her, she can't give you the support that I needed (Eva).

Eva had called upon an ex-boyfriend for support whom she knew she could trust

... even though we weren't together. He just came straight up ...he's the only person really that I trusted. I just knew that he would be there for me (Eva).

As a result of the rape Eva was reunited with her boyfriend for a time, however, Eva's symptoms as a result of the rape eventually had a negative impact on her friend. It is acknowledged that friends and family may also be profoundly harmed by the assault of a significant other (Morrison, Quadara and Boyd, 2007) and he subsequently found it difficult to cope which had a devastating effect on Eva.

... when I was with my boyfriend after the rape he was cutting himself which he didn't do before. It was very difficult because I felt it was my fault. After this I tried to kill myself (Eva).

Many of the other women who have eventually disclosed their rape to others have found the responses are often similar to why both Liz and Elouise did not tell anyone; that being they blamed the woman in some respect for the rape. In relation to how blameworthy a woman is for the rape, a particular area of study is that of the relationship between the woman and the offender. There is consensus over many studies that as the victim-offender relationship becomes more intimate, others' opinions as to whether the incident was in fact a rape decreases and the blame attributed to the woman increases (Bennice and Resick, 2004; Abrams, Viki, Masser and Bohner, 2003; Wyer, Galen, Bodenhausen and Gorman, 1985). This may very well be so but, as will be shown, what has been found is that others appear to do all they can to find something about the woman or her behaviour that they can blame for the rape occurring, irrespective of the victim-offender relationship.

Close interpersonal relationships, where abuse within them is common, are difficult for others to understand because common sense says we would do all we can to escape the situation. As will be shown, however, many women continue to stay with their abuser for which they receive much blame. Four women within this study were abused whilst within a variety of close relationships. One woman's experience of an abusive relationship has much in common with Stockholm Syndrome (SS) (Carver, 2007) which is where an emotional bonding with an abuser develops as an actual strategy for survival for victims of abuse and intimidation. 'Stockholm Syndrome' is generally known in hostage situations and is currently so well recognized that police hostage negotiators no longer view it as

unusual where it is often encouraged in crime situations as it improves the chances for survival of the hostages. However, in effect, 'Stockholm Syndrome' can also be found in any interpersonal relationships such as husband or wife, or any other role in which the abuser is in a position of control or authority (ibid). As in the case of Emma.

Emma's involvement in an abusive relationship was made all the more complicated by the fact that he was her employer. Emma was nineteen when she was employed by an extremely wealthy man to work as his Personal Assistant, twelve years ago. The work place was his private yacht where they travelled to, and also worked out of, various apartments throughout Europe. Emma was raped on a regular basis over a two year period most often under the influence of enforced drug usage. Additionally she was regularly tortured and threats were made to her of violence against her family if she did not comply with his wishes. Although Emma did have some contact with her Mother during her experience initially she felt she could not tell her because she felt financially responsible for the family.

My family had kind of bought into it, they were dependent on my income, I was helping to support my mother, because my father had buggared off (Emma).

However, Emma eventually did feel a desperate need to gain some support to enable her to leave her abuser but it was not forthcoming. She reports that her mother's reaction has had a negative effect on their continuing relationship and her well-being today.

I told my mother what was happening and she couldn't handle it. She completely lost it and in fact to the detriment of our relationship even to this day even after she knew what was happening she continued to take my money. When she got a job I left within a week of her getting a job (Emma).

Now that I'm better I can feel and see what it was and it's kind of scary. Why didn't I have more help, why weren't people trying to help me and where the hell were my family? I get angry about that (Emma).

Unsurprisingly she was met with some incredulity after disclosing her experience to others.

I had one person flat out who just said 'no way' (Emma).

Others reacted with disbelief because there are so many elements of it ... I think it's also distorted by the wealth and the power of these people, they could get away with it because of it (Emma).

As a result of these initial reactions Emma became wary of others and subsequently became socially isolated.

I've been careful about who I've spoken to. I was very lonely and I didn't feel like I was a part of the rest of the world at all. I saw everyone else getting on with their lives, their careers, their friends, I didn't have many friends (Emma).

Interestingly, Emma draws a comparison between her experience and that of a friend who has been through a traumatic experience.

I have to say I have to admit I got really jealous of a friend of ours who was in the 7/7 bombings, how awful is that. She was in the one of the explosions and had to have a lot of surgery. But because it was such a public thing she got so much support and resources and financial help and all of this kind of stuff and I thought why didn't I get that? Why didn't I get that? (Emma).

Her narrative expresses how a very public traumatic event as the July 7th, 2005 bombings evoke very different emotions in others where there are outpourings of support for those who are considered blameless victims. This response is in direct conflict with Emma's experience of others' reactions, whilst it is acknowledged to some extent understandable considering the extreme severity of the situation within which she found herself. Nevertheless, women within other less extreme but still abusive relationships are also met with elements of disbelief.

Kiera's experience of the reactions of others to her abusive relationship was typical of the other women in this study who are in similar relationships. Kiera was twenty and sexually innocent at the outset of a sexual involvement with her partner.

...I didn't really understand what was happening myself. I didn't really even know that someone who you were with could treat you like that (Kiera).

As a result of a lack of understanding that she was being raped, Kiera did nothing to stop her abuser. Nevertheless this lack of resistance meant that not only did she blame herself but others also blamed her. Kiera's friends reacted negatively to her experience as a result of a common reaction of those involved in an abusive relationship is they continue to return to their abuser (Stanko, 1985).

... I think that's why I had a lot of negative reactions from people as well because they didn't really understand it. Anybody I had told about it had told me it was my fault anyway because I kept going back to him. Friends that I had at the college just cut me dead, just cut me out of their lives because they just didn't believe me (Kiera).

Although it was previously mentioned that as the victim-offender relationship becomes more intimate, more blame is subsequently attributed to the woman (Bennice and Resick, 2004; Abrams, et al, 2003; Wyer, et al, 1985), research has also discovered that blame is still levelled at those women who are raped by someone they barely know. Judgemental others look to the woman's behaviour at the time of the rape.

Kelly was raped by an acquaintance when she was twenty-one whilst at the college ball. As a result of being almost unconscious because she had consumed a large quantity of alcohol she was incapable of doing anything to stop the rape. Initially Kelly did not tell anyone of this rape, however over time she felt the need to confide in others.

Some people just can't deal with it can they, it's too awful a thing to contemplate. The shutters just come down and people can't process it. I've had a few negative reactions actually. One of my oldest friends was absolutely appalled that I told her. She said why have you told me this, what do you want me to say. My flat mate in halls didn't react well at all to what had happened. It was very much it was my fault because I'd been drinking and I was also wearing a revealing dress (Kelly).

Their comments confirmed not only a general lack of sympathy and support for a woman who has been raped but also that the woman is blamed if she has been drinking alcohol (Finney, 2004), or wearing provocative clothing (Workman and Freeburg, 1999; Cassidy and Hurrell, 1995). What is alarming, but probably unsurprising, is the fact that wearing a revealing dress and drinking alcohol are almost mandatory behaviours at an event such as a

ball seem not to have been considered by others as mitigating factors. The following negative impact of these comments is painfully obvious particularly where Kelly talks of ‘a filthy little secret’ which alludes to the stigma attached to the whole experience.

It used to make me absolutely hysterical, it used to make me furious and hysterical and panic and cry and cry and cry. The friend who said she had no sympathy, I found that devastating really, it just made me think this is a filthy little secret that I've got to carry around with me (Kelly).

As has been previously mentioned, in comparison to women who have been raped by someone they know, women who have been raped by a stranger are less likely to blame themselves or to be blamed by others and as a result it is found that family and friends are more often a source of support. The four women in this study who were raped by a stranger had a variety of reactions from their family and friends some being not dissimilar to the participants who discussed experiences of acquaintance and intimate partner rape.

Survivor was sixteen when she was lured away and kidnapped by a stranger with the promise of a marijuana cigarette. She was subsequently raped at gunpoint. Survivor has blamed herself for the rape for approximately twenty-five years. She suggests that this has mainly been as a result of her parents refusing to acknowledge the severity of the trauma she had experienced.

Survivor describes her mother as having been dismissive of the trauma she had just experienced and of minimizing the rape, with the effect that Survivor blamed herself for her reactions.

I was taught from that night onward that I had not been through anything traumatic. It was just a 'bad hair day'... I figured that I must be doing something wrong because, as I was told, it shouldn't bother me (Survivor).

When I told my mom on the phone a few years ago that I had been diagnosed with PTSD, her response was, "Trauma??? Do you want to know what trauma is? Try raising four kids!" She obviously still doesn't get it (Survivor).

As has been shown by Survivor's narrative it is upsetting when family members try to minimize the impact of the rape, to hear that the rape is really not so formidable and distressing as the woman seems to think, or that she really should not be so preoccupied with what happened and should get over it (Dakof and Taylor, 1990).

Survivor also received blame by friends as a result of her not fighting back.

...that if someone put a gun to her head that she would fight back. Perhaps she would have, but as you can imagine it came across as making me feeling guilty for having not fought back against the gun to my head (Survivor).

Blaming the woman for not having reacted, or indeed behaved appropriately as described by Kelly, adds gross insult to an already massive emotional injury at a time when that person is virtually devoid of resources necessary to rebut any allegations that they might have been responsible. This type of secondary victimisation is because should others admit the woman was blameless is in a sense tantamount to acknowledging that the event could just as easily have happened to them. There are several theories in social psychology, such as Lerner's Just World Theory (1980) that suggests that peoples' feelings about others who are less fortunate are determined in large part by their own needs for security. Such feelings of vulnerability can lead people to react to those who have suffered misfortune with a lack of sympathy. By believing that others deserve their fate, people can maintain their belief that the world is just and that nothing bad will happen to them (Wortman, 2004; Janoff-Bulman, 1992).

Still today Survivor can be affected by others blame

... that put the total blame on me because "I" put myself in that situation. It wasn't that someone grabbed me off the street in daylight. But it was MY CHOICE to go with him. Even though I had no idea what was waiting for me. I still hear those things today, but with therapy I am better with it (Survivor).

Boda was raped by a stranger eight years ago when she was twenty-one. The rapist walked through Boda's open front door whilst she was unloading her shopping. Boda told her parents immediately however, she became very fearful and ill as a result of the rape and

was subsequently out of work for approximately five years. During this period she lived with her boyfriend and also received support from her mother.

...because I couldn't manage to live on my own ...and my Mum came to try and look after me but she just couldn't Mum found it very hard. Very traumatic I don't think she could cope with it. I think that was her worst nightmare (Boda).

Although her mother had good intentions to support her daughter, the emotional impact on others over time can result in the support becoming either limited or completely withdrawn (Bolger, Foster, Vinokur and Ng, 1996; Lepore, Evans, and Schneider, 1991). Similarly although Boda's boyfriend cared for her for five years nevertheless the relationship could not be sustained as a result of her ongoing distress.

Having been raped by a stranger Boda in no way conceived of herself as complicit, as a result she felt no blame or guilt and has always talked of her experience, nevertheless she still has had mixed responses to her disclosure, which as she states has proved to be traumatic for her.

The greatest hurt I had was from work or from friends not being supportive because I expected, they had a duty of care to me to be supportive. From a nutter you expect nothing apart from to be a random nutter that's ok you're behaving within your expected role. It's when people break their role that it's very traumatic (Boda).

... friends have been very supportive. You do lose a lot as well, unfortunately, you do lose lots. I've been very lucky that I've got very solid friends (Boda).

Sam was forty-four when she was raped by a stranger whilst out walking her dog seven years ago. From the outset friends, neighbours and family were told of her experience, because as she said she had nothing to feel guilty about. Nevertheless, there were mixed reactions from some elements of over-protection to wanting to ignore that the rape had ever happened.

My Dad was totally closed in. Although they were both protective of me my Mum had a different way of doing it. They were both ringing me every day to start with.

Mum was so upset that they couldn't talk about it, he [father] couldn't talk about. That she had to go and tell a neighbour. And he said well what do you want to do that for. They don't need to know. Their neighbours know me (Sam).

Although Sam had a significant amount of support, nevertheless there were situations when she asked for support but it was declined because others felt negatively about them. An example of one follows:

I desperately wanted to go [return to the place where she was raped] within the first few months and nobody would go with me. Everybody said it was too soon. I wanted to go back ... I suppose people were over-protective of me and then of course the longer it is the less inclined you are to bother. I thought in the beginning that it might bring more memories back, more things that I could give the police to help them. And I also wanted to do it for me to prove that I could do it a bit like getting back on a bike. You do wonder if I'd gone back there almost immediately would I then have been able to walk other places almost immediately instead of becoming a recluse for a while (Sam).

As can be seen such over-protection of Sam, or others feeling they know what is best for her has been shown to inhibit a woman's recovery process because it perpetuates the view of her being unable to cope (Janoff-Bulman 1992). Sam, like Boda, had a significant amount of support which instead of assisting in their recovery it is suggested such over-protection had some negative impact on their recovery, which Boda reflects upon below.

I think splitting up with my then partner allowed me a release. You've got to pick yourself up if you are on your own, haven't you. And this new guy is a lot less sympathetic, which is sometimes what you need (Boda).

...how much less better the money made it. In some ways because you can do even less if somebody is giving you money... because you don't need to, you don't need to go to work so I got away with wasting more time. So in some ways it allows you to not make it any better (Boda).

This understanding of her needs corresponds with research that states those individuals who have to continue with their everyday lives very soon after their attack because, for

instance, a lack of finances, do recover more quickly. This is as a result of having to face, and not avoid, certain people and situations that might remind them of their rape experience (Wirtz and Harrell, 1987). For Boda having constant support and a substantial amount of compensation from the CICA extended the period where she could indulge her negative symptoms *'So you feel like you wasted it ...'*

Jane was twenty-six when she was raped by two local strangers just over a year ago whilst working in Ghana. Jane also did not blame herself but was concerned how friends and family might react to her disclosure. However, her perception of their reaction seems not to be one of blame but that they would force her to return to the UK which she did not want at that time.

I thought my parents would completely over-react when I told them and I thought they would force me back to England so I didn't tell anyone from England because I also thought my friends would have told me to come back too. Whereas in fact my dad actually reacted very well when he came out to Ghana. I really didn't expect that. And although they didn't know the whole story, my dad came to Ghana with an open mind to well I'll just do what she wants me to do and I'll see what the situation is. I'll stay as long as she wants in Ghana and support her. He didn't come as I thought he would and drag me back kicking and screaming. In a way that really helped and so he dealt with that quite well and when we came back I don't know of any issues that he had (Jane).

The solid, unquestioning support of Jane's father was what she needed at the time. Jane decided that she would return to the UK a few days later. On her return to the UK Jane had no difficulty talking to others of her experience and found the more she did so the less traumatic were her symptoms. This very much concurs with PTG theory which argues that those individuals who seek out social support with the aim of talking about their experience this often helps with their subsequent well-being. Additionally, this may subsequently play a strong role in the development of posttraumatic growth when such support remains stable and consistent over time (Tedeschi and Calhoun, 2004).

I do tend to talk quite openly. I found it quite easy to talk to my friends about it and the more I talked about it the easier it got. Now I can actually think about what

happened and where at first it made me feel quite sick but now it really doesn't do much to me anymore (Jane).

Jane was fortunate that she was able to talk about her experiences in the first instance and that she had such solid support in those others closest to her. It has been found that the need to tell others of a traumatic experience can be compulsive and repetitive which enables the teller to slowly dissipate the reactions (Bugess and Holmstrom, 1979). Jane made no reference to others specific comments and therefore as with her father's reaction to stay as long as required to support her, it is suggested that the others that Jane disclosed to listened and were non-judgemental. Research has suggested that 'listening' is probably the most difficult aspect of being a confidant (Wortman, 2004; Janoff-Bulman, 1992) but is what is most often required by the confider. Whilst the level of support Jane received is difficult to attribute in any positive way to her recovery process, nevertheless, as has been shown her recovery has not been inhibited by others' negative reactions.

As has been shown many of these women have received mixed responses from others, where I believe this study agrees with previous research that whilst close, caring others are important to the woman in her recovery process, nevertheless it is the negative reactions of others that inhibit this process. Fortuitously for some of the women in this study, whilst they may have received early negative responses, they did at a later time point receive help from an individual(s) who was to assist them significantly with their recovery. What is common amongst these individuals is that they have been able to empathically share the woman's affective experience either imaginatively or vicariously (Thoits, 1986).

June had had multiple experiences of rape beginning at age seventeen and continuing over an approximate twenty-five year period by work colleagues, acquaintances and strangers. June has, over time, told her parents and others of her rape where her initial understanding of the negative reactions she might receive has often been confirmed. These negative reactions had a significant negative impact on her recovery process and still today has made her very wary of others *'I'm very, very careful who I let into my life, extremely careful'* (June). As a result of the reactions of others it has taken June approximately twenty-five years to appreciate she is not to blame for her rape. It was not until she began working at the Rape Crisis centre that she received the support she needed to enable her to begin her recovery process.

...what I have learned over the past two and a half years is that at the centre everyone believes you. No one questions what you are saying. No one tries to make you say something you don't want to say or do anything you don't want to do. Without the centre and the huge amount I have learned from the women that work here I would still believe I had "asked for it". I would still believe that some of the things I have done are wrong. I know now that the woman is never to blame; that there is no such thing as "asking for it". No woman or girl asks to be raped. There is no misunderstanding. And I understand too how rape can change the path of your life forever and your perception of yourself as a person. You believe you are nothing. You are worthless. The Rape Crisis centre has taught me that that is not the case. I didn't do anything wrong. I am not to blame and I can recover from this and move forward with my life despite all that has happened (June).

Claire's process of recovery was similar to June's and began when a helpful and non-judgemental university lecturer not only assisted her within the university but also put her in touch with the local Rape Crisis centre. Claire had been working in Greece during her summer break before going to university. She was eighteen at the time when she was raped after her drink had been drugged. The lack of support Claire received from her mother and friend catapulted her into a maladaptive coping spiral described in more detail in the Helping Others section. Claire's trauma symptoms worsened when she began university which subsequently negatively impacted her studies at which point she felt the need to seek support from one of her lecturers.

When I came to uni that's when I started getting depressed. And then I tried to kill myself while I was at uni. Then in the end I had to tell someone so I told my lecturer. She was great, I was failing my first semester and she said we can do this if you buckle down now we can really do it and get it done. The university wanted me to leave and start again; they didn't think I could carry on with the year. But as far as I know my lecturer stuck up for me and said no. Then she put me in touch with Rape Crisis. I had counselling with them for about a year and a half. They were fantastic (Claire).

As can be seen the support that both June and Claire received was of enormous value. Claire's contact with a caring lecturer was significant in her recovery by not only helping

in her capacity as university lecturer but also putting her in touch with Rape Crisis. Both June and Claire were assisted in their recovery by the very knowledgeable women working within the Rape Crisis Organisation who necessarily have empathic understanding, where it is anecdotally understood many of whom have experienced similar abuse. Research has found that empathic understanding in helpers appears to serve two very important functions for the distressed individual. First, highly distressed people often are fearful that something is seriously wrong with them. Others' empathic understanding provides reassurance that these emotional reactions are valid and expectable even if these reactions are simultaneously socially undesirable and potentially dysfunctional. Because these others may be familiar with the same feelings in response to the same circumstances, those feelings are given 'official' approval. Such comparisons with empathic others should subsequently reduce the ensuing self-blame for what has occurred. Second, because others share the same feelings, despite the social undesirability of those feelings, these others are less likely to reject the person experiencing them. Empathic helpers can accept feelings that others find offensive. Acceptance enables the individual to freely express those feelings, a crucial first step for many individuals that is known can reduce pent-up tension (see Thoits, 1986; Goffman, 1986). Unfortunately for June her negative symptoms continued for many years which for Claire extended for less than one year before this most effective support was received.

RJM's negative experience, whilst it was similar to that of Claire and June, was potentially foreshortened because of her entry into this study so soon after her rape. Whilst her participation in this study was to assist the research nevertheless by following her progress over a three month period meant I was in a position to offer my knowledge of the many aspects of rape recovery as and when appropriate. RJM was raped when she was 54 by an ex-boyfriend, who at the time of the rape had become a friend, someone in whom she trusted. She was raped when a bet regarding a friendly competitive game of cards went seriously awry. Over the three months email 'conversations' with RJM she has had moments of self-blame which manifests in a range of intrusive thoughts from she precipitated the rape, to questioning whether or not it was rape because of their relationship. Additionally she was adamant she would only speak to me via email because she was so traumatised by her experience. We 'spoke' on a regular basis over this period which not only enabled me to support her, but I also did suggest that speaking to a close

friend might be beneficial. I believe one of RJM's final comments to me below supports this area of research.

Thank you Cynthia for listening and being sensitive to my emotions ... it has been very helpful to have feedback on hitherto "unknown emotions" and for these to be recognised as "not unsurprising" and then to have viewpoints/explanations that engender rational thought to take another step forward in the right direction. I am sure that my "recovery" ("adjustment") has been exacerbated by your "internet presence" and prompt responses in times of turmoil, ably supported by my "trusted friends" of course (RJM).

Mia was raped when she was eighteen by a friend's brother during a 'sleep over' at the friend's house. As a result of the rape Mia felt ashamed and did not tell her parents. As with many of the other women in this study these negative feelings [discussed in The Coming to Terms with Rape chapter] lead her into a self-destructive lifestyle. Mia did however confide in her girlfriends where the empathic understanding was to help.

They [friends] were horrified and felt really sorry for me. I have spoken to quite a few of my girlfriends about that incident and it's shocking how many of my friends have been raped by a friend, or a stranger, or whatever. Such a huge amount. So I've had lots of support from the people I've told and they've then told me what's happened to them so its brought us closer and I know that I'm not the only person who's been through that, which does help (Mia).

As previously mentioned Survivor has told of many occasions when she has been blamed for the rape or had her experience minimized in some way. Survivor did marry some years later and throughout her marriage her husband has been extremely supportive which as she states is of great assistance in her recovery process.

... he has a lot of patience and is a real keeper. If it wasn't for him, I wouldn't be able to deal with this finally today (Survivor).

7.2.1 Conclusion

In conclusion, this study agrees with prior research (Tedeschi and Calhoun, 2004; Harvey, et al, 2004; Neimeyer, 2004; Wortman, 2004; Herman, 1992; Janoff-Bulman, 1992) that the support of close, caring others is important to subsequent well-being in the aftermath of a trauma. However, these findings also support the argument that, in relation to family and friends, Tedeschi and Calhoun (2004) have been far too optimistic in assuming that others will respond to disclosures of distress with the necessary empathy and concern. The evidence here suggests that, in fact, others are typically made uncomfortable by displays of distress. Consequently, a variety of strategies to discourage such displays were often used. This is because interactions with people who are suffering can heighten feelings of personal vulnerability where such feelings can lead people to react to those who have suffered misfortune with a lack of sympathy. By subsequently blaming the woman for somehow being complicit in the rape means these women deserve their fate, and as a result others can maintain their belief that the world is just and that nothing bad will happen to them. All of this then concurs with other research that the end result is that social interactions often impede growth rather than facilitating it (Campbell, Dworkin and Cabral, 2009; Wortman, 2004).

For various reasons some of the women in this study chose not to tell anyone of their experience, this may have been because it was simply too painful to discuss their experience, or such avoidance may stem from well-meaning intentions to protect and respect loved ones. In so doing they avoided any potential negative reaction from others but also the potential for the support that can be a crucial part in the recovery process (Janoff-Bulman, 1992). Having said that perhaps these women have made the correct decision because the responses many women in this study received from family and friends were such as to be devastating to them. These findings attest to previously published research (Wortman, 2004; Harvey, et al, 2004; Ullman, 1996; Davis, et al, 1991; Thoits, 1986) where characteristically, the less normative and socially sanctioned the loss, the more unlikely it is that disclosing to others will secure the sort of validation and support that fosters integration of and growth from the experience (Neimeyer, 2004; Wortman, 2004).

What has become apparent is for all others but particularly those with little or no knowledge of the negative symptoms experienced after a rape, the best way to help the

woman is simply to listen to them (Campbell, Adams, Wasco, Ahrens and Sefl, 2009) a task that is often very challenging for most people. Research has specifically found that assistance from empathic helpers, or similar others has been found to reduce distress because this support accurately and appropriately targets those features of the situation or feelings that are most distressing to the individual (Thoits, 1986; Goffman, 1986). That some women have this support from the outset, whilst it is obviously beneficial to them, nevertheless can quickly be eradicated by any subsequent negativity. That some women eventually find this support is encouraging, however, most distressing for them is the extent of time some have had to experience such negativity. On most occasions this negativity has been from those they would have hoped or even assumed to receive such support from and so is even more distressing, where published research has found that immediate family are more likely to react insensitively than friends and acquaintances (Wortman, 2004). In contrast to Tedeschi and Calhoun's (2004) position, it is argued that in most cases, disclosure of one's trauma is unlikely to facilitate cognitive processing and so would discourage growth.

7.3 Seeking Help from the Criminal Justice System

Rape has the effect of destroying a woman's assumed personal power and control, as a result some women who have been raped wish to participate in the criminal justice process in an effort to alter that balance of power (Stanko, 1985). However, the social stigma and blame associated with rape that has been shown can prevail in other areas of the woman's social circle is also evident throughout the Criminal Justice System (CJS) (Campbell, Dworkin and Cabral, 2009). The fact that the attitudes of the police mirror that of society is because police officers are drawn from that very society and are therefore as much influenced by those myths and stereotypes that prevail there (Bindel, 2007). Nevertheless crime victims, quite rightly, look to the CJS to validate and justify what has happened to them (Campbell, Sefl, Barnes, Ahrens Wasco and Zaragoza-Diesfeld, 1999) however these aforementioned attitudes not only have a negative effect on the justice process, as is evidenced by severe attrition, but it can further impact a woman's recovery from rape. The Home Office is aware that such negative attitudes can prevail throughout the justice process (Baird, 2008) and that these can be re-traumatising (HMCPS and HMIC, 2007; Campbell, Sefl, Barnes, Ahrens, Wasco, Zaragoza-Diesfeld, 1999; Cluss, Broughton, Frank, Stewart, and West, 1983; Holmstrom and Burgess, 1975) and thus continues to strive to lessen them.

Being raped necessarily means taking the decision whether or not to participate in the CJS and therefore becomes a part of the process of recovery for a woman which could impact on this process and could influence whether she may also eventually attain growth. Post traumatic growth (PTG) theory (Tedeschi and Calhoun, 2004) argues that it is not the event itself that is responsible for growth but it is the process leading to these transformations that is important. A wide variety of events have been reported to lead to PTG, however, the only common factor among them is that they should severely shake or destroy key elements of the individual's important goals and world view. Although the main conceptual arguments regarding PTG theory does include the crime of sexual assault as an event that can lead to growth, it does not take account of the corrosive role of blame that is often associated with this crime or indeed contact with any authority figures, specifically the CJS agents (see Tedeschi and Calhoun, 2004). These are particular glaring omissions, considering that blame is most often experienced by individuals who have been raped; similarly the importance of the police in our society and the curbing of crime and maintenance of justice where blame can also be an issue (Campbell, Dworkin and Cabral, 2009). However, a specific piece of research was previously conducted by one of the proponents of PTG (Tedeschi, 1999) regarding the link between violence and PTG that did include crime victims in general and specifically the victims of rape. The paper has some consciousness of the role of blame in this context and its effect on recovery. However, even with its specific attention to violence and crime, it still makes no mention of the role of authority figures such as those within the criminal justice system, and the effect interaction with the CJS could have on the recovery and possible growth, of those individuals.

As a result of the social stigma and blame associated with rape many women feel disinclined to report their rape to the police, thereby avoiding the potentially corrosive effect. For varying reasons, thirteen of this study's participants, felt thus. Subsequently the remainder (thirty eight per cent) did take the decision to report to the police which is higher than the percentage that is the current reporting rate in Britain (Fawcett Society, 2007).

Research often states the most common reasons for women not reporting is a lack of confidence that the police would believe them or take them seriously and the feeling that nothing can be done (Jordan, 2002a; Stanko, 1985). This is particularly so if the

perpetrator is known to them. Although, all of these thirteen women were known to their rapist only three decided not to report to the police because of a lack of confidence in them.

I think I would like “justice”... but the form that would take would probably be the legal system and I’m not entirely sure of the “justness” of ours ... (RJM).

Often this ‘lack of confidence’ is as a result of a lack of evidence and the stereotypes and myths that are as prevalent within the CJS as they are in the rest of society. As a result many women fear they may be blamed if they were wearing provocative clothing or had been drinking alcohol at the time of the rape, as both can negatively affect the credibility of the woman (Kelly, Lovett and Regan, 2005). An extension of this area of blame is where a woman who was raped had her Criminal Investigation Compensation Authority (CICA) payout reduced by twenty-five per cent because she had consumed alcohol prior to being attacked. Although the CICA justified their decision as a result of the clause that says awards in all types of cases can be cut if consumption of alcohol ‘contributed to the circumstances that gave rise to the injury’ the woman in question had told the CICA she had been drinking but did not say how much alcohol she had consumed. However the CICA would have been acting upon the police submission which said it was ‘possible’ her behaviour had contributed to the incident, because she had drunk a ‘large amount’ of alcohol. This woman did successfully challenge this decision whereupon she received the full award but suffered as a result. Information has subsequently been received and confirmed by the CICA that during the period 2007-2008 fourteen other women who had been raped had received a reduction in their payout because they had consumed alcohol before the attack (Williams, 2008).

I knew if it got to court, although I couldn’t see that it would get to court, because it was just my word against his. And I was wearing this really revealing dress and I was very drunk and I knew full well that I would be made out to be a false accuser (Kelly).

This situation was confirmed by Kiera who, although she left some six years ago, worked for approximately five years for the organisation Women Against Rape who helped women who were having problems with the authorities.

I was really appalled by the treatment, sexism, racism from the police and the way that they often lost evidence or they didn't bother to gather it in the first place. They tried to put women off. The CPS was just as bad misreading evidence and not bothering. Not putting cases through if they were considered an unreliable witness. I would never have considered going to the police myself because there wasn't a hope in hell [because of a lack of evidence] but the cases that do have evidence are still not being dealt with appropriately (Kiera).

The remaining ten women did not report their rape for a variety of reasons all of which were very similar to the reasons they had for not telling others in general and would, therefore, pre-empt their disclosing to the police.

As a result of being young and naïve many young women do not fully understand what has happened and therefore do not have the language to explain themselves.

Because I was so innocent at the time, I actually took a week off work because I couldn't face telling anyone. Even find the words because it was just so awful. ... she [flatmate] wanted me to go straight to the police. But I was totally horrified at that idea. The whole thing was just so awful I just wanted to go home (June).

June was raped on a number of subsequent occasions where only once did she report a rapist's general behaviour to the police but did not mention the rape, alluding to the blame she felt. As a result of which there was no evidence on which to arrest him.

I did eventually advise others of his behaviour and folded up the project as I felt he was a danger to all women, but although I reported his general behaviour to the police, I could not bring myself to tell what he had done to me and the police had nothing to arrest him for (June).

Others blamed themselves for the rape because they had agreed to be with the rapist in the first instance on a date.

I thought maybe I was in the wrong for going there in the first place. So I kind of brought it on myself type thoughts (Elouise).

Others were deterred as a result of fears for theirs and others' safety.

...he came up a couple of days after and threatened me that if I told anyone he would do it again ... I was just in constant fear, I still am ... (Laura).

They threatened my family, there's no recourse there (Emma).

As previously mentioned eight of this study's participants reported their rape to the police, four of whom were raped by strangers. This particular factor is known to increase the likelihood of reporting (Kelly, et al, 2005; Du Mont, Miller and Myhr, 2003; Kelly, 2001; Lees, 1996; Smith, 1989) because there is no ambiguity in the woman's mind as to their complicity in the rape. Nevertheless, for all those reasons that the majority of this study's participants decided not to report their rape to the police, three of those who did do so, unfortunately, fell victim of them. These women were those who were known to their perpetrator. The fact that the woman knows the perpetrator would suggest the whole police process would be that much easier, however, often it is this very relationship that is, along with other situational factors, the stumbling block on the road to a conviction.

Two of these women delayed reporting their rape to the police. This particular aspect of 'reporting' often reduces the woman's credibility in the eyes of the police at the outset and, should the case continue to court, can continue to influence prosecutors and probably the jury. However, there are very real reasons why women delay reporting such as a combination of shock, fear, confusion or distress (Kelly, et al, 2005).

The person who raped me, his family are not very nice and they are involved in a lot of crime ... I didn't want to tell the police because I was scared and I just wanted to forget about it. I left it and hoped I could just get on with my life and slowly and surely it just got worse and worse and affected my life that it was ruining my work, my career (Kylie).

Kylie's initial lack of action regarding reporting the rape was eventually replaced approximately ten years later, by a need to take back the control in her life. However, unfortunately in doing so this interaction with the police brought about mixed responses from them and despair from her.

When I told the police at the beginning of summer this year some of them were really helpful. The detective who was in charge of my case wasn't at all and I found him very hard to get on with. I felt that I was a complete and utter burden to him. So that experience with him was really hard (Kylie).

Nevertheless Kylie's case was forwarded to the CPS from whom she was subsequently informed it would not be going to court.

I had a letter back from the CPS, he said there wasn't enough evidence and it wouldn't be going to court because I had been drinking (Kylie).

The decision not to proceed to court with Kylie's case is a particularly well known attrition point being linked to a lack of credibility as a result of alcohol (Kelly, et al, 2005; Harris and Grace, 1999). Nevertheless Kylie wished to continue to discuss her case with the CJS as she was certain they had not fully investigated all aspects of the evidence, including interviewing potential witnesses. However, she eventually had to withdraw as a result of a lack of continuing co-operation from the police and her health.

I am now not in contact with the police. It became too stressful and the police became less and less co-operative with me (Kylie).

Similarly Eva delayed reporting her rape to the police but on this occasion by only two days, but nevertheless as a result of a lack of evidence the case was eventually thrown out. The whole process together with the additional disappointment of the case not proceeding was devastating for her.

It was very difficult, I felt very overwhelmed with it all; particularly when I had to go to another station and all his [the rapist's] family were there as well. I didn't trust anyone, it wasn't a nice experience. I wasn't fully informed about anything. The CPS has definitely thrown it out now. I was totally devastated. I just feel like he has gotten away with it. The whole criminal justice system has let me down. Why don't they believe me rather than him? (Eva).

These two situations would appear to support recent studies that showed there is still little evidence where the different agencies within the CJS sought to build cases. It appears that

all concerned are still looking for those elements that would substantiate a 'real rape' (Maier, 2008) and missing the opportunity to collect, describe, or emphasize the very necessary evidence that might go to the credit and believability of the complainant rather than focussing on what was discrediting (Kelly, et al, 2005; Archambault and Lindsay, 2001).

Two women were raped whilst working in another country and both reported the crime to the police. Although their interactions with the police were different the subsequent outcomes were very similar. Both women also returned to the UK within a short period of time after their rape, however, their individual psychological well-being at this stage was remarkably different.

Claire had little interest from the police so seemingly had no re-traumatising effects as a result.

I saw the police and I told them and they just said you have to go to the health centre. I said why I've been showered there's nothing there and it's shut now because it's night time. After this they didn't want to know (Claire).

Jane, however, became of great interest to the police which increased her trauma at the time.

I basically had to be in the police station every day and everything was very inefficient and unprofessional. The police were obviously enjoying the challenge of a big case and that was the only reason they were helping at all. None of them respected the fact that I may be a little mentally scarred by the event and they were very brutal in the way they dealt with the investigation. Even at the hospital, they would get men doctors and everybody in a room and ask you to take off your clothes and open your legs with no consideration of how you may be feeling. I thought oh god I've been raped I don't really feel like it. It was a bit hideous the first week. The justice system has quite a lot to answer for in Ghana. Sometimes they'll set a date and then be waiting there all day and nothing will happen (Jane).

As previously mentioned both women returned to the UK and their family home within a short period of time after their rape. Although Jane had a traumatic experience with

regards to her contact with the police, nevertheless her return to a stable supportive family environment meant she appeared to very quickly (within three months) become more stable herself.

I would spend quite a lot of time chatting with my friends and various people; that helped a lot because after a while you become quite unemotional about the whole thing. And then I went to Canada for a week with my family. And since coming back I haven't really had any issues (Jane).

Although Claire had a far less traumatic experience with regards to the police, nevertheless on her return home she became very depressed.

Horrible, I stayed in bed for a week and my mum tried her best to support me but she's very much like if something's wrong you just get on with it and that's it. You just don't speak about it, you just get on with it. She wasn't trying to be mean, she was trying to stop me from dwelling on things. But that didn't work because I found alcohol and just went on a drink binge for a long, long time (Claire)

The different responses of these two women are quite marked. Surprisingly Jane had a better reaction after a more traumatic experience with the police than Claire. Jane, however, had been raped by strangers which may have made her feel less to blame than Claire. Claire, as previously mentioned, blamed herself for leaving her drink unattended. Additionally, Jane had far more effective support from her family than did Claire which again may have had an effect on their overall response.

Three of the study's participants not only reported their rape to the police but also, overall, found the police to be helpful and supportive. The common factor is that all three were raped by a stranger.

Survivor had differing experiences of her contact with the police. Firstly, at the time of the attack, some twenty-seven years ago then just three years before our interview she decided to re-contact the police in an effort to discover who had raped her. As a result of this considerable extent of time Survivor is able to depict the advances made by the police in response to rape.

An appropriate medical exam was conducted on Survivor in the Emergency Room. However, prior to this, whilst in a police car at the site of the crime, she was questioned by the police in a manner that would, if conducted in more present times, have been undertaken by appropriately trained officers in a rape suite.

What I remember is the police officer asking me is if he ejaculated inside of me. I remember saying, "yes", but knowing that I might be wrong because I was a virgin. How was I supposed to know? But I was too embarrassed to ask the police officer or to indicate that I didn't know how I would know if he ejaculated inside of me (Survivor).

Survivor had many similar experiences to that of Kylie with regards to the police taking a rather lacklustre approach to potential evidence, the following being an example.

To my knowledge, they never actually drove to the parking lot or went into the mall [where she was approached by the rapist]. And the police records don't indicate that they ever did either. It seems to me that they should have asked around in case someone working right there might have been able to help identify the perp. (Survivor).

When Survivor decided to re-contact the police approximately twenty-five years after her rape she discovered further evidential mishaps, which with the recent advent of DNA could have assisted in finding the perpetrator.

The police report shows that the hospital handed over my pubic hair and underpants to the police. Sadly, or stupidly on the part of the police back then, they never took my clothes like they do today, other than underpants. The guy [rapist] still had part of my coat in his car that he used to tie me up with. If they could find his car and find a matching coat fabric, it would be a lead. But they screwed up more than even THEIR codes allowed for at the time (Survivor).

Although certain pieces of evidence were either lost or not followed up on originally, nevertheless this particular police officer was sympathetic to Survivor's plight.

The detective told me the evidence was [at the time of the rape] signed in and processed and given a number. But it was nowhere to be found. He actually had the warehouse searched by hand looking for it. He said that their procedure for destroying evidence is so strict that he believes that it is still there, but lost somewhere. And that I should never expect to be able to find it (Survivor).

He told me that in his report on his desk it states that - - - [a potential witness] had come in person to the police station 3 weeks later and reported - - - [the potential perpetrator]. It is in the police records. But the detective said that it doesn't show that anything was ever followed up on! He apologized to me sincerely and said that sadly these things fall through the cracks sometimes. He did, on his own initiative, phone - - - [the potential witness] and phoned me back to tell me that - - - [the potential witness] said that he remembers doing that 25 years ago (Survivor).

Although Survivor was disappointed with the outcome nevertheless she now has more confidence in the police.

...this cop gave me a different perspective on the police. He was actually nice and acted like he wanted to do what he could to bring some kind of closure for me. ... it did restore my faith in the police to know that even though the cops back then apparently didn't take it seriously. THIS cop did. And he told me that as long as he was there that if a similar case came up that he would let me know. And he tried to reassure me (little that it did, but it was nice of him) that he works with these rapists all the time and that once they are elevated to the level of weapons, they might get caught after their 50th or their 150th time. But eventually they get caught (Survivor).

As a result of being raped by a stranger who has not been apprehended, Survivor still lives in fear.

... I wouldn't have to worry about speaking out if I knew he was behind bars because right now I am aware that, although unlikely, he would be very angry if I spoke out about what happened...that is one reason why I want to be anonymous as to my account (Survivor).

The rapists of both Boda and Sam were caught relatively quickly, subsequently convicted of, and imprisoned for, their rape. However, there were points along this process that may have resulted in less positive outcomes.

Immediately after reporting the rape both women's narratives describe how nine and seven years ago respectively, the police were unsure of how to act around a woman who has been raped and the appropriate procedures involved in a rape case.

they were desperately unprepared'. He [policeman] couldn't work out what to do with me, bless him. They weren't sure so they put me in the back of an ambulance for a while. They weren't sure whether I was serious enough to go to A&E or I could go to Rape Crisis to have all my evidence done. But they weren't sure what to do with me by means of was it more important they dealt with my physical injuries and made sure of that. Luckily I was quite switched on. I felt well if we're going to traipse round in the hospital we will lose the evidence I have. So we did go to a rape crisis house where a lady took the evidence. It took forever to take my mouth swabs (Boda).

Similarly Sam comments and, although this should not need to be the case, has sympathy with their plight.

...none of the men [helpful passers by and policemen] would make eye contact with me. The girl [WPC] was talking to me but not freely, I don't think any of them knew what to do. It would have just been nice if they had been more comfortable with the situation. Understandably they were uncomfortable I suppose (Sam).

When Boda was taken to hospital for her injuries to be treated, the policewoman sent to be with her was inexperienced. As a result Boda was not only further upset by this but had to complain.

In the hospital they sent me with this woman I don't know why I'd still got her with me but they'd sent me with a woman and I was having my face stitched and by this time it really hurts because you've wasted quite a lot of time and so your endorphins have gone and she's just making jokes ... but it was so inappropriate. It was

obviously her inability to cope. I remember growling take her away, take her away before I thump her. She was just completely unprepared for dealing with me. She probably wasn't that old. But then they did find a very sensible female police officer who was in her late 20s, grounded within herself and I think that made a lot of difference. She was very sensible taking my statement and I felt that I could talk to her on a level and that made a huge difference. I think if you've got a police officer that you can identify with it makes a huge difference who gets where you are and who really understood (Boda).

Boda articulates an appreciation that perhaps the difficulties involved regarding interactions with the police may be as a result of the constraints of the law.

It was quite a struggle dealing with the police, quite a struggle. But a lot of it was just the constraints of the law, they can't make the law any different so they are working within their constraints. The chap that was responsible for the case, he was very pleasant and did his best to try and guide me as to what to wear, how to look when the case came to court and things like that (Boda).

The 'constraints' that Boda referred to were in relation to a part of her evidence in that the law, as it stood at the time, stated rape meant 'penetration by a penis'. Boda's attacker was not only extremely violent but used his fingers to penetrate her body. The law has been amended since Boda's attack to include 'penetration by an object'. As a result Boda had to 'manipulate' her statement in order for the case to continue.

It was certainly a very violent sexual assault. But because of the way the legal system views things you can get away with doing quite a lot to a woman if she hasn't seen what you've done to your trousers and she can't tell you how – well I wasn't paying attention so ... and very naively at 21 I didn't know whether his trousers were undone or not. And to put that in your statement I definitely remember now that you've told me that you will drop all charges if I say that (Boda).

Similarly because Boda's rape did not involve penetration by the penis, plea bargaining was in force.

...it was dropped down from attempted rape and attempted murder to GBH and indecent assault to the point that I did threaten the police. I said I'll tell you I've made it all up if you like ... if you don't make sure he gets the sentence that I want I will send him back out there and you can worry about your sisters, mothers and wives. Because I felt so angry that unless he got a proper sentence it wasn't worth I (Boda)..

Sam's case, however, filled all the criteria for a 'real rape' [stranger rape]. *'The police kept just saying it's a text book case'* (Sam). As a result of which Sam did not receive any negative response from the police throughout her whole experience with them *'The police were totally on my side there was never any doubt'* (Sam).

Boda's case did eventually get to court, although it was only a sentencing hearing because the rapist had admitted his guilt.

It was good though to have gone to the court. It was just sentencing so it wasn't as traumatic that some people go through. But I would've done, I would've ... (Boda).

Similarly Sam's court case was solely a hearing, however, she had endured a period of some five months where the perpetrator consistently pleaded his innocence. Although she was actually disappointed when her perpetrator admitted his guilt as she explains:

In that 5 month period from the attack to the trial the whole time he was saying not guilty, not guilty, not guilty and the longer it went on the more I wanted my day in court. I would have expected somebody in my situation to not look forward to going to court because the police kept saying to me well it's like being raped again because they will ask you questions that will upset you. And they are going to try and make out that it was your fault. Even though it was a stranger and it's very unlikely, that's what they have to do. I suspect it would have upset me but I also think that it would have been closure because I would have had my say, he'd had his say and the only thing I'd been able to do was to make a statement. But the other thing that I would have actually been able to stand up and tell people because his barrister/solicitor might have been against me but the CPS one [barrister] would have been helping me and he would have known what questions to ask or would have allowed me to say

what I wanted to. And I really, really wanted that. And I still feel cheated out of it. As time goes by less so but I still feel that if I'd been able to do that it might have been good for me (Sam).

Boda felt similarly, however, although this was only a hearing the defendant's barrister did level some blame at her.

I got to curse at his barrister. I wasn't interviewed I just heckled. He said that I didn't do anything to defend myself and it was really out of context and really made me angry. This was a huge man [the rapist] and bear in mind I'm eight stone on a really good week but certainly not that week and this man was bigger than my partner at the time and he weighed in at fourteen stone... And exactly what are you going to do in a supine position to a sixteen stone man (Boda).

Boda had in fact fought valiantly against her attacker and needed stitches as a result of her injuries. However even should she not have done so these comments were unnecessary as the defendant was guilty and the Barrister therefore did not take account of the effect his comments may have on the woman. These comments were only intended to keep the inevitable sentence to an absolute minimum.

Both rapists were convicted and sentenced to prison. Boda's rapist received a life sentence, but she appreciates that this was a particularly good result and makes a very pertinent comment in relation to the credibility of witnesses.

He got life. And the judge put with only a tentative view to parole. I think I ticked a lot of good boxes. I was a student, I was young, I was pregnant and I was a health care worker (Boda).

There was however much disappointment at the seven-year sentence received by Sam's rapist. Additionally she comments on what anecdotally is felt by many of the public with regards to length of sentence.

I think on the actual day Fiona [police officer attached to Sam] was probably more affected than I was because when the sentence was given she went as white as a sheet she wanted more. She was terribly disappointed. Well she'd wanted life but I knew

that was out of the question I thought maybe ten years. But then of course that's the other thing with our court system, whatever they get they only do 50%. And if you've got a sentence you should do the sentence and if they're only going to do 50% then only given them 50%. Don't say you're going to be in jail for ten years, meaning you're going to be in jail for five year (Sam).

Both Boda and Sam received compensation from the Criminal Injuries Compensation Authority. Where Sam took a cruise with her partner on the proceeds, Boda received considerably more at £40,000 which as she tells it, did not help her emotionally.

... but it [the compensation pay out] doesn't make you feel any better. You expect it to and it's that awful thing is that you think it will make you feel better and then I don't feel any better. And I think that's the heartbreaking thing (Boda).

Participating in the criminal justice system is, according to much feminist research, a forum for taking back the power and control that is lost as a result of a rape (Stanko, 1985). However, although Sam had a positive outcome, the whole experience left her feeling distinctly out of control.

But the whole thing from start to finish is as though you have no control over it. You may have mental control but you can't have the physical control because everybody else was taking this control from you. I was physically out of control because I couldn't say I don't want this to happen when we got to court because the police and the law were in charge (Sam).

7.4.1 Conclusion

In conclusion, all crime necessarily involves taking the decision as to whether or not to involve the police. Those members of the public who have experienced petty crimes may have very little or no psychological after-effects and therefore take the decision not to involve the police as anecdotally they consider the police have far more serious crimes to contend with. The crime of rape, however, is a serious one and differs significantly from many crimes in that the decision making process of the woman involves more personal aspects, such as the potential for their complicity in the crime. Research over the last three decades has found that contact with the CJS by women who have been raped often leads to increased distress (Campbell, Dworkin and Cabral, 2009; Campbell, Sefl, Barnes, Ahrens,

Wasco, Zaragoza-Diesfeld, 1999; Cluss, Broughton, Frank, Stewart, and West, 1983; Holmstrom and Burgess, 1975). It is acknowledged, however, that there is an inevitable clash between the woman's needs and police responsibilities. Police are trained to question them in a way that obtains the most evidence and clearest testimony, possibly sacrificing the woman's need for sensitivity (Maier, 2008). Nevertheless research has found, and is corroborated in the present study, that it appears the CJS is still looking for those elements that would substantiate a 'real rape' focussing more on what was discrediting rather than looking for evidence to support the woman (Kelly, et al, 2005; Archambault and Lindsay, 2001).

Many of the woman's needs referred to are increasingly being incorporated into the whole criminal process, such as rape suites etc. Although these do assist with her well-being, they are practical in nature. What does have a particularly negative impact on the woman's psychological well-being is the blame that is often leveled at her whilst she participates within the CJS. It is often an acknowledgement that this blame exists that halts the majority of women from ever entering into the system in the first place. The current government is aware of the potential for these processes to re-traumatise women who have been raped (HMCPS and HMIC, 2007) and will be considering different ways to present fair and factual material to juries so that justice will prevail and not the myths and stereotypes (Baird, 2008).

I believe it is fair to conclude that all those eight participants within this study who did have contact with the CJS were distressed by the process. This includes Boda and Sam who had the ultimately positive outcome in that their rapist was apprehended, convicted and imprisoned. Those participants who did not report to the police did not because they were already aware of the pitfalls that may prevail should they do so. Accepting the fact that the police play an important role [obviously] with regard to the curbing of crime and maintenance of justice, it should also be concluded that the police have an important role in the process of the recovery of those women who have been raped. As has been previously mentioned, PTG theory includes crime as a sufficiently traumatic event that may lead an individual to attain growth; however, it does not take account of authority figures, such as the police, as being involved in the growth process. This would seem to be seriously neglectful considering the aforementioned narratives all attest to the distressing nature of either their actual contact with the CJS or the perceived potential for distress. All of which

could consequently play a negative role in any potential for growth. Social support and self-disclosure are important component parts of the PTG theory where it is stated

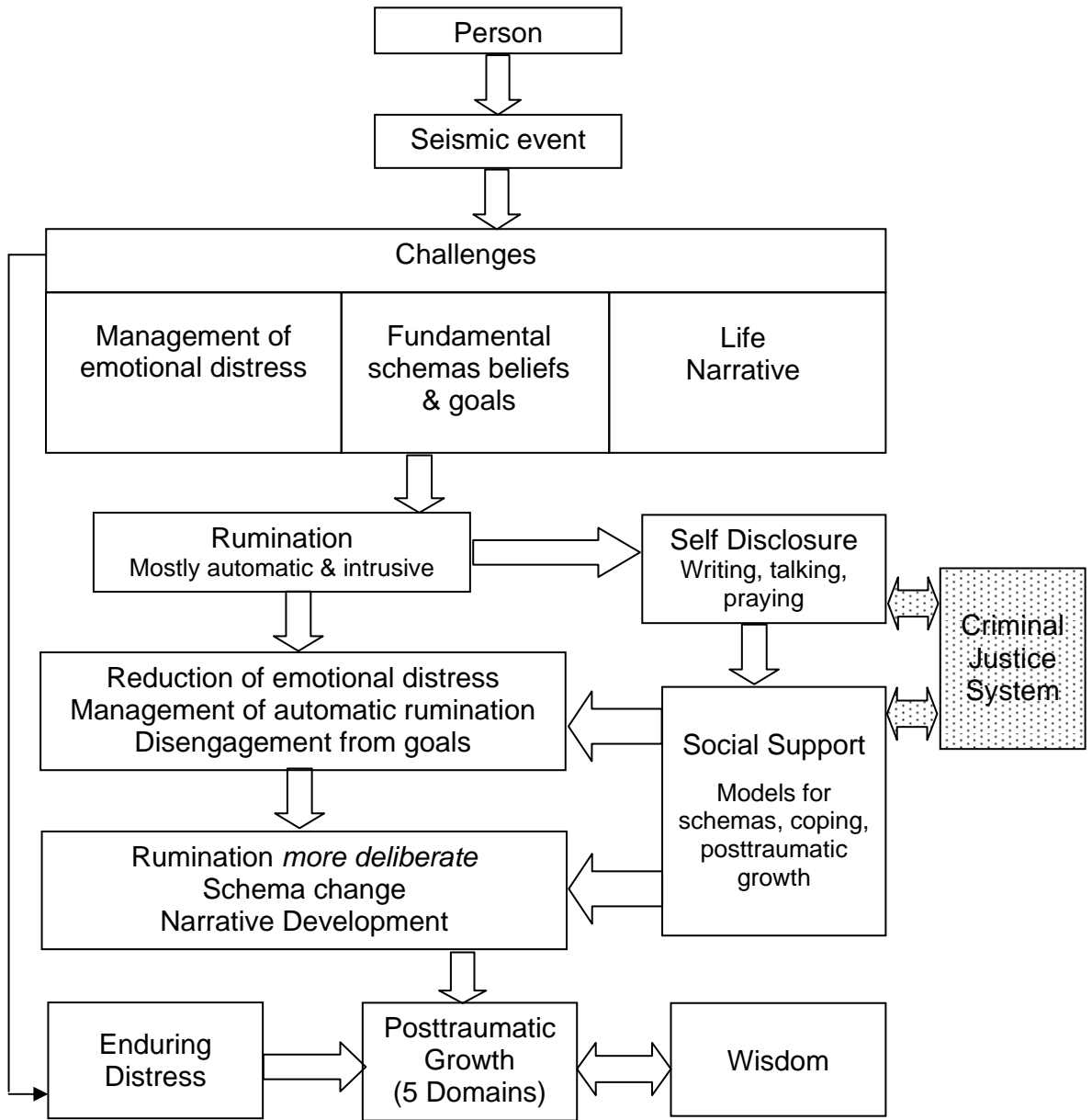
The cognitive processing of trauma into growth appears to be aided in many people by self-disclosure in supportive social environments (Tedeschi and Calhoun, 2004: 11).

The CJS is part of the social environment and because ‘*some rape victims turn to the police for assistance and protection ... with the hope of having the trauma of their victimization assuaged*’ (Maier, 2008: 787). I suggest a potential CJS component could, by way of linking arrows, very easily be included within the posttraumatic growth model, shown in Table 3 overleaf and viewed as an offshoot of the social support and self-disclosure components.

7.4 Seeking Help from the Religious Community

There is evidence that social support, in a variety of guises, can be beneficial for adjustment following negative life events. The area of particular interest here is that of religious commitment where it has been found that being religious may increase the speed of recovery from a depressive illness (Dein, 2006). Questions arise as to what is it about religion that enables individuals to cope more effectively with a trauma. Religion may provide a belief system or perspective that enables individuals to deal differently and perhaps better with crises in general. It is also posited that the social element positively influences the adjustment where the social ties within a well integrated religious community may respond positively to expressions of distress (Tix and Frazier, 1998; Wortman and Silver, 1989). Although, as will be shown, religion for many of this study’s participants was not a significant part of their lives, either before or after their rape, however, for others religion was entered into with the anticipation that it would fulfil that support function which had been missing elsewhere.

Table 3 - A model of posttraumatic growth



(Tedeschi and Calhoun, 2004: 7)

Religion is part of individual and social identity and culture. Within modern Britain the majority of those questioned say they are not religious and see religion as a cause of division and tension. Only one in ten claim to visit a place of worship at least once a week, with four in ten saying they never attend religious services. The religious observance that does occur is mainly on special occasions such as weddings, funerals and Christmas (Glover and Topping, 2006). These findings are in stark contrast with the United States which is almost unique among modern Western democracies for its high levels of church attendance and strong Christian beliefs (Pals and Macadams, 2004). A large majority of Americans assert that religion forms the basis for their everyday life where four in ten people attend church weekly (Matthews, McCullough, Larson, Koenig, Swyers and Milano, 1998).

Religion then may or may not be an area in which individuals turn to help them cope in a crisis. Nevertheless, Posttraumatic Growth Theory (PTG) goes further and asserts that some individuals may experience positive change or growth as a result of their struggle with a traumatic event in the domain of spiritual and existential matters. The model further argues that even those individuals who are not religious or who are actively atheistic, can also experience growth (Tedeschi and Calhoun, 2004). It is expected, however, that culture would have an effect on such components as individuals' pre-trauma fundamental beliefs. These beliefs then are derived from those historical factors that vary widely from one society to the next (Pals and Macadams, 2004). However, in accord with other studies (Calhoun, Cann, Tedeschi and McMillan, 2000; Pargament, Koenig, and Perez, 2000; Park and Fenster, 2004; Tarakeshwar and Pargament, 2001) that have examined the link between changes in religiosity and spirituality and growth, the PTG model reflects the importance of religion and personal spirituality in contemporary American life and has omitted to account for the influence of other cultures (McMillen, 2004). As a result individuals within cultures and societies which tend not to adhere to any particular belief in the first instance would therefore have no such perspective that could assist in the aftermath of a trauma. Similarly with regards to the social component that may exist within a religious community. Very few individuals would access this additional social element and those that might do so may, dependent on their particular trauma, be at the mercy of the same negative attitudes found elsewhere in society. Therefore, religious and spiritual development is rather less likely to be a strong growth theme in the life stories of adults living in these societies and specifically the UK where the majority of this study's participants are based.

In concert with the aforementioned UK statistics with regards to religious commitment, the majority (n=14) of the current study's participants stated, at the time of the interview, that they are not religious. This lack of religiosity however, ranged from never having any religious commitment to having been brought up with a particular faith but as adults no longer follow that faith. Within the UK it appears that growing up and understanding some of the harsh realities of life makes many individuals turn away from religion. As has already been mentioned PTG theory asserts that growth can be attained after a traumatic event even by those without any prior religious commitment. The following comments contest this theory and are typical of the majority of the study's participants.

I don't think I've ever been religious and that certainly didn't change one way or the other following the rape (Sam).

Within the UK it is well known anecdotally that many children of school age attend Sunday school but once they have left school, this attendance tends to drift.

I used to go to Sunday school when I was younger but that was it so nothing has changed. I've just never been brought up to believe that. I've never been christened... (Elouise).

Similarly, those who were brought up with a particular faith tended to let their religious commitment drift once they had reached an age where they felt they could do so.

I was brought up Catholic. My dad's very Catholic and my mum's kind of Catholic but doesn't practice. I gave up going to church when I was about 18 and I was allowed to give up. I never really believed in the church ... I don't believe what I was brought up with so it's definitely not something that would help me [after the rape]. All my views are completely the same as they were before. And I don't feel the need to go to church or anything (Jane).

When I was a child I was confirmed, I used to go to church as a child but since growing up I haven't which hasn't changed at all since [the rape] (Kylie).

When asked about their religiosity at the time of the interview all of the above fourteen women stated they were not now religious but five viewed themselves as spiritual or having an appreciation for nature. PTG theory states growth can be attained in the domain of spiritual and existential matters (Tedeschi and Calhoun, 2004). However, the comments of the five aforementioned women suggest this ‘spirituality’ or appreciation for nature to be not attributed to their rape but to life in general. Emma grew up in a beautiful country and taps into that when necessary.

I’m not religious at all ... I grew up in a very beautiful, natural place and I find there’s something about nature, the stars and the sky, peaceful places that work for me. And I find it’s quite a spiritual experience when I go to places like that (Emma).

Lauren’s comments on her spirituality do not appear to be linked to her rape experience.

I would say I am more spiritual than I am religious. I believe in a lot of forces that I don’t know about. That’s something that really intrigues me. I think it makes me spiritual because I want to believe in something like this... I think it’s [spirituality] become stronger in my mind more recently since my grandma died or something like that which was a few years ago [which was prior to her rape] (Lauren).

Mia’s comments regarding her spirituality suggest she moved away from her religious upbringing as a result of her rape.

...I was about 16/17 that I backed off from that [religion]. I am more spiritual I do believe that people who die are still around you in some way. So I wouldn’t say I’m religious I haven’t found much comfort from going to Church necessarily (Mia).

June considers that her ‘faith’ could be an understanding borne out of growing older and a growing understanding of some of the harsh realities of life.

As I’ve grown up and seen a lot more of the world, particularly living in Africa and seeing how the Church works I actually have nothing to do with it anymore... there is a God ... but where do you look for it. I tend to look for it more in nature now. I have a very strong faith in that there is some power out there but is it a power within

you that you're actually tying into? There's something but not the way the organised churches see it (June).

Two participants stated at the interview that they had always considered themselves to be 'spiritual'. The rape experience enforced one woman's view which in terms of PTG theory could be seen as growth in the domain of spirituality. However, the other participant's strength of spirituality remains unchanged by the rape.

I think I already had, not Buddhist but that kind of view and I think it just enforced me. I believe in reincarnation and I think that actually saved my sanity if you like in terms of just trusting or accepting life as it is. The things that happen, they happen and that's it (Carla).

I'm quite spiritual but I don't have any particular religious faith. Neither has changed since the rape (Boda).

As previously mentioned becoming an adult involves understanding the harsh realities in life. As a result and in accord with UK research some believe that religion is a source of division and tension, three participants comments alluded to this, where Claire's comments are typical.

I just think a lot of it is to do with growing up, you have your own ideas and especially when you go to university you open your mind up to more things. You just realise the concept of God is actually quite ridiculous. How can religion be good if it makes all these bad things happen in the world (Claire).

Similarly, Anna's work with cancer patients leaves her to believe there is no God.

...with my work with cancer patients, you think no there's nothing else, nothing else helps. If there was a God then he wouldn't let people suffer like this (Anna).

Four participants made reference to their level of religiosity in that they only attend church on special occasions. A typical response comes from June.

I still love all the traditions such as Christmas and traditional services but I don't have any faith in the church (June).

Religion for four participants after their rape became of great importance to them. However, each of their religious experiences took a different route.

Survivor and Kiera were similar in their response to religiosity after their rape. Both felt that religion would bring solace and stability as a result of a lack of family support after their rape. The difference between them however, was that Survivor was brought up within a strict Roman Catholic family whereas Kiera had no religious upbringing.

I remember one Sunday kneeling in church ...it was after the rape, just praying to god for help. My dad and siblings were next to me and I felt like such an outcast. ... About 6 months after the rape, I became OVERLY religious. To the point that even religious people would think it was almost cult-ish. Today I believe that I was trying to find some kind of solace somewhere (Survivor).

The Christianity thing wasn't something I was brought up with. When I left home I got involved in the Church, I was quite vulnerable because I had just come out of this chaotic household and in the Church I saw a lot of stability. That really appealed to me (Kiera).

Although Survivor was brought up as a strict Roman Catholic, she is of the opinion her family were not truly religious. As a point of interest Survivor, the American participant, her family's religiosity would be viewed as falling into the majority portion of the American population.

... my family did it in word only and by going to church every week. Other than that one hour at church, there was no religion (Survivor).

Both women sought help from the wider religious community. Survivor approached many different faiths, giving up Catholicism along her journey and eventually organised religion entirely becoming more spiritual.

I got involved with a group of very fundamentalist charismatic non-denominational home-churches. Along with also visiting and getting “saved” (if you will) in religions of Baptist, Pentecostal, Methodist, Episcopalian, god it’s hard to remember all the churches....but I did leave the Catholic Church. ... I can definitely see a spiritual side to the world, but not in a “religious” fashion (Survivor).

Similarly, Kiera left the original Church she had approached for support because of their unhelpful response to her needs.

At the time I went to the church for help because I didn’t know what to do. But that wasn’t a very good move. Because they didn’t react particularly well to the situation [the rape] and they were very blaming and didn’t really understand it. I didn’t really have the language for what was happening and they just thought I just wanted sex (Kiera).

Kiera’s disclosure to a Bible School was met with a similarly unhelpful response

I did talk to them about it [the rape] ... [after talking] they think it should be finished with and if it’s not then you don’t have enough faith, I got a lot of that. Their understanding of these things [the rape] was that well if you pray about it you’ll feel better about it and then its over. It was also expected that I should feel better about it because everybody prayed for me (Kiera).

As has been shown both women did not find the help they had hoped for from the religious community. Additionally Kiera received a similar lack of support and blame that society in general shows to rape victims. This response should not be unexpected because those religious individuals are part of general society within which blame and rape myths prevail. Additionally, religion can promote rigid thinking, overdependence on laws and rules, an emphasis on guilt and sin, and disregard for personal individuality and autonomy (Dein, 2006).

Both women continued with their chosen ‘religions’ however eventually took the decision to leave. They had found that not only could it not help them cope in the aftermath of their

rape but in fact had had a negative impact upon their recovery in that it delayed their search for proper medical help with their problems.

In the end it [being with the Church] delayed me getting the appropriate help ... (Kiera).

My stint with religion kept me focused away from what had happened lasted VERY seriously for at least that year. But continued at a lower level but still disgusting to me through my first 2 years in college (Survivor).

These comments then attest to recent research regarding dependence on religion.

Excessive reliance on religious rituals or prayer may delay seeking necessary help for their mental health problems, leading to worsening the prognosis of psychiatric disorder (Dein, 2006: 70).

Survivor concluded by arguing against taking up religion as a way of coping stating it is another form of denial.

... I cannot believe anything that I hear in church now. Dependence on yourself appears the only realistic way. To just say, "Put it in god's hands" to me is a way of denial (Survivor).

The remaining two participants of this group of four have retained their religiosity. However their stories differ again as much from each other as with the previous two women.

Liz alludes to the fact that she had a religious faith at the time she was raped but lost her faith during her teenage years.

I lost it [religion] for a while during my teenage years, especially around the time when my grandmother died, but in recent years it has come back stronger than ever. I feel that I am being supported by something or someone which is very comforting. I don't go to church or even talk about my faith to others, but feel there is a greater power who gives me the strength to carry on (Liz).

Liz suggests that her loss of faith was particularly apparent around the time of her grandmother's death. However, it could be posited that this death, occurring in her teenage years when she had also been raped, could have been the catalyst for a loss of faith. Nevertheless Liz now feels religion is of great comfort to her.

Rose's religious experience is again different. She had been the one in her family who took up a religion.

No my family aren't at all [religious], I was the odd little bod who went off to church when I was 15 and got confirmed (Rose).

Through religion and with reference to a particular service, Rose found the inspiration and strength to cope in the aftermath of the rape.

...It was a good four or five months later when one Sunday we went to Church and the vicar wanted the whole congregation to learn the prayer of St. Francis. And as soon as I read that little refrain I thought that's it, that's how I can go on living. That's got to be the pattern.

*Oh master grant that I may never seek
So much to be consoled as to console
To be understood as to understand
To be loved as to love with all my soul*

And I thought that's it you know, nothing and nobody will ever be able to console me for what's happened, I can't get back what I've lost, I can't tell you how tarnished I was feeling (Rose).

Although for these four participants religion became very important to them as a result of their rape, it could be concluded that with regards to her recovery only Rose found the help she sought by becoming involved in the religious community and so arguably found growth in the domain of spiritual and existential matters (Tedeschi and Calhoun, 2004). From her comments above and from narrative to be shown later, Rose continued, as much as she could, to live by the prayer of St. Francis. Liz has stated that she lost her faith in her teenage years when she lost her grandmother and in which years she was also raped.

Although her faith has returned *'in recent years'* however, those two traumatic experiences occurred some forty to forty-five years ago, therefore if her faith has returned only more recently this may have been as a result of many other factors within her life. It is, therefore, considered that although her religious beliefs are of great comfort to her now, they may not be attributed to her rape and so could not be deemed growth in this domain.

In contrast although Survivor and Kiera turned to the religious community for support and comfort, they became disenchanted with such religiosity when they were attributed with the same blame and lack of support that prevailed elsewhere within their social sphere.

7.4.1 Conclusion

In conclusion, growth in the domain of religion and spirituality, in accordance with PTG theory, could only be attributed to two of this study's participants, namely Carla and Rose. One could argue that this finding is unsurprising considering fourteen of the study's twenty one participants had no religious faith both at the time of their rape and by the time they became part of this study; this probably being as a result of the religious culture within the UK being very different to the religious beliefs held in America. Having said that, however, Tedeschi and Calhoun (2004) argue that individuals who are not religious or who are actively atheistic, can also experience growth in this domain. This study, however, has only discovered growth in those who had an existing 'faith' at the time of their rape which continues to be a source of strength for them. Whereas the level of religiosity experienced by those aforementioned fourteen women did not change as a result of the rape.

It should be pointed out, however, that a few of those fourteen women did make reference to spirituality or appreciation of nature. PTG theory (Tedeschi and Calhoun, 2004) states growth can be attained within the domain of spiritual and existential matters. Additionally, qualitative data from other studies within this research area often make a direct link between the traumatic experience and growth and attest to *'...a sense of reordered priorities – a recognition of what is important – and these most often include ... nature'* (Janoff-Bulman, 2004: 32). Although there is a certain ambiguity here, this researcher, however, considers the style of 'faith' commented upon by those few women in this study, may not, in this instance, be attributed to their rape. This is considered to be so because no direct link was made, in their comment, between one and the other and often implied a link with other factors in their lives or to becoming an adult.

The fact that very few women experienced a change in the domain of spiritual and existential matters in this study is of rather less importance than the fact that for some women their contact with the religious community was detrimental to their recovery. Survivor and Kiera turned to religion looking for the support they could not find within their individual social spheres and found the same negative responses. The effect was that it delayed them approaching those professionals who may indeed have been of assistance.

7.5 Conclusion

What this chapter has shown is when women who have been raped turn to various others for support and justice, due to existing levels of societal blame many are harmed further by the interaction (Campbell, Dworkin and Cabral, 2009). The support of caring others is argued may facilitate growth where religion specifically is considered a domain of growth (Tedeschi and Calhoun, 2004). However, whilst this study agrees close others are an important factor in recovery, nevertheless for the majority of the women in this study their experiences within these areas do not concur with PTG theory. Additionally, whilst official authority figures such as the CJS are totally overlooked within PTG theory, this study has found for those women who did report their rape to the police, interaction with same has had a negative impact upon their recovery. As a result these moderators have not only had a negative impact on the recovery process of many of the women in this study but as a result it would appear that growth would be unlikely. This is as a result of the levels of blame these women often receive throughout society as a whole. In looking to explore in the next chapter how these women have made positive changes that have assisted in their recovery after rape, this study has found it is the same blame that is in fact the trigger in the recovery process forelevenof these women. Where PTG theory considers blame to be sufficiently corrosive as to discourage growth (Tedeschi and Calhoun, 2004) the current study looks to other theories to explain these somewhat conflicting findings.

CHAPTER EIGHT

8. Coming to Terms with Rape

8.1 Introduction

The cognitive and/or behavioural responses that individuals produce to manage threatening, stressing or generally demanding situations is defined as 'coping' (Carver, Scheier and Weintraub, 1989). According to Levine and Ursin, 1991 coping is a basic component for developing adaptation and plays a major role in the relationship between the individual and the environment especially as a moderating element between stress and sickness. The main focus of this study is an exploration of such positive adaptation where it looks to identify changes women have made as a result of their rape experience that they consider to be a positive aspect of their recovery process. As will be shown, this study concurs with published research that any understanding of reactions to trauma and adversity, however, must take account of the negative changes alongside the potential for positive if it is to be considered comprehensive (Linley and Joseph, 2004).

Posttraumatic Growth theory argues that growth can only be achieved by the individual concerned working through those negative effects that are known to result from experiencing a traumatic event, for it is these same processes that set in motion the positive effects (see Tedeschi and Calhoun, 2004). A woman who has been raped would need, therefore, to work through that cluster of symptoms that is Rape Trauma Syndrome (Burgess and Holmstrom, 1974). Subsequently it is important to reveal also how the women in this study have been negatively affected by their rape. In so doing this shows not only that these women have much in common with other studies that have researched the negative impact of rape on women but also indicates the process of recovery where some women have gone on to make a positive change in the aftermath of their trauma. Additionally, as will be explained in detail later, that certain of these negative symptoms, (e.g. blame and guilt), whilst experienced by most of the women in this study, are viewed as being directly related to the positive change made by eleven women.

Certain discrepancies have been highlighted within previous chapters in the application of the PTG model between UK and US samples. Similarly, the current section which seeks to identify positive changes made by the women in this study has discovered further

differences. As a result of their rape fourteen women have taken the decision to help others in a way that is personal to them. This act of benevolence itself does not pose a difficulty indeed this pro-social behaviour is considered by PTG theory to be a veridical form of growth (Tedeschi, 1999). What is contested, however, is the process leading to eleven of these individuals concerned to take up this new behaviour after their trauma which is directly related to blame and guilt. This being so it was necessary to look to other theories within the social psychology literature in an attempt to understand this phenomenon.

Additionally, other identified positive changes, and the processes leading to them, that have been made in some of these women's lives whilst they are consistent with the PTG model on closer inspection are also consistent with the much earlier seminal research specific to rape, carried out by Burgess and Holmstrom (1974; 1976; 1979) and is supported by other authors who report on how individuals cope in the aftermath of trauma in general. What will be emphasised is that RTS is not just a cluster of negative symptoms, but rather is a syndrome that encompasses three phases in the coping and recovery process which may ultimately propel the woman to a resolution of the trauma. Due to their configuration differences, it is not possible, nor is it my intention, to compare the three-phase Rape Trauma Syndrome to each box on the PTG model that identifies the progressions towards PTG. Nevertheless, as will be shown, although there are differences, I believe there are sufficient similarities to be drawn that bring into question whether the PTG model is in fact an undeniably comprehensive representation of how many people cope in the aftermath of a trauma; or it could be the case that, as a result of the differences, the PTG model cannot be generalised to every trauma. Unlike illness and natural disasters, a crime such as rape involves the intentional infliction of harm by another (Frazier, et al, 2000) where in addition to the traumatic response of fear and terror that is common to the majority of traumatic incidences there is also a 'social betrayal' (Birrell and Freyd, 2006) where interpersonal violence is concerned.

Research has moved beyond solely identifying occasions when individuals attain growth to exploring the validity of such growth. The PTG model has a significant cognitive bias which, as will be shown, receives much criticism because it is difficult to empirically establish when growth is found in the cognitive realm (Hobfoll, Canetti-Nisim, Galea, Johnson and Palmieri, 2007; McMillen, 2004; Wortman, 2004). As a result subsequent

published research has explored, and continues to explore, how growth, following adversity, is associated with subsequent well-being. The findings are mixed from reduced to increased levels of psychological distress (Zoellner and Maercker, 2006) to an understanding that both gains and losses should be considered together when appreciating the level of growth achieved by an individual (Cheng, Wong, and Tsang, 2006; Wortman, 2004). In addition to exploring those positive changes that have helped women in their recovery process, this study necessarily will also try to understand the duality of recovery in relation to twenty-one women.

8.2 Adaptive Responses to Rape

8.2.1 Introduction

There are many circumstances in which violence or the threat of violence plays a central role in reports of posttraumatic growth (see Tedeschi, 1999). High levels of growth have been reported by people who have experienced sexual assault (Frazier, Conlon, and Glaser, 2001), combat (Britt, Adler, and Bartone, 2001), terrorist attacks (Woike and Matik, 2004) and three different types of disaster (McMillen, Smith and Fisher, 1997). As has been previously mentioned, the notion that individuals can grow through struggle and strife is not new where it is known these ideas have a long history (Park and Helgeson, 2006). However the recent development of various models researching this promising phenomenon has not only produced many interesting findings but also raised a number of basic questions such as whether growth is related to subsequent well-being. Of particular pertinence here, however, is that increasingly, researchers have become concerned with the validity of people's reports of growth.

When people complete growth questionnaires, are they reporting changes in their lives that have actually occurred because of the trauma or are they manufacturing positive changes as an attempt to cope with the trauma and reduce their feelings of psychological distress (Park, 2004; Wortman, 2004). It is suggested that what is actually occurring is that people are employing self-enhancing illusions that in effect make them feel better (Taylor and Brown, 1988; 1994). Maercker and Zoellner (2004) argue this 'dark side' of overcoming trauma is still given insufficient consideration in the PTG model. Although Tedeschi and Calhoun (2004) argue that people who report changes do appear to have veridical transformative life changes that go beyond illusion, however, no evidence is given to support this claim. Nevertheless, it is agreed that it is difficult to empirically establish the

validity of growth as a construct independent of people's attempts to make themselves feel better (Park, 2004; Wortman, 2004). In an effort to strengthen the validity of such claims to growth, it is suggested that behavioural measures are used. A good reflection of the validity of such growth could be the action of helping others (Frazier and Kaler, 2006; Park, 2004; Stanton and Low, 2004) that is considered to be '*an area of growth that has been neglected and warrants additional research*' (Frazier and Berman, 2008) which not only can bestow beneficial meaning on people's traumatic experience, but it also corresponds with the well-documented link between social support and adjustment following a negative event (Cohen and Wills, 1985).

As previously mentioned growth can only be achieved by the individual concerned working through those negative effects that are known to result from experiencing a traumatic event (see Tedeschi and Calhoun, 2004). A woman who has been raped would need, therefore, to work through that cluster of symptoms that is Rape Trauma Syndrome (Burgess and Holmstrom, 1974) where blame has a particularly corrosive effect which can inhibit recovery for these women (Anderson, 1999; Janoff-Bulman, 1992; Meyers and Taylor, 1986) and for crime victims generally (Tedeschi, 1999).

8.2.2 Helping Others

The current study has found fourteen participants who have, after their rape, gone on to help others in a way that is personal to them. Thirteen of these fourteen participants, by their own narrative, have stated this action was as a direct result of the rape, the remaining participant, Mia, for reasons that will be made clear, is discussed separately. As will be shown this activity is seen by them as something positive in the aftermath of their trauma. In accordance with PTG theory, it is believed that 'helping others' is a category of growth that should be considered veridical because it overcomes the often quoted criticism regarding self-reports of growth. That the growth area in question is behavioural in nature should not, therefore, according to PTG theory, be an illusion whereby these women are just attempting to make themselves feel better. Additionally, as will be shown, for eleven of these participants certain negative responses from their rape can be attributed to this growth area. Of particular interest, these eleven women felt they were to blame for their rape which, as previously mentioned, can inhibit recovery but also conflicts with PTG theory where it is argued that '*seeing oneself as essentially at fault or guilty is likely a sticking point in the post-trauma process that leads to growth*' (Tedeschi, 1999: 329). A

further contradiction has arisen, however, whereby the more positive emotion, empathy, has also been found to be a precursor of the same pro-social behaviour subsequently exhibited by three of these women. Whilst they too experienced many of the same negative symptoms experienced by the other women, empathy is the most pertinent emotion for them that will be described here.

The growth area 'helping others' is social in nature and combined with criticisms that the PTG theory '*relies too heavily on cognitive processing, understates the role of the larger environment*' (McMillen, 2004: 49) and '*leads to poor outcomes and misleading conclusions about PTG's benefit*' (Hobfoll, Canetti-Nisim, Galea, Johnson and Palmieri, 2007: 362) other theories are subsequently required to explain this study's finding. In an attempt to understand why such negative responses as self-blame, shame and guilt and the emotion empathy are linked so forcefully to this particular growth area, theories within the social psychology literature will be used. Pro-social behaviour theories such as the Negative-State Relief model (Cialdini, Schaller, Houlihan, Arps, Fultz, and Beaman, 1987), image-reparation hypothesis (Crocker, Luhtanen, Cooper and Bouvrette, 2003) and empathy-altruism hypothesis (Batson, Dyck, Brandt, Batson, Powell, McMaster and Griffit, 1988) are of particular use here. Research within such literature argues it may seem intuitive that a positive mood might generate more helpful behaviour (Dovidio, Piliavin, Schroeder and Penner, 2006; Berkowitz, 2000; Wegener, Petty and Smith, 1995; Carlson, Charlin, and Miller, 1988), similarly with negative moods; common sense and everyday experience tell us that unhappy people are not likely to be especially helpful to others. However, as the following explores, both negative and positive moods can lead to the same behavioural outcome.

Research often links empathy with altruistic action, where the most prolific work comes from Batson and colleagues (see Cialdini et al, 1997). It is believed that individuals will respond more empathically to another when they have had a similar experience such as rape (Barnett, Tetreault, Esper and Bristow, 1986). Although Batson's empathy-altruism hypothesis acknowledges that most helping may be egoistically motivated, he argues that true altruism may exist as well where empathic emotion evokes altruistic motivation (Batson, et al, 1988). However, it appears that empathic concern produces a very specific type of motivation; helping that would alleviate the problem that produced their empathic concern. This is because they were motivated by a desire to solve the other person's main

problem, not to eliminate another problem or to find another way to feel better (Dovidio, Allen and Schroeder, 1990). Increased empathy on the part of rape victims has been found to lead them to help others who have suffered the same experience by turning their traumatic experience into an altruistic act by working at rape crisis centres (Janoff-Bulman, 1992; Herman, 1992). However, in a study by Frazier and Kaler (2006) which examined the validity of self-reports of growth, this was not found when behavioural measures were attached to the compassion and empathy scales used. Those individuals who reported, in the questionnaire, that they were more empathic as a result of their stressor were not found in reality to have, or be more likely to, volunteer to help others.

It is suggested that the same motivations apply to unhappy people as to happy people. Where happy people may wish to maintain their positive state by helping others, unhappy people would wish to be helpful in order to lessen their negative mood (Berkowitz, 2000; 1987) as explained by the Negative-State Relief model. This model of helpfulness suggests that people who are experiencing a negative affect, especially sadness, are sometimes spurred to aid others because through socialization and experience, they have learned that this good deed will improve their mood (Cialdini, et al, 1987). Such helpfulness, in the form of volunteering, has been found to be a self-validating experience that has bolstered feelings of personal control in those who volunteer, which in turn is related to lower levels of depressive symptomatology (Krause, Herzog and Baker, 1992) and can subsequently have a significant positive effect on life satisfaction (Dovidio, et al, 2006).

There are many different types of negative emotions and moods that could drive an individual to helpfulness, the aforementioned shame and guilt can be seen as precursors of conscience and moral reasoning. Both, however, are associated with other negative emotions where shame, is found to be synonymous with humiliation, anger, inferiority, embarrassment, low self-esteem and high self-contempt (Menesini and Camodeca, 2008; Smith, Webster, Parrott, and Eyre, 2002; Ferguson, Stegge, Miller, and Olsen, 1999). Whereas guilt is linked with reactions such as regret, self-blame, repentance and remorse (Salovey, Mayer and Rosenbaum, 1991; Freedman, Wallington and Bless, 1967). Individuals who have such negative emotions often become doubtful of themselves as a result, which can negatively impact upon their self-esteem. Self-esteem is, however, a difficult concept to understand not only because it includes cognitive, affective, and

behavioural elements but additionally it can fluctuate from time to time. The National Association for Self Esteem argues self-esteem is *'The experience of being capable of meeting life's challenges and being worthy of happiness'* (NASE website). This concept of self-esteem is founded on the premise that it is strongly connected to a sense of competence and worthiness and the relationship between the two as one lives life. Self-esteem then might be viewed as a person's overall judgment of himself or herself pertaining to self-competence and self-worth where, before a traumatic event, we most often perceive ourselves as good, capable, and moral individuals (Herman, 1992). Their subsequent benevolence could then be an attempt to regain their favourable view of themselves (Apsler, 1975; Kidd and Berkowitz, 1976) and would also enable restoration of their previous untainted image in the eyes of others.

A multiplicity of the aforementioned negative responses were exhibited by the fourteen women after their rape, however only the most definitive exemplars will be shown here specifically in relation to eleven of these women. The reason for showing these particular exemplars is three-fold. Firstly, they will show that the women in this study have exhibited many of those responses that are common to RTS and therefore do not significantly differ from other studies of women who have been raped. Secondly, according to PTG theory, for growth to occur it is necessary to work through those negative responses associated with the particular trauma in question. Thirdly, because the negative responses in question are considered *'a sticking point'* (Tedeschi, 1999: 329) to growth it is therefore necessary to show how these responses link to other theories. This then could bring into question as to whether the model that is Posttraumatic Growth may in fact be those processes that are already known to be the coping process where the outcome of interest here is considered to be growth by Tedeschi and Calhoun (2004). For example Janoff Bulman (2004) argues

...I believe the figure should more accurately be titled a "Model of Posttraumatic Coping," this is a trivial matter of labelling, because the authors appear to regard posttraumatic growth (represented by a single small rectangle at the bottom of the figure) as an outcome, or natural by-product, of the coping process presented ... I would claim that although successful coping is generally necessary for posttraumatic growth, it is insufficient for a complete understanding of this growth. What is needed

is some more detailed explication of how coping processes help account for posttraumatic growth (p.30).

Whereas in fact although helping others is viewed by the women in this study as a positive action, it is also seen as a part of their recovery process and so could, arguably, be an extension or an outcome, of their coping strategies. Additionally, should this be so, this suggests that, in this instance, a weakness of the PTG model is its generic nature. This has been discussed in relation to the same processes that are proposed to lead to each of the types of positive changes (McMillen, 2004).

Their model accounts for the fact that the trees in the forest change color following adversity, but it does not account for the different colors the trees turn. It may be more fruitful to develop models for each of the major domains of self-reported positive changes and determine later what processes the different models share (p.50).

Similarly, perhaps the PTG model in its entirety cannot be applied so straightforwardly to every traumatic experience.

The following explores the narratives of the fourteen women who have taken the decision to help others. These narratives have been grouped together under either positive or negative emotions, beginning with the positive emotion, empathy and moving through those negative emotions of guilt, self-blame and shame. As a result of such negative emotions many of these women suffered lowered self-esteem, depression, denial and dissociation which can lead to maladaptive coping behaviours such as substance abuse and self harm and also cause sexual dysfunction.

Empathy

It should be noted at the start that seven of the fourteen women in this chapter who went on to 'help others' felt the emotion empathy towards others as a result of their rape experience. However only three of these women will be depicted here where similarly, two of these women [Carla and Sam] also experienced many of those negative responses experienced by the other women. They have been extracted to depict how their helpfulness is more appropriately linked to the emotion empathy, and has subsequently taken quite different routes. The remaining woman Jane, however, experienced very few

negative symptoms and for a very short period of time even though her rape was potentially life threatening. As a result there is an additional exploration of these findings.

In 'helping others' Carla is of the opinion it has had a positive impact on her recovery which has lead her to take up paid employment with two particular charities.

I'm working for a charity that helps parents and children. I don't think I would have been working for a charity if it wasn't for this experience. I think it might sound silly but it's made me a nicer person... I've got more empathy for other people as well, not sympathy but empathy. I also work with an AIDS charity ... I love them to bits because they are very very good (Carla).

Of interest is the fact that Carla has taken the decision to work for an AIDS charity, where those individuals who have HIV/AIDS are often stigmatised and blamed similarly to those who have been raped. It is posited that by association Carla may also be stigmatised, therefore her working for this organisation must be to assist them and not be specifically for her benefit. Nevertheless it is obvious that she very much enjoys the social aspect of the work.

Sam also experienced much fear after her rape but again empathy was of most relevance to her benevolence. This is depicted in her being more considerate and helpful towards her neighbours and discusses this in relation to death and loss. This is particularly pertinent to Sam because she was threatened with a knife when she was raped and feared she would be killed.

I've never been afraid of death anyway but that [the rape] has almost reinforced it. And I suppose in one way it's [the rape] made me able to empathise with people who have lost somebody. Whereas before I might have scouted around an issue or crossed the road I'm not the person that crosses the road any more. I'll be in there. A neighbour recently died, we went to the funeral and her husband was really pleased to see us there. He said 'it's not something that you can invite somebody to but it means a great deal to me'. And I said 'well don't worry I'll be turning up. I will come and see you' and I did within the week. Now whether he was surprised to see me or not I don't know, pleased yes. But I felt that I had to go fairly soon

because that would have been his worst time. Now whether I would have done that, I would've wanted to go before [the rape] because I would still know that that was his worst time, but whether I would have actually had the belief in myself and I suppose in a way the courage. Although I sound strong, it's the courage to go and knock on that person's door and to be able to deal with their grief (Sam).

The empathy Sam felt to this particular neighbour was as a result of knowing that after her rape the sympathetic attention she had initially received was withdrawn rather earlier than she would have wanted it to be. This reaction of others is often found where relatives and friends whilst being initially very supportive cannot understand why she has not yet resumed her previous level of independence (Veronen and Kilpatrick, 1983).

...it's not a case of I've done my duty which maybe it would have been before [the rape] and perhaps that's how it [the rape] changes people. It is that you know that that sympathy has disappeared from your life and you know that you miss it. So maybe you will provide it for somebody else for a longer period than you would have done (Sam).

It is considered that Sam's empathic action was altruistic because her visits to her neighbour were motivated by her desire to solve his main problem, that of his loneliness and sense of loss at losing his wife. However, it could also be argued that Sam was made to feel good by her neighbour's comments that her attendance at his wife's funeral meant a lot to him, and that he was pleased to see her on a subsequent visit.

The interview with Jane took place two months after she was raped by two strangers whilst she was living and working in Ghana as she explains.

About one month ago I was raped by two armed African men whilst volunteering in Ghana. I am not suffering any obvious trauma symptoms as yet but if you feel I may be able to help in some way to your research, I would be more than willing (Jane).

Although she experienced a considerable level of initial shock and exhibited typical difficulty in concentrating after she was raped by these two men, nevertheless after leaving the country just three weeks later her symptoms abated rapidly.

I wasn't being very productive I couldn't do anything, I couldn't read I couldn't think about doing work or doing anything that would help people and everything was so consumed in the situation and I couldn't carry on with that. I think I would have stayed like that for quite a long time had I stayed in Ghana. Even though I was kind of coping on the outside I just couldn't do anything I couldn't stop thinking what was going on and I didn't really have any motivation to do anything outside what had happened (Jane).

At the interview Jane stated an interest in helping others which from her narrative, it could be argued, is as a result of empathy for others who experience rape.

It sounds quite weird but I'm quite interested in doing counselling or something. I thought that now I've come through I feel I would quite like to help people. So I thought that if I've got that understanding about what it feels like I might be useful in that respect. I would be very interested in getting the training because then some good might come out of my experience. ... I feel like I have more understanding, that's not to say that I wasn't understanding before, but I feel I've probably got more understanding as to what it feels like. If I can make use of that I would quite like that (Jane).

At a follow up communication with Jane two months later she stated how she had put her thoughts into action.

I have put my name down for rape crisis and am starting a training course next week. I think this will be good as it will potentially uncover any issues I may still have and if I don't have any then I will start to do the phone lines (Jane).

From her narrative it is clear that Jane acknowledges she may have some post-rape symptoms that she is unaware of. As a result of the training course, whilst it will assist her personally it will, in the long term, be of great benefit to others.

Although Jane had experienced some negative responses it is of interest to explore why she considers her symptoms may not have continued when she returned to the UK.

I wasn't getting any support from anyone, [in Ghana] even the women didn't support me in what happened. They just didn't want to talk about it with me. There was nothing I could do, I didn't realise that there was a cultural difference as well, I think there are so many other problems that people have to worry about like getting food to eat and money problems mainly and this is why I think the emotional aspects associated with rape are not given much attention. Where I was living it wasn't very poor but people did think about money on a daily basis, a hand to mouth kind of culture. I think when something like that happens to a girl over there then, well you don't have time to worry about the psychological affects of that. You just deal with it and then you get on and feed your family or support your family. People don't support you in this sort of country because they don't want you to start going into this emotional wreck which wont help the family in a way of making a living for the rest of the people. This would detract from the priorities that they think they have at the time. I think that is one of the reasons why when I came back to England everyone was expecting me to have a nervous breakdown but I never did and I think that perspective really helped me a great deal (Jane).

This perspective may very well have helped her recover more quickly in the aftermath of her rape. However, it has also been found that after a rape those women who changed their residence recovered more quickly as a result (Frazier and Burnett, 1994; Burgess and Holmstrom, 1979). Their move was in an attempt to be in an environment where they felt safer, which it is felt was probably the situation for Jane.

I had 'phoned up my parents after I had seen the counsellor and I said I just wanted to be in a hotel somewhere really safe where it was completely western, I wanted a bit more western in my life. My dad came and the counsellor told him exactly what had happened so he stayed for one week which was a time for getting my head sorted and doing nothing in the hotel. I ate very well because I hadn't been eating very well since this [the rape] had happened and I hadn't really been looking after myself. ... I wouldn't sit down and chat to him about what happened but it was quite nice to have a bit of normality again and forget about being in that horrible town (Jane).

As has been shown Jane's progression from rape experience to the action of helping others is particularly at odds with PTG theory. Her rape experience would, by many people's

analysis, be a traumatic one and so would correspond with PTG as sufficient for growth to occur. However, her very limited symptomatology after her rape remains at odds for growth to occur because Tedeschi and Calhoun (2004) argue that growth does not occur as a direct result of the event itself but is as a result of an individual's struggle with the subsequent significant levels of psychological distress in the aftermath of a trauma.

Although understandably Jane feared for her safety whilst she remained in Ghana, her identity and future do not appear to have been challenged but remain steadfastly on course. She was, at the time of her rape, volunteering in a third world country making her an individual who was already concerned for the well-being of others. At the time of the follow up communication she informed me that she has taken up employment in the UK similar to that she was conducting in Ghana and within which there is more evidence of a wider concern for others.

... as for my life now, things are pretty much completely back to normal. I am now working for a big consultancy doing environmental work, a job I started about 3 weeks before Christmas (Jane).

Additionally and as previously mentioned, her negative symptomatology was very limited and abated when she returned to the UK. Therefore this benevolent action, borne out of empathy seems not to be as a result of an attempt to make herself feel better or improve her self-esteem but is altruistic in motivation which seems to correspond with what is known of her personally.

Empathy is viewed as the most pertinent motivator towards helping others for these three women. However, the fact that they too experienced some of the same negative symptoms experienced by the following eleven women could suggest this might not be so because acknowledged empathy-altruism researchers (Batson, et al, 1988) argue that most helping is motivated by a desire to eliminate their own negative symptoms.

As previously mentioned eleven of the fourteen participants, felt guilty, or blamed themselves, for their rape. These emotions are often elicited as a result of deviating from the standards they hold for themselves because they have done something which they consider to be wrong or immoral (Herman, 1992). These responses are also considered to

be self-destructive which could be detrimental to the woman's social behaviour and can also inhibit the healing process (Burt and Katz, 1987; Burgess and Holmstrom, 1979). The guilt and self-blame and associated responses such as low self-esteem, sadness and depression exhibited here are not only shown in their narrative but also by their subsequent maladaptive behaviour such as alcohol and drug abuse, promiscuity, self-harm and attempted suicide. Reliving a traumatic experience often provokes such intense emotional distress that traumatised people go to great lengths to avoid it by such cognitive defence mechanisms as denial, suppression and dissociation.

Guilt

Survivor was lured by a stranger with the promise of a 'joint'. Throughout her rape experience she complied with the demands of her rapist, as a result of which she felt extreme guilt for many years. In reality, however, her compliance was an attempt to stay alive because she was constantly being threatened by a gun.

My goal was to try to appease him as much as I could. To make him as happy/content as I could. (For lack of better words) So he got a cigarette from wherever I had them. ... that is something that I carried guilt from for 25+ years because it was as if I were "participating" or "going along" with him (Survivor).

Self-Blame

Lauren was raped by a boyfriend on the occasion of the reunion after a break in their relationship. She had initially consented to have sex with him, and as a result blamed herself for the whole experience even though she had not consented to the actual long and protracted sexual activity.

...I'd read everywhere that people who are raped always blame themselves and I completely agree. I thought I had already consented so it's my fault... (Lauren).

Kelly was raped by two different men; the first was within an abusive relationship and the second was whilst she was under the influence of alcohol at a college ball. Kelly not only blamed herself for the rapes but also despised herself.

I think the main thing when it happened at the ball I was just thinking this does not happen, you don't get an abuser ex and have this happen to you, I am causing this

somehow. And so I think although in one way it was a blessing because it made me identify that what my ex did was rape on the other hand it was just so so awful it just made me self-loathe so much that this had happened and just blame and blame and blame myself. I thought I must be making these things happen (Kelly).

Anna and Claire were raped after their drinks had been drugged by their respective rapists. Although the consensus opinion would be they were not complicit in any way nevertheless they still blamed themselves. Anna blamed and despised herself for her rape by an acquaintance on two counts. The rapist was known to be a good friend of the girlfriends she was socialising with at the time, and as such the thought that he might tamper with her drink would not have occurred to her. Nevertheless Anna blamed herself for accepting a drink in the first instance and illogically this extended to blaming herself for going out at all.

I think blaming myself is because I was really naïve ...If I hadn't gone out that night and taken a drink from him and trusted him ...(Anna).

Similarly, Claire blamed herself for leaving her alcoholic drink unattended which was subsequently drugged by her rapist.

I felt stupid that I'd left my drink with them ... I should've known better because you get told all the time not to leave your drink (Claire).

Emma was involved in an abusive relationship with her boss that continued for a period of some two years. This relationship bears many similarities to Stockholm Syndrome. Emma not only blamed herself for not escaping her situation, but also denied to herself the severity of it. However, the enforced drug-taking in combination with elements to Stockholm Syndrome meant she was incapable of escaping.

But there were points that within two years I wasn't under surveillance 100% of the time where I could've got away and I didn't. I'll always ask myself why. It was a lot to do with the drugs I think also that I was in such denial about what was happening. It was really weird I did keep a diary for a little while and the things that I wrote in the diary which I don't have were completely different to what was going on in my conscious mind (Emma).

It was a bizarre set of emotions I had, because I had fear, loathing and all of this kind of stuff but also I thought I loved him. I very rarely tell anyone about that. If somebody is forcing you to go along with them into their journey inside their very very screwed up mind, there's a kind of intimacy and you are also going through the hell together in some sort of way (Emma).

Kiera's self-blame also mirrors that of many women who have been involved in an abusive relationship in that she did not leave a relationship where she was being harmed.

I think that's probably been one of the hardest things for me to deal with in the aftermath is that I didn't do anything. ...I was in a situation that I didn't know how to handle. I felt that I didn't really have a say in it, I didn't really know how to stop him and it didn't occur to me to tell him to get off or anything. He didn't have my permission at all. He didn't physically force me so that's quite hard and I think that's why I had a lot of negative reactions from people as well because they didn't really understand it. Yes that's definitely been the biggest battle to get passed (Kiera).

Shame

For two women shame was the overriding emotion that was experienced in the aftermath of their rape. Although shame is an emotion that is closely associated with guilt there are significant differences. Where guilt is the emotion elicited by understanding that one has behaved wrongly, shame is a response to helplessness and in some instances a result of the violation of bodily integrity. This is characterized by the concern about the others' judgment on the self, of worthlessness and powerlessness (Herman, 1992). As a result there is a desire to escape or avoid contact with others fearing their rejection (Menesini and Camodeca, 2008; Smith, Webster, Parrott, and Eyre, 2002; Ferguson, Stegge, Miller, and Olsen, 1999). As has been discussed in a previous chapter both women did not disclose their rape for many years.

Rose was raped by a friend in the 1960s which was an era where sex before marriage for many women was considered to be abhorrent.

... shame is a big thing. Which is worse than guilt somehow ... shame for what's happened to your body. I know with me I desperately wanted to be pure, I did not want to be like the other girls who sat in the 6th form common room and talked about their sexual exploits (Rose).

June has experienced multiple rapes that have spanned a period of approximately twenty years and were committed by both strangers and acquaintances. Although her first rape experience was over thirty years ago she is still affected by shame.

I still carry immense shame for all that has happened although I am now aware that none of it was my fault (June).

Self-Esteem

Rape and subsequent shame and self-blame often combine to lower self-esteem which is commonly depicted by the woman as feeling dirty (Regan, Lovett and Kelly, 2004). *'I just felt horrible and I felt ugly, dirty'* (Claire).

The narratives of both Ruth and Kiera describe the effects of how being in an abusive relationship can lower self-esteem.

...he played guilt trips and made me feel like crap, he was an EXCELLENT manipulator, and he knew what buttons to push with me. He'd make me feel bad about myself, bad for not being with him, bad for him hurting... (Ruth).

... also my self-esteem was in the gutter. I didn't have any sense that I was entitled to be treated any better (Kiera).

Depression

Depression is a common response to life crises (Tedeschi and Calhoun, 2004) which is found to affect most women who have been raped and may continue for some time (Burgess and Holmstrom, 1974; 1976; 1979), particularly where low self-esteem is concerned (Mruk, 1999).

For Lauren the very act of telling a boyfriend she had met after the rape made the rape become a reality after a period of denial.

I ended up telling him and once I'd actually repeated it, it just spiralled out of control completely. I was so depressed it was untrue. The period of depression must have spanned about two years or so (Lauren).

As a result of the rape and the subsequent negative responses as shown above many women attempt to minimise the distress by using certain defence mechanisms (Burgess and Holmstrom, 1979) or avoidance strategies (Burt and Katz, 1987). Such strategies are denial, suppression and dissociation and can take both cognitive and behavioural forms.

Denial

Although there is disagreement in the psychological literature as to whether denial is a conscious, unconscious, adaptive or maladaptive process (Janoff-Bulman, 1992). Nevertheless from the narratives of the following women such denial has been used to initially cope in the aftermath of their experience and so to pace their recovery.

I knew it had happened and I doubt one day ever went by where I didn't think of it. Little did I know that I was stuck in denial all those years. As my therapist says, the clock doesn't start clicking on working on trauma until you can accept that it even happened (Survivor).

Similarly Lauren's narrative shows how she too was affected by denial.

...it didn't affect me for quite a few months when it happened afterwards I'd sort of gone oh well I must have got it wrong, it's just me getting it wrong ... Because I'd not wiped it but everything had gone ... it was suggested for a while that maybe he'd [the rapist] put something in one of my drinks as well because it's like I'd completely wiped it out of my memory and I didn't know what had happened. But I think that was the shock factor because after a while I did remember (Lauren).

At the time of her rape Rose was a religious person and as a result of her rape she took on a religious persona in an attempt to cope with the shame she felt.

I didn't want to think about it. I'd locked it away. I think that when I took on the persona of being let's say an acolyte of St. Francis for want of a better way of putting it. It was as if I'd put that on and I just buried away completely all thought of this experience. And I was going to get married and I was going to be a bride and I didn't get married in white incidentally, I couldn't be that much of a hypocrite. I think I was just living a completely false reality for a lot of the time because I deliberately would not think about it. But it was there (Rose).

Denial can take a behavioural form by using distraction whereby the individual maintains such a busy schedule that there is no time to reflect on the experience (Frazier and Burnett, 1994; Burt and Katz, 1987; Burgess and Holmstrom, 1979). Such distraction behaviour is described by both Anna and Survivor.

... whilst at uni and on placement I also used to work as a radiographer, as a cleaner and also at Sainsburys... so I was constantly busy and didn't have time to think about it really (Anna).

I must always keep busy to keep intrusive thoughts away. I can now see it was a perfect way to push everything "down". Even though it came to mind every day, I could push thoughts away because I had so much work to do. After graduating from undergraduate school I immediately began my first "professional" job as an engineer working 60 to 80 hour work weeks. At the same time, I took two graduate classes towards my Master's in Computer Science (Survivor).

Dissociation

There are, however, instances of extreme denial where traumatised people may escape from their situation by altering their state of consciousness. Perceptions may be numbed or distorted as with denial but with additional partial anaesthesia or the loss of particular sensations (Herman, 1992) and where aspects of the trauma-related experience are split off and completely disowned (Janoff-Bulman, 1992). Emma attempted to ward off painful memories from her experience by describing what could be considered traumatic dissociation whereby nature offers protection against these intrusive symptoms.

I tend to split off ... I still do split off parts of me ... I was very divided inside myself and sometimes I would find it hard – how do I explain – it's like there's a lot of

damaged parts but I would pretend that they weren't there, and ignore them. And suddenly they'd come out and ambush me at the worst possible time (Emma).

This 'breaking through' of consciousness would subsequently affect her behaviour when, as a result of alcohol, her guard was down.

I would have breakdowns or episodes often in public after I'd been drinking where I would say and do things that I couldn't remember. It was like it would lift the barrier between what was going on inside which I was finding it very difficult to control in normal life anyway (Emma).

Substance abuse

Traumatised people who cannot spontaneously dissociate like Emma may attempt to produce similar numbing effects by behavioural measures such as using alcohol or narcotics (Herman, 1992). Research indicates there is overwhelming evidence that post-rape distress disorders and increased alcohol and substance use and abuse is well linked, even among those who were non-users of these substances pre-rape. Such substance abuse is in an effort to ameliorate negative emotional states associated with the trauma of their victimization (Resnick, Acierno, Kilpatrick and Holmes, 2005).

Mia admitted that her subsequent alcohol abuse was a means of escaping from her negative symptoms

I think I probably did drink more around that time, going to the pub pretty much every night ...maybe to block it out (Mia).

Similarly for Claire

I found alcohol and just went on a drink binge for a long, long time... even when I got into uni... I think I was probably just trying to prove to myself that I could be normal. So that was all a bit horrible (Claire).

As a result of the rape myths that exist Kelly did not appreciate that she had been raped by her partner. Nevertheless she knew that something was wrong within their relationship and took both alcohol and drugs to alleviate the disturbing emotions.

But I didn't see this as rape because it was my partner and I believed all the myths. Because rape is always some big guy in a dark alley with a knife isn't it. It's not somebody who you live with but I was very disturbed after this. So whilst I was still living with him I started to drink a lot and every single day I would be paralytic. It wasn't just alcohol to be quite honest I started to take anything you put in front of me, substance abuse of all kinds (Kelly).

Kelly had used both alcohol and drugs to help her cope whilst living with her partner. After the relationship had come to an end Kelly drank very little alcohol because there was no need. However, alcohol was involved on the occasion she was raped by the second man.

The other was just a random one off. I was at this college ball and I got absolutely paralytically drunk and I was basically comatose in the corner and this guy had sex with me (Kelly).

Although it is understood that consuming excessive amounts of alcohol at a university ball is an almost mandatory behaviour nevertheless Kelly's behaviour could be as a result of the relationship between her previous assault and the alcohol abuse. That Kelly was raped on a subsequent occasion where alcohol was involved is supported by research that argues there is a vicious cycle relationship in which increases in posttraumatic substance use, particularly alcohol, as a coping strategy may result in an increased risk of future assault and such assault may increase the risk of subsequent substance use (Kilpatrick, Acierno, Resnick, Saunders and Best, 1997). Similarly, using alcohol as a coping strategy predicted an increased likelihood of engaging in risky sexual behaviour which could help to account for some instances of revictimization (Messman-Moore, Ward and Brown, 2009; Deliramich and Gray, 2008).

Self-Harm

Self-harming is a further behavioural strategy that women use to relieve not only the aforementioned negative emotions that threaten to overwhelm them but also to provide a

sense of security or control and to end a sense of dissociation, the occurrence of flashbacks or racing thoughts (see Gratz, 2003 for review).

I did have a lot of bad coping mechanisms for a while that I went through. I was self injuring, even while I was in therapy (Kiera).

As a result of the abusive relationship combined with the guilt, her self-esteem became low and in an attempt to alleviate these negative emotions Ruth began to self-harm.

I have moments when I feel worthless and alone. And when the lows get real bad, and I'm caught up in a flashback, I have to fight very hard not to cut myself. The first time it happened was while I was still around him...and the scariest part was I didn't even see it coming. All of sudden I was just angry and before I knew it I'd already done it (Ruth).

The trigger could be a reminder of the past, which sets off a hidden memory, as Ruth described, her flashbacks were the cause but sometimes, ordinary life is just so difficult that self-harm is the only way to cope with it (Lloyd-Richardson, Perrine, Dierker and Kelley, 2007). Additionally Ruth attests to being unaware of needing to harm herself. At this time she may have been describing a dissociative state which is known can happen to women preceding an act of self harm (Herman, 1992; Janoff-Bulman, 1992).

Although these dissociative states, whether natural or alcohol or drug induced, may help the woman cope in the short term and allow her to continue to function, they can become destructive or maladaptive over time (Burt and Katz, 1987; Burgess and Holmstrom, 1979). This is because dissociation keeps the traumatic experience isolated from ordinary consciousness and subsequently prevents the integration necessary for healing. In addition these symptoms constrict the initiative and motivation necessary for everyday life. In avoiding any reminders of the past trauma, traumatised people deprive themselves of those new opportunities for successful coping that might mitigate the effect of the traumatic experience. Some argue that if a woman is going to recover well from the impact of a rape, she must let herself remember the rape and feel whatever she is feeling inside (Herman, 1992). When she does start remembering and feeling, she will also start

suffering from symptoms, as shown by Lauren, but these usually improve gradually over time (Janoff-Bulman, 1992).

Sexual Dysfunctions

Many women develop sexual problems as a result of a rape where they vary from either an understandable fear or avoidance of sex or paradoxically many become more promiscuous (Deliramich and Gray, 2008; Burt and Katz, 1987; Burgess and Holmstrom, 1979). Both Mia and Kiera describe their difficulties with regards to relationships with men.

I was quite promiscuous at that point because I think I felt I had nothing else to offer and that I wasn't worth taking time to get to know. You can just have it ... I didn't care ... it went on for probably about 5 years (Mia).

With relationships with men I kind of went through stages of not letting anyone near me and then I went the other way and was quite promiscuous for a while which also wasn't very healthy. This was because I didn't really see the point in saying no. Because I just didn't think I'd be listened too. It was easier to let people do what they wanted rather than try and get out of it and dealing with an unpleasant situation. And I think I felt that I didn't have the right to, not to have the right over your own body sounds ridiculous but that's how I felt (Kiera).

After the first rape June, like Kiera, found relationships with men difficult and as a result drifted from partner to partner for some years.

...in search of the love and understanding I so craved. I wanted to find someone I could trust to tell about what had happened. Sadly when I eventually did find someone and tell him the story, I found out he was married. Feeling lower than I could ever imagine, I took an overdose of migraine tablets and ended up in hospital fighting for my life. I felt betrayed. I felt cheapened, to find that you had shared that information with somebody and then found that he was married I felt complete despair (June).

This incident was particularly pertinent for June because throughout the years and the multiple rapes that she experienced she had found it impossible to tell anyone what had

happened to her. Trust often becomes a major issue for women who have been raped. Therefore to eventually feel that she had found someone in whom she could confide her shame subsequently exacerbated June's existing low self-esteem as she considered it to be a further violation and caused her to attempt to take her own life. This is yet another strategy used by many women to cope after they have been raped (Burt and Katz, 1987; Burgess and Holmstrom, 1979).

As has been shown shame, guilt, self-blame and other associated synonymous responses have been experienced by these women. PTG theory suggests such emotions are likely to be a sticking point to the process of growth; however, pro-social behaviour theories such as the Negative-State Relief model (Cialdini, Schaller, Houlihan, Arps, Fultz, and Beaman, 1987), image-reparation hypothesis (Crocker, Luhtanen, Cooper and Bouvrette, 2003) disagree and argue that both guilt and shame could have an adaptive function and promote pro-social behaviour (Menesini and Camodeca, 2008; Smith, Webster, Parrott, and Eyre, 2002; Ferguson, Stegge, Miller, and Olsen, 1999). That these women have gone on to 'help others' is not only a pro-social behaviour but also would be considered to be a form of growth (Frazier and Kaler, 2006; Tedeschi and Calhoun, 2004; Tedeschi, 1999). As previously mentioned the form this 'helping others' has taken is, as will be shown, personal to each of the participants. Nevertheless there were some similarities in that many of these women have gone on to help other women who have been raped by volunteering for organisations who specialise in this area.

The social psychology literature, specifically those related to inter-group relations (Tajfel, 1982) explains this where membership of such groups not only offers both identity and self-esteem but suggests people are more generous and sympathetic in their thoughts and actions towards others as a result of shared group membership. People remember more detailed information about members of their own group compared to members of other groups, think of them in more positive terms, evaluate them more favourably, and are more generous in their allocation of resources to them (Brown and Gaertner, 2002; Levine, Cassidy, Brazier and Reicher, 2002; Dovidio, Gaertner, Validzic, Matoka, Johnson and Frazier, 1997). Confirming this, research carried out at the National Council for Voluntary Organisations (Jochum, 2005) showed that people are more inclined to get involved if it is something in which they have a personal interest or feel strongly about, especially if it is associated to a perceived threat. Additionally, the profile of volunteering has been raised somewhat in recent years and is now considered a worthy 'occupation'. From originally

being denigrated by association with the traditional understanding of women's unpaid roles; through the second wave feminist thought that pioneered the idea that waged work is not the only kind of purposeful activity with social significance; to being part of one of Gordon Brown's speeches on taking up the role of UK Prime Minister (see Baines and Hardill, 2008). It has also been found to have positive effects on well-being and self-reported health because of its social aspect (Dovidio, et al, 2006) which is well known to yield positive mental health effects (Cohen and Wills, 1985); whereas, social isolation is depressing (Wilson and Musik, 2000).

Kelly was raped within an abusive relationship and as a result has done much to raise the profile of domestic violence.

The past is really spoiling my life now it's on my mind every day but I channel this positively because I do a lot of work for Refuge, volunteer work. I did a sponsored run and raised about £500 and I got a domestic violence survivor t-shirt made up and I wore that. It breaks the silence and I like to think that there might be somebody going through it now and I show them that you can actually survive. I'm a young offender mentor as well. I suppose it's made me realise just how utterly vile life is sometimes and I just believe very much that you need to help each other through it (Kelly).

Kelly's narrative shows the link between her negative symptoms and how she has gone on to help others in a variety of ways. It is suggested that because Kelly finds volunteering a positive way to channel her negative symptoms this does in fact alleviate these symptoms somewhat and therefore concurs with the negative state relief model of helpfulness (Cialdini, et al, 1987). Volunteering not only shows similar others that survival is obtainable but also shows that Kelly herself has survived.

Similarly Kiera and Ruth have been raped within an abusive relationship and went on to help organisations that supported women who had been raped. Kiera too describes her benevolent actions as being positive and part of her recovery.

I did a lot of volunteer work when I was down in London with Women Against Rape, an organisation who helped women who were having problems with the authorities; I worked for them for 5 years. For the last couple of years I have helped moderate on

Pandora's Aquarium [online rape support forum] which is really good because they gave me so much I am pleased to give back to them to help them run it. Along with the work that I did with WAR, it was a real eye opener, I learned a lot from that and it was a really valuable experience. There've been a lot of things that I've done that I wouldn't have done if I hadn't had that [rape] experience. They were good things that were really helpful that were all part of the healing process. In my healing I've done a lot to help others and that's important for me because I feel like I'm giving something positive back. And hopefully helping other people not to feel as isolated as I did in the beginning because that was really hard going before I got any help it was pretty grim and I wouldn't want anybody else to be in that position (Kiera).

I was also able to (and still do) use the site [Pandora's Aquarium] to get ideas on how to cope. Plus I find in helping others I feel a little more capable myself in dealing with my own issues (Ruth).

Kiera also talks about 'giving something back' with regards to Pandora's Aquarium; where Ruth alludes to helping others also in this online capacity. For Ruth helping others and recovery are very much a circular and reciprocal activity. This is quite common amongst many women who have been raped who receive help from organisations and as a result volunteer for them in return.

Claire, Survivor and Anna volunteered for those organisations from which they had firstly received help. Again their narrative and the use of the phrases 'fantastic', 'passionate' and 'proud' suggests how being part of these organisations has had a positive effect on their well-being.

I started to work for Rape Crisis after I had received counselling from them, they were fantastic. Volunteering was really good because I got to meet all different women. I was mostly there for the young girls because a lot of the women [who worked] there were older and so the point of me being there was that they [the clients] would understand what it's like for a girl my age who wants to go out and party all the time, but also feels that she can't (Claire).

I still keep myself VERY busy, but now it is totally volunteer work that I am passionate about. I had always told my husband that when I retired that I wanted to

work to help women. I now devote about 16 hours per week in what I call “helping saving lives”. Mostly through Rape Aggression Defense Systems. It was only meant as something for me to be a student in but after taking it six times and dealing with my own issues (i.e. triggers) with it, I became an instructor. I am now trying to do more (Survivor).

I just wanted to give back to the crisis centre really, I wanted to say thank you to them for all their help and I wanted them to see how much they did help... I was so nervous but also really proud of myself when I started answering calls (Anna).

As has been shown from these women’s previous narrative they felt they were to blame for the rape and had suffered a loss of self-esteem as a result of the rape. Where previously they perceived themselves as decent and moral individuals, a traumatic event such as rape often means the individual’s point of view counts for nothing, thereby violating the autonomy and dignity of the body (Janoff-Bulman, 1992). The comments of these women then concur with research that has argued that as a result of this combination of factors individuals’ subsequent benevolence could be an attempt to repair a damaged self concept (Crocker, Luhtanen, Cooper and Bouvrette, 2003; Apsler, 1975; Kidd and Berkowitz, 1976). The comments of Claire, Survivor, Anna, Kiera and Kelly suggest that their self-esteem has been raised and they now have a more positive self-image. This, it is suggested, is as a result of these women now having positions of trust within their respective organisations. For instance Claire’s position within the Rape Crisis organisation is seen as a role model to the younger girls who have been raped. Similarly that Survivor is now an instructor and views her ‘helpfulness’ as ‘helping saving lives’. This involvement within an area that is considered to be ‘worthy’ would restore their self-esteem, and they can again appear to be ‘decent’ people all of which has been shown to reduce their distress (Dovidio *et al*, 2006; Berkowitz, 2000). Whereas PTG theory has suggested that such negative emotions are likely inhibitors of growth in this format.

Additionally, the very public nature of their benevolence would not only help repair their own self-image but also that of other women who have been raped. Kelly’s sponsored run specifically not only raises the profile of, but arguably improves the image of all those who experience domestic violence. Also rape has the affect of isolating the woman from others where it is known that social isolation is associated with a higher risk for depression and

therefore volunteering could help reverse this via the necessary social interaction (SVRI, 2007; Wilson and Musik, 2000). Kelly, Claire and Kiera all allude to their previous sense of isolation.

It breaks the silence and I like to think that there might be somebody going through it now and I show them that you can actually survive (Kelly).

Volunteering was really good because I got to meet all different women (Claire).

...hopefully helping other people not to feel as isolated as I did in the beginning because that was really hard going before I got any help it was pretty grim and I wouldn't want anybody else to be in that position (Kiera).

Additionally, the fact that these women volunteer for organisations supporting stigmatised groups is important. It means that they are seeking interactions with others who are likely to be similarly stigmatised as themselves. Thus, it may also be perceived as a safe environment for social interaction and as a result there is little fear of being discredited (Thoits, 1986; Goffman, 1968). The tendency for offering help to other women who have been raped is well established and has been reported in studies examining the coping strategies of women in the aftermath of a rape. For example, Burgess and Holmstrom (1979) state this action-oriented strategy helped such women recover more quickly; whereas, Veronen and Kilpatrick (1983) argued this to be a positive change in the aftermath of rape. Burt and Katz (1987) agree with the previous authors further stating that this action is considered to be growth. Irrespective of what this action is called by these various researchers, if such benevolence was taken up by the woman her recovery constitutes a positive change, but then was typically speedier as a result.

June also decided to help other women who have been raped but in 2005, many years after her first rape, she decided to take up employment as a manager of a rape crisis centre. As previously mentioned June felt (and still does feel) shame for the rapes she experienced. June has, and still does, volunteer for other charities since her rape that are mainly related to children. However, of particular interest to this study was why she chose to become so solidly involved with the Rape Crisis Organisation.

Probably because I was looking for answers myself, that's probably the honest answer. I soon became aware of the pain and resentment I felt inside and the endless questions I still had (June).

It is posited that June, like the other women previously mentioned, was also seeking help from this organisation. However, as a result of the shame June has felt for many years she could not directly ask for help with the ongoing negative symptoms she was experiencing. This could be because, as previously mentioned, shame makes individuals want to avoid contact with others (Menesini and Camodeca, 2008; Smith, et al, 2002; Ferguson, et al, 1999). Although June was not physically avoiding contact with others, as has been previously mentioned, June has been unable, apart from the one difficult attempt, until more recent years, to tell anyone of her rape experiences. Nevertheless June has received the information for which she has been searching over the years.

Without ...[the rape crisis centre] and the huge amount I have learned from the women that work here I would still believe I had 'asked for it'. I would still believe that some of the things I have done are wrong. I know now that the woman is never to blame. That there is no such thing as 'asking for it'. No woman or girl asks to be raped. There is no misunderstanding. And I understand too how rape can change the path of your life for ever and your perception of yourself as a person. You believe you are nothing. You are worthless. ,, [the rape crisis centre] has taught me that that is not the case. I didn't do anything wrong. I am not to blame and I can recover from this and move forward with my life despite all that has happened (June).

As a result of her contact with this organisation June's narrative shows that by stating she has received 'tremendous acceptance' by others equates to what I believe many women are searching for after a rape, that is affirmation or validation. That they are individuals of worth which subsequently has the affect of improving self-esteem.

I am overworked and underpaid, tremendously overworked and for the first time in my life that's acknowledged. Completely by the organisation, by my partner, my family and by anyone that knows me so that's a tremendous acceptance and perhaps if it was working in any other field or for any other organisation I wouldn't have the passion and the will to carry on but I do and I'm going to make this work (June).

Rose, like June had felt great shame for her rape and as a result of which it was some years before she told her priest about the rape. In the aftermath of her rape Rose had taken up her religious persona after hearing the Prayer of St. Francis with the intention of helping others.

I felt that the bit that I had left I could at least concentrate on looking outward to other people and being a comforting, understanding, loving person. And I think that I took that on board so strongly that it actually became my personality. And it still is and I don't know whether I would have been such a compassionate person if I hadn't had this thing [the rape] happen to me (Rose).

In helping others, Rose also helped herself by being able to talk about her rape experience which she had found almost impossible to do until that point.

I did get involved in rape crisis counselling and some of that was very gruelling. I also became a trainer in my 40s. I was training people in counselling and listening skills, these sorts of things and I found that I was actually able to talk about it [her rape] in those circumstances, particularly in the modules on forgiveness. And it just became then, not just a positive thing for me and I do feel it had really positive effects in my life, I just think I became a person with smoother edges because I was just so determined to be kind to other people (Rose).

That Rose specifically mentions she talked to others of her rape in the forgiveness modules it could be posited she had forgiven herself. Additionally in talking about her experience so freely meant her rape was no longer denied and was a reality. Denial, as has been mentioned before, is well known to restrict a woman's recovery. Her following comments also depict that which June calls 'acceptance' and Rose describes as 'affirmation'. The form this affirmation takes can be indirectly received as commented on by Rose where others have chosen her to confide in specifically.

...people so often said to me I could not have told this to anybody except you. And that was actually such a gratifying thing really. Gratifying sounds very self-centred ... affirmation is better I think. It was such an affirmation. While one of the things that I think is that when somebody has been raped affirmation is the best thing you

can give them because for the rest of your life the tendency is to feel limited about yourself. And the more affirmation you get gradually you will start to turn around and come to accept that this was not actually my fault, I did not ask for it in any way shape or form (Rose).

Emma's mode of helping others is in the process of coming to fruition by way of further education in the first instance. Within the interview she acknowledged that a positive outcome for her would be to incorporate the rape into her life. '*Acknowledging that it is a big part of you and maybe, yes reacting to it in a kind of positive way*' (Emma).

A few months after our interview Emma told me she had acted upon her comments within the interview and has returned to university to take up a course that would incorporate the rape into her life which as she commented above is viewed as a positive move.

I decided that I wanted to be like a therapist for groups of people, and to be involved in helping groups recover and learn from mistakes, and create healthier cultures. I'm thinking about discrimination and sexism, but also economic issues such as risk-taking in organisations. It's [the course] a mix of my interest in social groups derived from anthropology and my current work in the City (and current economic events such as the credit crisis) but also a strong desire to work on a therapeutic basis. Maybe, much deeper, my interest in organisations is linked to the fact that my rape happened in a corporate context. I want to sort these people out and find out why work cultures can go so wrong. I wasn't the only little girl this happened to, and since that time I've continued to experience (much milder, thank goodness) sexual discrimination and harassment at work. Linking social psychology to the workplace also helps me 'do' something about issues, rather than theorising about it. It keeps me grounded in reality' (Emma).

Again Emma's narrative shows her aim is to eventually help others within the very situation that contributed to her abuse. Additionally, Burgess and Holmstrom (1979) found that recovery was most obvious for those women who had resumed certain social task functions; where involvement in an educational programme was seen as a vehicle through which healing may ultimately take place (LeBlanc, Brabant and Forsyth, 1996).

Prior to her rape, Lauren had ‘volunteered’ by raising money for charity in a variety of ways. It could be argued that, after such a traumatic experience and the deep depression she felt as a result, she may have felt disinclined to continue with it. However her comments show just how much she enjoys participating. The empathy-altruism theories within social psychology literature argue that as a result of socialisation and previous experience, individuals learn this good deed will improve their mood (Cialdini, et al, 1987). It is probable she remembers the enjoyment she felt whilst participating when she was at school and has continued with similar activities.

I've always done a lot of raising money for charity, even when I was at school. Recently we did a hitchhike to Prague this May which was absolutely incredible with the University because that's where all my friends go and my boyfriend's at that university. They do it all over the country at loads of different unis. We raised quite a lot of money. I do marathons and sponsored runs as well (Lauren).

An understanding of Mia's subsequent benevolent actions has been placed here at the end of this study's other participants because her route to it appears less directly related as no connection between one and the other has been mentioned by her.

As a result of her boyfriend's comments at the time of the rape that she had performed oral sex on the perpetrator first he did not consider the subsequent sexual intercourse to be rape Mia concluded that she had not been raped. Although from her subsequent behaviour it was obvious she was experiencing all those negative symptoms associated in the aftermath of rape which may have been exacerbated by disclosure to her boyfriend. Although this whole area has been explored in previous chapters nevertheless it is worthwhile reiterating here that whilst research has suggested that it might seem intuitive that significant others such as a husband or boyfriend would be the most appropriate source of comfort and understanding to whom the woman could turn, he may in fact be the least understanding. As a result such unsupportive behaviour of such significant others was found to bear a significant association to victim adjustment (Davis, Brickman and Baker, 1991; Burgess and Holmstrom, 1979b).

Combinations of factors then subsequently lead her to towards volunteering and a career in helping others. Firstly Mia did not achieve well in her education at the time of the rape but

nevertheless took up further education afterwards, as she explains. However, her self-destructive behaviour continued throughout.

After doing my A levels at college which I did pretty badly at, not surprisingly. Then I went and did a GNVQ Health and Social Care. So I kind of found more my niche and that was good, that was fine. I was still probably a bit self-destructive. So I did that, that was two years and then I worked as a waitress for a few years and drank too much and all of that (Mia).

Although timing is a little sketchy a combination of factors came into play at this time that guided Mia towards her subsequent caring career. As previously mentioned Mia had not appreciated that her experience was in fact rape. Her understanding of what had happened to her changed when she became a volunteer about three years after her rape which would probably coincide with the period she was a waitress.

I think it was when I was 21 I worked as a volunteer for a charity that helped young people. We had about three months training where we had to deal with our own issues before we met the young people. And then we worked with them for nine months afterwards; kids who had been abused or were doing drugs, crime whatever. And through that three month period a lot of my relationships with men and this particular incident [the rape] were playing on my mind and I was thinking I haven't really dealt with this and it was a rape and how am I going to cope with that. So it was then really and I think it was just reflecting because they'd [the volunteer organisation personnel] made you look at how you behaved and at that point I could quite easily have been one of the young people. I was drinking too much and being quite promiscuous. What else was I doing ... not very nice to my parents, you know staying out and just had no self-esteem at all. And because they were asking well why do you do that, why are drinking so much, why are you promiscuous. So I had to go back and look at why (Mia).

Mia continues ...

And then I got a job working with adults with special needs. Worked there for two years, that was good and then I worked in a school with children with disabilities and

learning difficulties. So I started to find a caring side and that probably improved my self-esteem and then I did the degree [in social work – which is the point at which she entered this study] (Mia).

It is unclear whether Mia's rape experience was the catalyst for her volunteering because there was no direct link between one and the other. It is posited that the GNVQ course in health and social care started the process which it is suggested would have been a significant resource within her volunteer role. Whether or not the rape was the catalyst or the GNVQ course is arguable. However the fact that she took up this volunteering position was fortuitous because of the training involved and understanding her self-destructive behaviour as a consequence. Additionally, in comparing herself to those young people she was to help may have served as a trigger as to where her current behaviour might lead. That Mia continued to work towards helping others, as explained in her final quote, could be seen as a continuance of her benevolent actions whilst she was a volunteer which also involved using her social care qualification. Of particular interest to this study is Mia's comment that involvement in this caring role had improved her self-esteem which, it is posited, was begun whilst volunteering. Like volunteering these positions meant Mia was not only put in a position of trust but they would also be considered worthy occupations, as a result she would be considered a worthy individual. That Mia continued with her education and has taken a degree in social work suggests her self-esteem has improved even further.

Two other women in this study have stated their intention to help others at some point in the future. It is felt of interest to exhibit their intentions because, although they may never follow through with their actions, their intended benevolence would also be as a direct result of the rape. Both were, at the time of the interview, in university education and what is of particular interest is that the outcome of this education is intended to help others, suggesting that even before the rape, like Jane, they were already concerned for the well-being of others.

For example, Boda was attacked by a stranger, after which she did not feel any shame, self-blame or guilt but nevertheless was seriously depressed for approximately five years afterwards. At the time of the interview Boda was studying for a degree in nursing.

I'd really like to do humanitarian work actually. I happen to be doing a health promotion module which has led me to maybe be interested in aspects of nursing maybe working with victims of rape, victims of torture. I think that I maybe feel that I have the skills to do that because of what's happened to me (Boda).

Eva was raped by a friend only a year before she entered this study also discussed her intention of engaging in voluntary work. At the time of the interview Eva was studying complementary medicine. Although Eva is still affected by her rape she has continued with her course which according to Burgess and Holmstrom (1979) is a positive action most likely to assist with her recovery. In addition, however, Eva expressed a wish to change her modules and take up voluntary work both of which are intended to help others who have been raped.

I'm just very sad sometimes and I'm finding it very difficult to move on. I'm now probably going to change all of my modules and work more in psychology and counselling aspects of the course. I want to do something that helps other people. I have been thinking of going into voluntary work and have looked into charity work such as Victim Support (Eva).

Both women's narrative allude to the empathy-altruism theory (Batson, Dyck, Brandt, Batson, Powell, McMaster and Griffit, 1988) that argues individuals look to help similar others, possibly as a result of their existing concern for others. It would be of interest at some later date to find out if they have taken up their particular style of helping others.

In a similar vein and appropriate to this helping others theme I was interested in what had motivated my participants to come forward and be a part of my research. Previous research has discovered this form of 'helping' can be yet another part of the recovery process. Griffin, Resick, Waldrop and Mechanic (2003) found their participants viewed it as an interesting and valuable experience. Similarly, Jordan (2002a) found, in moving on with their lives, her participants were keen to tell their stories and see something positive come out of their experience. Similarly, Campbell and Adams (2009) have found that altruism was a primary motivating factor for many survivors. By participating in this research, survivors felt that were letting other women know they were not alone and were also helping to improve community services. Additionally, however, their data suggest that for some women face-to-face interviews may be particularly appealing because they afford

the opportunity for discussion, reflection, and support. This aspect is particularly pertinent because as this and other studies have depicted, many women do not have such opportunities. The majority of my participants felt similarly and below are a few of their comments.

[helping on the research] will be cathartic to (just once) go over 'events' – experiences, whether good or bad, should not be wasted and if this helps someone else in just a tiny way then that will be enough... and perhaps this account will help someone else ... and that is all I want from your research (RJM).

It [Participant Information] just said that the research could help other people and that's what I wanted to do really. Also that I'm not the only one who has gone through this. And also it's good to be able to talk about it (Eva).

I chose to do this because I want to help other people and hopefully this research that you're doing will have an impact on rape and how it is dealt with and the effect it has on people and perhaps it will be taken more seriously and that the government will change and improve everything related to it. That's why I'm doing it and I think because I've spent a long time not telling anyone I feel it's not really my secret to keep, why am I keeping this a secret when I haven't done anything wrong. The other reason is that my voice is heard I suppose (Kylie).

I just wanted to help really, I hope it will make a difference to somebody (Laura).

Posttraumatic growth theory argues both that such negative symptoms as self-blame, shame and guilt are a 'sticking point' in the process of growth and that a behavioural form of growth is found in the benevolent action of 'helping others'. One then, as has already been argued, with regards to the trauma of rape, is at odds with the other. As has been shown other theories within the social psychology literature argue that in fact these negative symptoms can be adaptive and lead to pro-social behaviour. However, extending this whole area Tedeschi and Calhoun (2004) and Tedeschi (1999) have stated that there is evidence of positive developments within many social systems in the aftermath of violence. From macro events such as war that can lead to political change to micro social changes as in the case of Candy Lightner. Similarly in the UK after her daughter, Sarah was murdered, Sara Payne campaigned for Sarah's Law, to set up a register to let parents

know if paedophiles were living nearby. The famous and the unknown have completely transformed their life structures to work for the benefit of others, often by working to change an environment that they believe contributed to their pain. It is argued that the aforementioned eleven women who have gone on to help others have, to a greater or lesser degree, transformed their life structures to work for the benefit of others and so have, according to PTG theory, not only achieved growth but many have contributed in part to an ongoing social transformation with regards to rape.

In light of the foregoing three women from this study should be mentioned specifically because their particular benevolence has extended further into the public and political arena. Their names may not be known to the public but nevertheless their benevolence has gone a step further and become socially and politically motivated. Tedeschi (1999: 334) argues '*one of the ways to give meaning to trauma is through social and political action*'. This has dual benefit whereby the individual benefits by telling a story where they have overcome much as a result of their trauma and society benefits as a result of hearing their story and their subsequent actions.

For example, June comments on what she has learned from being a manager at one of the rape crisis centres and how she intends to continue to help other women who have been raped.

I have seen first hand the total lack of justice for women survivors within the criminal justice system. It [her work] has given me a huge awareness of the issues surrounding rape and its effects and consequences. It [her work] has filled me with a determination to do all I can to speak out for other women and girls and to try and redress the balance. I will make this work so that the women and girls who are still being raped and abused and have got nowhere else to go because I understand perhaps more than anybody how important it is that they get that help (June).

Kiera felt similarly whilst she was working for WAR.

Whilst working for Women Against Rape, I was really appalled by the treatment, sexism, racism from the police and the way that they often lost evidence or they didn't bother to gather it in the first place. They tried to put women off. The CPS

was just as bad misreading evidence and not bothering. Not putting cases through if they were considered an unreliable witness. That was quite important for me because I was going through a very angry stage. I needed to do something with it that didn't involve being horrible to me. That was very good it felt like I was doing something good that was coming out of something negative. Campaigning to help other women to get their cases heard. Since not being able to help in WAR I help moderate now on Pandora's Aquarium. I've been doing that for the last couple of years now which is really good because they gave me so much I am pleased to give back to them to help them run it (Kiera).

Claire received a high accolade for her volunteer work.

They [Rape Crisis] nominated me for the Volunteer of the Year Award, 2005 I won the regional one and then I got invited to the award ceremony in London (Claire).

It is suggested this public acknowledgement of her work spurred her on to do even more for women who have been raped after she had moved to another country where her actions became more politically motivated.

I think all I used to care about was buying clothes, boys and going out with my friends. I think now I have a lot more interests in social issues and I'm more interested in politics. I actually care more about other people now. I organised the Reclaim the Night Rally the other week ... loads of women marched around the city. It's something that is a big part of my life, it interests me. On a political level I get interested so I talk about that and I talk about the laws that happen. I talk about what party thinks what. Because in --- [other country] I do work with sexual assault, they raise awareness of it all the time (Claire).

For these three women campaigning for raped women's rights has been and still is a significant part of the process of recovery in the aftermath of their rape. In highlighting these particular three women this in no way reduces the contribution all the remaining women have made to all those organisations and individuals to whom they have freely given their time which has, by their own narrative, also contributed to their recovery process.

8.2.2.1 Conclusion

In attempting to demonstrate the validity of growth it has been suggested that behavioural measures would be a significant measure to reflect this validity (Park 2004). Although PTG Theory accepts the action of 'helping others' to be considered a veridical form of growth (Tedeschi 1999), however, the process, for eleven of these women, from the traumatic event to this particular outcome, is at odds with PTG theory. PTG theory argues the same negative symptoms that are experienced as a result of the trauma in question are the same processes that set in motion the positive effects. The negative symptoms in question here are those of guilt, blame and shame and many associated synonymous emotions which are not only prevalent amongst women who have been raped (Meyers and Taylor, 1986) but are evidenced by societal attributions (Anderson, 1999; Frazier, 1990) both of which often have a negative impact on recovery. These negative emotions are, however, argued to be a 'sticking point' in the process to growth. Additionally criticisms of the PTG theory are that it does not sufficiently acknowledge the role of the larger environment, therefore other theories are required to explain this outcome. As a result of this contradiction, theories from within the social psychology literature, such as the Negative-State Relief Model (Cialdini, Schaller, Houlihan, Arps, Fultz, and Beaman, 1987) and the image-reparation hypothesis (Crocker, Luhtanen, Cooper and Bouvrette, 2003) were sought which argued that such negative symptoms could have an adaptive function and promote the same pro-social behaviour that can also be called Posttraumatic Growth.

Earlier research that studied the coping mechanisms of women who have been raped has not only found these women processed their trauma in ways that are depicted within the PTG model but also that action-oriented strategies promoted faster recovery in those women (Frazier and Burnett, 1994; Burt and Katz, 1987; Veronen and Kilpatrick, 1983; Burgess and Holmstrom, 1979). Seventy per cent of those women who became active in rape crisis centres to assist other women recovered within months as opposed to those with decreased action were not recovered some six years later (Burgess and Holmstrom, 1979). Whilst there was not an explanation as to why those women in that early seminal research chose to help others, later research did clarify that the motivation for many women helping within a rape crisis centre was out of empathy for others who have experienced the same trauma (Janoff-Bulman, 1992) which concurs with this study also. From their own narrative, women within this study acknowledge the positive effects of helping others. This finding concurs with research that in taking care of others, this self-validating

experience means they feel recognised, loved, and cared for themselves (Herman, 1992) which in turn is related to lower levels of depressive symptomatology (Krause, Herzog and Baker, 1992) and can subsequently have a significant positive effect on life satisfaction (Dovidio, et al, 2006). Within research that has explored the concept of thriving by women who have experienced various forms of abuse, those participants considered making contributions to others facilitative of their own thriving. Thriving, then, requires contributing to others (Poorman, 2002).

Rape is an isolating experience as a result of the blame attributed to these women, by society and the consequent sense of shame. Therefore, this attests to research that argues the sense of actually being a volunteer is that they are made to feel they 'belong' ... are consulted and included in decision making wherever possible ... and are valued by being included within many extra curricular activities (McCurley and Lynch, 1998). Similarly, there are links with what has been found important to volunteers in that they 'matter'. As has been shown the women in this study have experienced very low self-esteem as a result of their negative symptomatology; this lack of self-worth is subsequently exhibited in their maladaptive behaviour. The very act of being trusted to help other women, the women in this study were made to feel worthy again by the organisations they 'worked' for. Additionally this affirmation is compounded by the organisations being considered by society to be worthy causes with which to be associated. Therefore it is not surprising that mattering, appears to mediate the link between volunteering and wellbeing. Where research has controlled for other forms of social participation and for the predictors of volunteering are employed, this provides strong evidence for a causal effect (Piliavin and Siegl, 2007).

Empathy was found to have been the main motivator with regards to the benevolence for three of these women. Although their empathic concern was to alleviate the other's problem that was the cause for their concern, nevertheless it could be argued that in so doing they also received those benefits as mentioned above. This could be because these women had also experienced some of those negative symptoms previously mentioned. Additionally, as acknowledged by Batson's empathy-altruism hypothesis, most helping may be egoistically motivated (Batson, et al, 1988). Of particular interest here is the study by Frazier and Kaler (2006) who attached behavioural measures to the compassion and empathy scales used in order to assess the validity of any such claim. They found those individuals who reported that they were more empathic as a result of their stressor were not

more likely to volunteer to help others. This result may have been because of the variety of events that were experienced by their participants; the most nominated were bereavement and break up of a relationship. Only a small minority of participants within one of their studies had experienced unwanted sexual attention and the remainder may not have experienced an event that was sufficiently severe to produce the 'Stress Related Growth' they were investigating. Additionally the two yes-no items assessed a willingness to volunteer to work with people who have experienced various stressful or traumatic events and actual volunteer experiences. Whereas as has been shown within this study the desire to 'help others' comes in various guises other than just volunteering, such is the limitation of tick box questionnaires in comparison to the more complete understanding that arises out of qualitative enquiry.

That early rape research has already found their participants process their trauma in ways that are depicted within the PTG model could bring into question whether PTG may in fact simply be a presentation of the coping process (Janoff-Bulman, 2004). At least, that is, in relation to rape, when linked to these acts of benevolence. However, Tedeschi and Calhoun (2004) argue

The phenomenon is complex, and cannot easily be reduced to simply a coping mechanism, a cognitive distortion, psychological adjustment or well-being, or a host of apparently similar constructs (p.15).

Should the action of helping others be considered a part, or an extension, of the coping process in the recovery of women who have been raped suggests that, in this instance, a failing of Posttraumatic Growth could be its generic nature (McMillen, 2004). As a result perhaps the PTG model in its entirety cannot be applied so straightforwardly to every 'seismic event'.

8.2.3 Positive Re-Evaluation

8.2.3.1 *Introduction*

Many positive or adaptive strategies have been used by all of the women in this study to assist in their recovery process but those processes that are now depicted will be specific to seven of the women. These positive strategies have been related to faster recovery by early rape researchers (e.g. Burgess and Holmstrom, 1979) who were the first to report the use of

such strategies. Although later research has continued to substantiate this position nevertheless it has found similarly where the positive cognitive and behavioural actions previously found to increase recovery (ibid) have, over time, taken on a new terminology suggesting the woman has positively changed or grown as a result of coping in the aftermath of a rape (Frazier and Burnett, 1994; Burt and Katz, 1987; Veronen and Kilpatrick, 1983). As will be shown the women depicted in this section have not only used many strategies that have assisted in their recovery but the majority have gone on to state changes where, in the aftermath of rape, they have re-evaluated how they feel about themselves and their life that are considered to be positive. These particular changes also fall within two of the five growth domains within PTG, namely an increased sense of personal strength and an increased appreciation for life in general. However, before discussing these it is first important to discuss those negative symptoms that have affected these women in order to appreciate the recovery process.

Many women who have been raped experience symptoms described in RTS. The three phases of RTS consist of; the initial acute disorganisation phase which occurs immediately after the rape; proceeds through an outward adjustment phase and finally the integration and resolution phase. However it is known that not all the reactions encompassed by these phases are experienced by each woman but instead represent a range of possible reactions. Additionally, the experience of RTS is not a linear process, that is, the woman may experience many of the symptoms from all three phases at any given time. There are no specific time frames for each phase, as RTS reactions vary from individual to individual. Some women recover fairly quickly, whereas others may suffer for longer periods of time (Burgess and Holmstrom, 1974). Similarly PTG theory attests to the fact that people facing major life crises typically experience distressing emotions which can persist for a considerable duration after the actual threat has abated (Tedeschi and Calhoun, 2004).

In agreement with Burgess and Holmstrom (1974) all of the women in this study experienced an acute phase of disorganisation in their lifestyle following their rape consisting mainly of shock and disbelief where they commonly feel they are ‘going mad’.

I've gone from a reasonably confident and articulate being to complete gibbering idiot in a very short space of time (RJM).

Similarly, as with the aforementioned research, not all women in this study experienced those symptoms described within the reorganisation phase but those that follow give an overall understanding of what was experienced by some women. Evidence will also be given whereby some of these women used certain defence mechanisms, previously explored in the 'Helping Others' section, in an attempt to cope with these symptoms.

A particularly debilitating negative symptom of RTS is that thoughts of the rape are constantly on the mind of the woman. Associated with this is that many women experience emotional and psychological symptoms such as automatic intrusive memories of the event that can occur in the form of flashbacks or dreams and nightmares. These automatic symptoms are referred to as automatic cognitive processing or rumination within PTG theory (Tedeschi and Calhoun, 2004) where they are also considered a common after effect of a traumatic event.

Five women stated at the time of the interview that thoughts of the rape were constantly with them. This may have eased for some in the intervening period, but it is important to understand that the duration of the recovery process will undoubtedly vary for each woman. However, what is an alarming fact is the lack of resolution is often coexistent with a significant time lapse between the rape and participating in the study. For example, Laura was sixteen when she was raped by a friend two years before she entered this study. *'I'd like to be able to not think about it all the time; it is constantly on my mind'*. Liz was fourteen when she was raped by a friend forty-five years before she entered this study. *'It [the rape] has affected me on a daily basis, I think about it often.'*

The constant thought exhibited is often exacerbated by women experiencing flashbacks and nightmares causing her to experience a wide range of emotional reactions.

Kylie was raped by a friend eleven years prior to participating in the study.

I get nightmares and flashbacks and images all the time. Sometimes I'm so tired; constantly tired I'll wake up and ache all over. I will fall asleep at work. My performance at work is quite poor now and the other work that was set up at university I recall now that my reports of my performance at those jobs weren't that good either (Kylie).

Not only do Kylie's flashbacks and nightmares affect her working life but also her relationship with her partner. Post rape sexual problems are common for many women (Campbell, Sefl and Ahrens, 2004; Orlando and Koss, 1993; Burgess and Holmstrom, 1979)

... I'm not prepared to have a sexual relationship with my partner where we're having sex and I'm having flashbacks and nightmares because that's not what sex is supposed to be about and that's why I avoid it (Kylie).

Not only are women affected in terms of intrusive thoughts and images, they may also be affected by anger. Anger, is a significant emotion within RTS (Burgess and Holmstrom, 1974) and a specific affective response commonly observed in persons struggling with significant life problems (Tedeschi and Calhoun, 2004). The anger felt by RJM, whilst not belittling its affect, may be more transitory in nature, whereas the anger felt by Liz has resisted the passage of time to affect her still.

RJM was 54 when she was raped by an ex-partner only three weeks before she entered the study. Her anger surfaced on different occasions related to the rapist living in very close proximity to her and also that she had felt unable (initially) to tell anyone about her rape.

I was doing quite well – until tonight that is when 'he' was on the doorstep of the pub opposite and he waved – can you imagine that, he waved! Anger doesn't begin to describe how I felt ... (RJM).

I am maintaining this 'cover' for him aren't I? ... perhaps I should take a megaphone and broadcast a message so he cannot hide. I think this is anger creeping in ... (RJM).

... but I still ask myself, Why me? I am angry because they were my dreams he took away, they were my choices that weren't listened to. He had no respect for me. In the greater scheme of things perhaps my life would not have turned out any differently but at least it would have been my choice (Liz).

Sadness and depression have been found to affect most women who have been raped, may continue for some time and often throughout all stages of RTS (Burgess and Holmstrom, 1974; 1976; 1979), can be common responses to life crises (Tedeschi and Calhoun, 2004), particularly where low self-esteem is concerned (Mruk, 1999).

I was just sad all the time and before I would talk to anybody. I was happy all the time but it just changed (Laura).

I was just ignoring that I was depressed. I spent most of my time trying to forget about it and not think about it (Kylie).

Having gone round in several circles, I realise that a little depression has set in.....not surprising I suppose.....and sure, it will lift if I look after and not make too many demands of myself (RJM).

Eva was twenty-two when she was raped by her sister's ex-boyfriend just one year before she entered this study. *I'm just very sad sometimes and I'm finding it very difficult to move on (Eva).*

Fear is highly prevalent amongst women who have been raped, indeed within RTS a variety of fears have been listed that are sufficiently severe to be termed phobias. Burgess and Holmstrom (1974) have used the term 'traumatophobia' which they acknowledge was first coined by Sandor Rado in his research on war victims, having seen the same phenomenon within his participants. They explain that the phobias develop as a defensive reaction to the circumstances of the rape. Similarly Tedeschi and Calhoun (2004) acknowledge the existence of such fears.

...particularly for sets of circumstances that threaten the person's physical well-being, anxiety or specific fears are common (p2).

Boda was twenty-one when she was attacked suddenly by a stranger eight years before she entered this study. Her narrative describes such traumatophobia.

I started living with my boyfriend because I couldn't manage to live on my own. I used to have to be taken to the toilet in the middle of the night by my partner. My

mum had to come and live with us to help look after me in the evenings. I couldn't be alone after dark. I couldn't open my own front door. Hugely debilitated ... to the extent that if your partner has to come and sit on the bath while you have a wee in the middle of the night. I used to talk to him constantly; I drove the poor sod crackers. If he was out of the room, if it was dark or whatever I would need to talk to him to be reassured that somebody was there, it's all right somebody's there, it's ok you're safe. It affected me for a good five years (Boda).

The aforementioned quotes attest to not only the devastating affects in the aftermath of a rape but also depict how the process of RTS follows a similar route to that of PTG. As a result of such negative responses it is important to show how these women subsequently attempt to manage these emotions through cognitive suppression of thoughts and images. In so doing, however, such coping mechanisms, whilst they are known to increase the recovery rate of women who have been raped some are also found to be contradictory to PTG theory.

Elouise was raped when she was sixteen by a 'date' whilst on holiday in another country. Her rape occurred nine years before she entered the study. Apart from a certain element of self-blame Elouise seems to have been little affected by her experience. As her narrative explains she has been able to consciously suppress the memory. This form of cognitive control is suggested to be a way to neutralise the anxiety (Burgess and Holmstrom, 1979) and is associated with less distress (Frazier and Burnett, 1994).

I just didn't want to deal with it... I didn't want to let it affect me, affect my life, affect my relationships (Elouise).

However, such suppression is thought to be at odds with PTG theory which states

The person facing a major life crisis must find ways of managing initial distress, which can often be debilitating. This is necessary to allow some degree of constructive cognitive processing to occur, producing schema changes that will contribute to the experience of posttraumatic growth (Tedeschi and Calhoun, 2004: 8).

Elouise appears to have successfully suppressed the memory of her rape experience, however it could also be the fact that her rape occurred in another country. As a result of this by chance a particular coping strategy called positive distancing was effected that has assisted many women with their recovery, described in more detail later.

In an attempt to cope with these symptoms some of these seven women used certain defence mechanisms previously explored in the 'Helping Others' section. Both cognitive and behavioural strategies are used in order to suppress reminders of the rape in an attempt to re-establish their former routine (Herman, 1992; Janoff-Bulman, 1992; Burt and Katz, 1987; Burgess and Holmstrom, 1979). Some are so overwhelmed by their symptoms that they take the ultimate avoidance by attempting suicide.

Denial

I basically ignored the abuse during the whole time I was dating him. I never asked him why he was doing it, so it didn't happen (Liz).

Drug abuse

Lots of drugs - Amphetamines mainly. I was so tired, I've never been tired like that in my life. It was a way of making that better. Also amphetamines make the mundane quite copable with I lived on amphetamines through those 5 years (Boda).

I took drugs for a while just to block the pain. I was doing a lot of speed which stopped me thinking about what was going on and helped me think my life was normal. I just couldn't cope with it (Kylie).

Withdrawal

I tried to stay by myself all the time (Laura).

Attempted suicide

I've tried to kill myself (Eva).

Having identified many of the negative symptoms and subsequent negative coping strategies experienced by these women it is now necessary and indeed important to identify

factors related to the reporting of positive change such as the coping strategies used by them.

8.2.3.2 Positive Coping Strategies

Research into rape recovery has found that when women who have been raped attempt to work through and deal with the traumatic event, this is associated with fewer symptoms of distress (Wirtz and Harrell, 1987). It could therefore be posited that these women have reached the acknowledged final resolution stage of RTS or its long term re-organisation. At this point there is a realisation that previous attempts to avoid and repress the trauma have been unsuccessful. As a result the woman begins to process the negative feelings associated with the trauma and subsequently acknowledges its connection to her. It is here that rape research attests to what PTG theory argues is growth where it is asserted that one of the main difficulties is the need to integrate a new view of the self and resolve her feelings about her assailant (Sexual Assault Center, University of Alberta).

Many cognitive and/or behavioural responses are employed by individuals in order to cope with threatening, stressful or generally demanding situations (Carver, Scheier and Weintraub, 1989). Coping also involves reconstructing the world we assumed we knew, a task that requires a delicate balance between confronting and avoiding trauma-related thoughts, feelings, and images. Over time, with the help of personally meaningful cognitive reappraisals, most individuals who experience a significant trauma manage to rebuild their inner world. They move on with their lives, which no longer seem to be wholly defined by their rape. Any strategies used are not considered to be consciously 'willed' but rather are seen as a natural product of an individual striving to recover from a trauma (Janoff-Bulman, 1992). The coping strategies that are associated with such processing and subsequently with faster recovery are pro-active where the woman actively approaches the difficulties experienced. This is compared to those women who either took no action or actually decreased their everyday actions (Frazier and Burnett, 1994; Janoff-Bulman, 1992; Burt and Katz, 1987) where according to Burgess and Holmstrom (1979) forty-five per cent of their participants who increased their actions, recovered in months. Regrets of post-rape inaction far outweigh regrets of action and stay longer and cause more pain (Fry and Barker, 2001). Actions, however, come in various guises from being physical in nature in the form of moving house to having a more cognitive bias in the form of information gathering. An action such as moving house, however, would also

necessarily involve a certain amount of emotional and cognitive input. All such actions are considered positive in nature however, there is a difference of opinion where such actions are considered by some as coping but dismissed as such by Tedeschi and Calhoun;

...emotion regulation is an important component, as is cognitive processing, in developing new schemas. From our point of view, however, this does constitute coping, and it is a little puzzling that Tedeschi and Calhoun seem to dismiss coping as not very important (Aldwin and Levenson, 2004).

As will be discussed in greater detail, such positive coping strategies can subsequently promote positive changes.

8.2.3.3 Positive Distancing

Research has discovered that many women actively put distance between themselves and the rape which could be in the form of a holiday or actually moving residence (SVRI, 2007; Frazier and Burnett, 1994; Burgess and Holmstrom, 1979). Such positive distancing in the form of moving residence is a protective behaviour, undertaken in an effort to feel safe. This strategy has been purposely chosen by some women in this study which as has been shown by Laura and Elouise they have subsequently understood this to have helped in their recovery. For Elouise it allowed her to successfully suppress the memory and continue life with little negative affect.

I have experienced great relief in knowing that I am a fair distance away from my attacker and the place where this happened to me (Laura).

Probably was because I came home to my safe place. I think if it had been on my doorstep with somebody that I had known it would have been a completely different story. It's someone I didn't really know in a foreign country and I've never been back. I'm sure that's what it is. I had memory of it coming home, there was nothing that reminded me of it. There was nothing (Elouise).

8.2.3.4 Intellectual Control

Reading and writing expressively about rape is another approach oriented coping action that has helped women gain intellectual control and subsequently recover faster after their rape. Both previous rape research and this current study have found that these women

have naturally and spontaneously taken up these behaviours (Frazier and Burnett, 1994; Burt and Katz, 1987; Burgess and Holmstrom, 1979). Writing and reading about rape is also known to be used in some forms of therapy where it has been shown to be effective in reducing symptoms of PTSD and depression (SVRI, 2007; Resick and Schnicke, 1992). Additionally, an extensive literature supports the use of therapeutic journals in helping people find meaning and even positive emotion in the act of writing deeply and consistently about the most painful episodes in their lives, leading to clear health and mental health benefits in numerous well-controlled studies (e.g. Pennebaker, 1997).

For example, RJM was initially adamant she would not tell anyone about her rape and would only be interviewed via email; obviously the medium within which she feels most comfortable

I'm so much better at expressing myself by writing than speaking....I sat down and wrote a letter to "him" stating completely honestly the terrible repercussions of his actions, and it seemed a very positive thing to do.....whether it is ever posted seems not to matter just now (RJM).

Liz had not told anyone about her rape and like RJM also wished to be interviewed via email. Additionally she sent me a copy of a journal she keeps that depicts the ebb and flow of her life and is used as a form of coping. Its contents were not directly related to the rape and were not for publication in this thesis but were in an attempt for me to understand how the rape had affected her subsequent life goals.

The thing that helped me the most was being able to write about it and for you to write back in a supportive way and I thank you for that. It has healed me to some extent (Liz).

In this technological age the internet more often provides the information that would not have been so readily available for the early rape research. Eva and RJM were recruited via the Rape Crisis website and where Eva at the time was looking for information.

I had a load of questions such as to why it happened, why he did it and many others, so I wanted answers for them. I just wanted to get information and support. I've been reading books at the moment and that's helped me. (Eva)

...thanks to the internet, I have read more information just recently on "rape", "recovery from rape", "reasons for rape", "why men rape", men against rape" than I had ever envisaged a need for! (RJM)

As has been shown all three women have benefited from such intellectual control and also concurs with PTG theory that argues this form of cognitive processing of the trauma may facilitate growth. However, such facilitation may only be successful in 'supportive social environments' (Tedeschi and Calhoun, 2004: 11). As previous chapters in this study have highlighted, for many women there is neither the perception, nor little evidence, of such supportive social environments. However, as will be discussed later, as a result of a lack of supportive social environments, many women who have been raped create their own support systems by writing about their experiences in dedicated spaces on the internet.

8.2.3.5 Perspective and Reflection

A certain amount of perspective and reflection was undertaken by many of the women in an effort to alleviate their anxiety and so cast a more positive light on their experience. Such reflective practices are reminiscent of Tedeschi and Calhoun's (2004) definition of rumination which is likely to contribute to long-term PTG. Empirical studies have found this was most often achieved by comparing a personal experience with the experiences of others. This downward social comparison is known to be a defensive tendency to evaluate oneself with others whose troubles are more serious than one's own. This tends to occur when threatened people look to others who are less fortunate than themselves. Downward comparison theory emphasizes the positive effects of such comparisons (Suls, Martin and Wheeler 2002). Rape research has depicted instances of such cognitive processing where such comparisons have been made with other women who have been raped (Thompson, 2000; Wood and Rennie, 1994; Burt and Katz, 1987; Burgess and Holmstrom, 1979). However, within this study comparisons were drawn with losing a child which was considered a far worse event.

I've had some unhappy times, such as with my parents' abandonment, but have been very blessed by the people I have met through my life.....and on "perspective", I

haven't gone through what some of my friends have whose son died in a car accident aged 19 (grief like that I have never witnessed before). I will get through this personally horrible time by accepting what has happened cannot be undone and claiming back the "me" that was before 13.10.07, somehow (RJM).

RJM's narrative expresses more than just social comparison, but also alludes to what is termed cognitive distancing, all of which have undoubtedly contributed towards her recovery.

8.2.3.6 Cognitive Distancing

Cognitive distancing from the incident of sexual assault in the form of denial, dissociation and suppression, is not only viewed by some researchers as a defence mechanism, as previously explored, but is also considered by others to reduce the anxiety and so aid recovery. Such cognitive distancing comes in various guises such as having a positive self-assessment, optimism, acceptance, having an explanation and actively reducing thoughts of the assault (SVRI, 2007; Valentiner, Foa, Riggs and Gershuny, 1996; Frazier and Burnett, 1994; Burt and Katz, 1987; Burgess and Holmstrom, 1979). RJM's quote above depicts a positive, optimistic attitude towards her recovery where, as a result of previous life's experiences, she is aware of the need to accept what has happened. This is a particularly difficult task, to move on from the avoidance and denial that are often initially in evidence.

For example, Boda eventually received therapy; however, she tells of such cognitive distancing that she had undertaken spontaneously beforehand.

I'd done quite a lot of the cognitive stuff myself; running through it in my head, making sure that I did that in a safe environment. To desensitise myself and go through all the 'what ifs'. What if I'd done that and you go yeh but then that would've happened, so you did make the best choice, so you comfort yourself in that you are ok and also that you can be with that memory. So then you've done the best you could've done. I think the nothing that I did was better than doing something because I worked in mental health and I know that he was undergoing a psychotic episode and unless you can restrain them you might make them worse. That memory can come and now it doesn't affect you (Boda).

Time and a sense of security after moving away are important factors that have allowed Laura to reflect on her experience

... I feel as though this time away has really given me a chance to look back on the past two years since it has happened and analyse my feelings more clearly (Laura).

I believe the following quote by RJM shows her coping well with her negative symptoms. By using cognitive reappraisals that are very personal to her she actively approaches the difficulties she is experiencing rather than avoid the obvious pain. Rape research asserts that giving oneself permission to feel certain emotions and doing things for oneself just because they make one feel good are emotionally positive actions (Burt and Katz, 1989; Burgess and Holmstrom, 1979). These methods of reducing her emotional distress seem to be having a positive affect on her mood as she appears, at this point, poised to positively move on with her life.

... having to dig deep into "reserves" in order to cope "something" has to "give" and so I am entering a very quiet time, being warm by the fire seems a good idea. After quiet contemplation at the weekend, coupled with an extraordinarily touching Radio 4 sermon for Remembrance Sunday by someone from Northern Ireland talking about how he has come to terms with the Enniskillen bombings and all the wrongs in this world, I enter a new phase of optimism (RJM).

Such cognitive techniques then are used to reduce the anxiety and distress felt by these women that are often preceded by flashbacks, dreams and nightmares. It is suggested what has been described is what the PTG model asserts are a necessary part of cognitive processing ‘*a reduction of emotional distress and management of automatic rumination*’ (Tedeschi and Calhoun, 2004: 7). However, such terminology is at odds with each other where this study and previous research has found that ‘distancing’ oneself in a variety of ways can be considered positive, assist in reducing the anxiety related to the rape and so aid recovery. Whereas Tedeschi and Calhoun (2004) argue that cognitive processing must be persistent and sustained for growth to occur. Additionally where optimism is considered in this study, and elsewhere, to assist in recovery, PTG argues that persons who have pre-existing high levels of this coping dimension will report relatively little growth. That is because these people have coping capacities that will allow them to be less

challenged by trauma, and it is the struggle with the trauma that is crucial for posttraumatic growth (Tedeschi and Calhoun, 2004). Others argue that the PTG model relies too heavily on cognitive processing (McMillen, 2004) which may lead to poorer outcomes (Hobfoll, Canetti-Nisim, Galea, Johnson and Palmieri, 2007). Others contest the necessity for cognitive processing at all, where there is evidence to suggest that individuals who show a propensity to minimize or avoid processing a loss, either through self-deception, distraction, or repressive coping, typically exhibit fewer grief symptoms over time than those who do not use such strategies (see Wortman 2004). It is suggested that some of these strategies are similar to the aforementioned strategies entitled cognitive distancing. What is clear is that the term cognitive processing, much like the term posttraumatic growth, has been conceptualized and researched in many ways, therefore producing difficulties when attempting to understand and compare the results of different studies (see Nolen-Hoeksema and Davis, 2004; Park, 2004). Nevertheless, further details will be given whereby women in this study who have used such cognitive distancing have, arguably, also achieved ‘growth’ as understood by Tedeschi and Calhoun (2004).

8.2.3.7 Internet Usage

One of the most basic interpersonal needs is to ‘belong’ and to feel accepted, to feel that one is a member of a group of others who share similar interests and goals, and to feel that one is a valued member of that group (Baumeister and Leary, 1995). During challenging and traumatic life events, having supportive others to rely on may be especially important (Janoff-Bulman, 1992). As has been shown in previous chapters within this study many women feel isolated from others as a result of their rape. After a rape, therefore, validation and belief from others is central to a woman’s recovery (SVRI, 2007). Tedeschi and Calhoun (2004) suggest that one function those in the support network can serve is to offer perspectives on what has happened, and thereby facilitate the survivor’s cognitive processing about the event and subsequent growth. These authors are referring to support within an individual’s immediate social sphere. This particular stance has received extensive criticism and although this area has been explored in depth elsewhere in this study it is worth reiterating that the support literature suggests in most cases, others do not respond to disclosures of distress with empathy and concern. The end result is that many social interactions often impede growth rather than facilitating it (Wortman, 2004). However, within support groups where the concerned individuals have something particular in common, e.g. cancer, it has been found to provide such support which may

lead to growth (Lechner, Stoelb and Antoni, 2007). This group setting provides group members with a forum to discuss perspectives, offer new beliefs, and have them reinforced by individuals who are experiencing a similar stressful life event, all of which are essential for growth (Calhoun and Tedeschi, 1999).

Previous chapters within this thesis have shown that many women feel they cannot confide in others in the first instance so do not receive such validation or perspective. Others who have attempted to discuss or display feelings about what has happened, often face disbelief and suspicion. As a result many women become wary of others responses to their rape experience and therefore enter the 'virtual world' to obtain their support. Some women within this study have used a variety of online support forums where they can receive all that the 'real world' mutual support groups provide plus anonymity which for such wary individuals is of particular importance. This anonymity is maintained even amongst other women who have been raped by the use of pseudonyms. These support forums have been found to alleviate loneliness and provide the support not offered elsewhere in their social sphere where users are more likely to express how they truly feel and think (Fogel, Albert, Schnabel, Ditkoff and Neugut, 2002; McKenna and Green, 2002). Additionally research on identity has found that as a result of such positive internet interaction this may subsequently allow individuals to be more open about the marginalized aspect of their identity with important others, such as family and friends (McKenna and Bargh, 1998).

As has been previously mentioned Kylie had tried to block out the reality of her rape because she felt she would not be able to cope. However she accessed the Rape Crisis website on two occasions.

I went on to the Rape Crisis website because I felt lonely. I've accessed it before about five or six years ago when I was at university but I wasn't really ready to do anything then, I was happy just to look but not to do anything (Kylie).

These forums, however, do not appeal to all women.

I did consider ringing the various "rape crisis" lines shortly afterwards but all I would probably have done was to cry some more and be completely incoherent. I want something positive to come out of this rather than "reassurance" from people

who whilst undoubtedly are very good at what they do are "solving an immediate problem" rather than contributing to the real understanding of the sequelae - to say thus may do them an injustice but it would not be my preferred "modus operandi" to regaining "self" and then "going beyond" (RJM).

What is of particular interest is that although sixteen women made contact from the online support forum Pandora's Aquarium only four participated in this study; whereas out of the fourteen women who made contact from the Rape Crisis website, nine participated in this study. These particular statistics may mean very little where it is solely a matter of time where the women that have come forward are at a particular point in their recovery where they felt able to do so. It is posited, however, that the Rape Crisis internet presence is more about giving factual information on various aspects of rape and how to gain access to their counselling service. Perhaps for these participants taking such intellectual control of their recovery tacitly suggests a more pro-active approach after a rape experience and a moving forward with life. Although Pandora's Aquarium also offers all that the Rape Crisis website does in the way of post-rape information, additionally there is an online chat room where support is offered between women. Such support forums, by their very nature, contain individual narratives that delve deeply into their rape experience and subsequent personal negative symptoms. This then establishes a 'string' of responses by others often lasting a substantial period of time. It is posited that such emotional narrative does not appeal to everyone and therefore Pandora's Aquarium and like-minded sites may attract different users to that of the Rape Crisis website. Although sixteen women did make contact with me from Pandora's Aquarium it is posited they were, in the majority, still involved in much of the negativity of their rape. The four that are participating in this research from the support forums, however, do appear to be at a stage within their recovery where the rape is less likely to have a purely negative affect. I believe RJM's quote above alludes to this where she did not wish to remain in her negative state but to find something positive from it. To give a further idea of this element and the differences between individuals, below are quotes from other women in this study.

Emma was recruited from the Rape Crisis website and felt similarly to RJM

I haven't logged into that kind of stuff [support forums] for years and when I did it was the ... I think the pain that people were writing about and some senses the

negativity, I wanted to hear ... I guess I wanted to hear people telling me the story that I'm telling you now. I didn't want to almost commiserate with people who were in the same place as me. I wanted to know that there was a way out. And I think I felt there were some people in so much pain, I just didn't ... I felt it would pull me back into it if I joined in and I wanted to get out. So I had a look and I just thought ... my reaction was like ugh no I just don't want to do this (Emma).

Other women, however, are highly complimentary about the online support forum, Pandora's Aquarium from which they were recruited for this study.

I got validation from Pandys (Ruth).

Pandys has been a godsend. How I wish I had that technology back in the 70's, 80's. It was because of Pandys that when I felt like giving up and not working towards dealing with this that I had the encouragement to face it. Just knowing that others had made it through or were doing it also (Survivor).

I don't know what I would have done without Pandys. To get the peer support from other survivors and the validation ... (Kiera).

Information regarding drug facilitated rape was also found at the Roofie Foundation website where Anna received and acted upon the practical advice offered by others using this facility.

I have been chatting to the girls on The Roofie foundation and they said look you need to go and get tested. So I went to the hospital to get screened. I went on to see if they had the same symptoms as me. If so then that is what it could be. That was the first one I went on to and then they told me to go on to others (Anna).

As has been shown the proactive use of the internet, whether solely for information or using the support forums, has been of great help to those women in their recovery. Similarly with the other approach oriented coping strategies used by these women, these also have aided their recovery. Coping, it is argued, is analogous to a muscle, where the more you use it, the stronger it becomes, whereas if you decide not to use it, it atrophies

(Persaud, 2001). As a result such coping places four of these women in a position where they have subsequently expressed a positive change as a result of their rape.

8.2.3.8 Personal Strength

Many of the aforementioned strategies were adopted intuitively by the women in an effort to cope with the worst symptoms associated with the rape. Research has found that over time, there is a slow realization that perhaps certain elements of their lives and self-image are not as they would wish them to be. As a result the rape has in fact served as a ‘wake up call’ (McMillen, 1999: 459) to re-evaluate their lives in light of their rape experience (Veronen and Kilpatrick, 1983) and make individually appropriate changes. However, it has been argued that (Aldwin, Sutton, and Lachman, 1996; Caplan, 1959 cited Burgess and Holmstrom, 1978) traumatic events are a time in one’s life when one can either gain strength psychologically or regress to a lower level of mental health, where much is dependent on the characteristics of the person, such as their initial levels of coping resources. Research has found that through experiencing and coping with the debilitating pain and distress of trauma, many become aware of their previously undiscovered strengths. In the course of expending tremendous effort and determination during their posttrauma adjustment, they often see themselves differently at the end of this painstaking process (Janoff-Bulman, 2004). This ‘strength’ that is achieved by many women may also be what has been termed growth by Tedeschi and Calhoun (2004).

Individuals who make a positive self-assessment in the aftermath of their rape stating, for instance, that they are ‘strong’ were found to have recovered in months, whereas those who made a negative statement none recovered that quickly (Burgess and Holmstrom, 1979: 1279). A general sense of possessing increased personal strength is a domain of posttraumatic growth (Tedeschi and Calhoun, 2004).

It [the rape] made me a lot stronger person. Much stronger in what I believe and what I think is right and wrong and what I am prepared to put up with (Elouise).

The above toughness concurs with other trauma studies and is considered a positive change to individuals (Thompson, 2000; McMillen, 1999; McMillen, Zuravin and Rideout, 1995; Frazier and Burnett 1994).

RJM's narrative shows how she appreciates she will change as a result of her rape but also her term 'better' suggests a new found strength from coping with the experience. Additionally, for her it is imperative she continue to trust others because, as has previously been depicted, trust is of the utmost importance in her life.

At this point in time, I do have a choice – I can choose to sink into a myriad of negative emotions of self-pity, ongoing distress and mistrust.....but, as with my parents' abandonment, I chose to not have any of those negativities, and also to continue to trust those I can reclaiming "where I was before" 13.10.07 because anything else would negate the "journey". Yes, I will be "different" but I will be "better" because of it, I hope (RJM).

Kylie also feels she has become stronger as a result of her rape. Her personal strength is focused towards ensuring she has a better life in the future.

It [the rape] has made me stronger, more determined. I wouldn't say stubborn although my partner says I can be stubborn but I think that's because it's given me an increased drive to make sure I have a good life and make sure I get the best of life (Kylie).

This desire to 'have a good life' alludes to the growth domain 'an increased appreciation for life in general' (Tedeschi and Calhoun, 2004: 6) but within this study is viewed more as an attendance to the process of life.

8.2.3.9 Process of Life

Re-evaluation of their lives for some women in this study meant they now appreciate that the journey or process of their lives is important where they focus on the present and not an end point. Previous rape research has found similarly (Frazier and Burnett, 1993; Burt and Katz, 1987; Veronen and Kilpatrick, 1983) where it is known that those who have struggled with trauma have a new appreciation of life and a realization of what is really important (Tedeschi and Calhoun, 2004; Janoff-Bulman, 1992). Where this study has previously explored depression and found it to be a negative response in the aftermath of rape it is suggested here that the depression itself may also enable some individuals solve certain social problems. The Social Navigation Hypothesis argues for a social rumination

function whereby depression induces certain cognitive changes that make individuals focus on their lives and problems and gives them time to reassess same and so develop a new perspective on life (Keedwell, 2008; Watson and Andrews, 2002).

I think you start enjoying the process of things more. For me the first time at university [before the rape] it was getting my qualification and getting through my training and ticking the boxes was the aim. And for me this time once you've seen that maybe you don't get that and if you didn't enjoy the doing of it then it's pointless. So for me in my nursing I've made every effort to enjoy every part of the process. So I can really say I've enjoyed my training. But I really have I've really thoroughly enjoyed the training. I made a conscious effort to think about what I want to do today, why do I want to be here. How can I make this part of it good, not being a qualified nurse and then think god I wish I'd enjoyed my training more. But to really enjoy the moment (Boda).

I want to enjoy life as much as I can. Sometimes I might have a bad DAY and it hampers it but to continue to try and sort it out. Really I just want to get the most out of life and enjoy life with my partner and everything as much as I can (Kylie).

The narrative of four of the seven women depicted in this section, shows they have made positive changes which suggest they have achieved a resolution of the trauma where the rape is no longer the controlling factor in their lives. This would also concur with other trauma research which argues they have achieved 'growth' (Tedeschi and Calhoun, 2004). There is, however, a temporal element to this whole process, where a resolution of the trauma may occur very soon for some and much later for others. It is important to reiterate that recovery is unique to each individual and involves a complex array of many contributing factors that have been mentioned in previous chapters.

8.2.3.10 Almost ...

For three women, however, their narrative suggests they are at a stage in their recovery where arguably there is a more negative than positive bias in their recovery process.

Although, at the time of the interview, Laura was hopeful about the future because she was excited about going to university; nevertheless it is felt at that point in time she had not moved beyond the point where the rape was still constantly on her mind.

I'd like to just be able to trust people. Just to let people into my life. I'd like to be able to not think about it all the time. I am hopeful about the future. And hopefully there will be a day when I don't think about it all the time (Laura).

Recovery is when the traumatic event is remembered, but not constantly (Janoff-Bulman, 1992) and where the woman has regained some capacity to trust (Herman, 1992). It is important to put forward some suggestions as to why after two years Laura is still affected negatively by the rape. Laura's narrative has previously told of few people she could trust prior to the rape. She tells of her parents' general lack of support but she was close to a grandmother. She had not told her parents of her rape because she was fearful of their response and had not told her grandmother because she did not want to upset her. Laura then had neither actual support to help her in her recovery nor perceived availability of support. It is suggested that Laura is poised to go beyond this stage as she had seen a counsellor which she reported was of help. Additionally at the time of the interview she had not long begun attending university, which is some distance away from where the rape occurred, has given her the safe space to reflect where she has slowly begun to socialise again with her new university friends.

In our email interview, one of the final comments Liz made to me was '*I am unhappy in my life*' and where just prior to this she feels similarly to Laura where she stated

I expect I should have let it [the rape] go by now but it is still there, raising its ugly head now and again to remind me. It feels like a heavy weight I have carried around with me for years (Liz).

To be 'recovered' is a difficult concept, where 'recovery' generally means a return to a state of health; however for those who recover from trauma, they may return to a state of health but, as has been shown, they do not go back to where they began, they have made changes in their lives (Janoff-Bulman, 1992). Of particular interest to this study was why Liz had decided, after some forty-five years, to tell her story for the first time. She answered thus:

I am not sure about "why now" but I believe I am changing. The things I used to hold dear I am questioning and things that happened to me in the past are raising their ugly heads and demanding attention. I am aware that the past shapes the present and maybe by facing up to those demons which haunt me I can make myself a better future for me. This is the first time in my life that I have even thought about me and I think its time to sort me out (Liz).

Although Liz states she is unhappy in her life, nevertheless since her rape so many years ago she has obviously recovered her physical health and arguably much of her psychological health also because she has lived a life full of marriage, children, grandchildren and career. She has not given up, or wallowed in despair, this is, plainly put, surviving. In fact, it is what has been described as a neutral outcome which is the most that many people have been found they can muster after a trauma (Harvey, Barnett and Overstreet, 2004).

Like Laura, Liz has felt unable to tell anyone of her rape which subsequently pre-empts any supportive action from others. As has been mentioned in a previous chapter Liz did attempt to tell her husband but the response was sufficient to both halt the conversation and compound the guilt and blame she already felt. However, as has been mentioned often psychological recovery from rape is an individual process and can take many years. Subsequent correspondence with Liz, however I believe suggests why she took the decision to tell her story.

I remember hearing through my work about a young girl's attack which was very similar to mine and it brought back all those awful feelings. My experience had such an effect on my life that it is never very far from the surface ... (Liz).

What Liz experienced was probably a flashback, the trigger for which was hearing about a young girl's attack. Such triggers/flashbacks are reminders that the woman has not dealt with the feelings that are associated with the rape. It is this event that forces her into the final resolution phase. As a result of this trigger Liz began by appreciating that her 'demons' needed attention and so entered the Rape Crisis website where she also found my call for participants.

Eva is still in the process of making those changes she believes will help with her recovery

I feel a bit lost at the moment, I've lost direction. I've got thoughts about what I want to do and what I want to be but I'm not too sure any more (Eva).

Eva's rape occurred only a year before she entered this study. In that short space of time she has had an unpleasant experience [detailed in Chapter Four] with regards to her encounter with the CJS which has been found to negatively affect some women's recovery. Additionally she has attempted suicide and like Liz and Laura, Eva has few people she could trust to help her, her mother being perceived as particularly unsupportive. Nevertheless as has been reported in Chapter Five, Eva has not given up her university studies and is looking to possibly volunteer for a charity such as Victim Support all of which are known to positively help in the recovery process.

8.2.3.11 Conclusion

This section has explored the negative symptoms experienced by all of the women in this study. These are found to correspond with rape research in particular and trauma research in general. These findings mean the women in this study do not differ from participants in existing rape research. Additionally, because the main focus of this study was to identify any positive changes made by these women as a result of their rape, it was necessary to understand how they initially coped with their rapes compared with the processing of trauma as depicted by PTG (Tedeschi and Calhoun, 2004). This is because PTG theory states that it is necessary to work through those negative effects, for it is these same processes that set in motion the positive effects. As has been shown the seminal research by Burgess and Holmstrom (1974; 1979) and other authors of both rape and trauma generally have depicted how women who have been raped process their trauma which, although there are some differences, corresponds to the PTG model (Tedeschi and Calhoun, 2004).

Many similarities are found between this study and previous rape research in the strategies used by women to assist in coping with their negative symptoms but dwindle somewhat in comparison with PTG theory. The term coping seems to have no place within the PTG model, however acknowledged author of trauma, Janoff-Bulman (2004) argues that the presented model (Tedeschi and Calhoun, 2004) is in fact a model of the coping process, which, as described in this study has found similarly when compared to RTS

Although I believe the figure should more accurately be titled a “Model of Posttraumatic Coping,” this is a trivial matter of labelling because the authors appear to regard posttraumatic growth (represented by a single small rectangle at the bottom of the figure) as an outcome, or natural by-product, of the coping process presented (Janoff-Bulman, 2004: 30).

Similarly many of the emotion-based coping strategies used by women to cope in the aftermath of a rape arguably fall under the term cognitive processing (Tedeschi and Calhoun, 2004). The coping strategies come in various guises (SVRI, 2007; Valentiner, Foa, Riggs and Gershuny, 1996; Frazier and Burnett, 1994; Burt and Katz, 1987; Burgess and Holmstrom, 1979) where it is acknowledged that individuals will differ in which they will adopt to assist in their recovery. Many are at odds with the more prescriptive processes described by Tedeschi and Calhoun (2004), for instance, suppression was used successfully by Elouise which enabled her to continue with her life, which concurs with findings by Burgess and Holmstrom (1979). Such suppression, however, is thought to be at odds with PTG theory which argues for the management of often debilitating initial distress which is necessary to allow for cognitive processing which will contribute to PTG.

Cognitive processing within the PTG model has received much criticism where its necessity is contested because evidence has been found that suggests individuals typically exhibit fewer grief symptoms over time than those who do so (Nolen-Hoeksema and Davis, 2004; Park, 2004; Wortman, 2004); to their being an over-reliance on cognitive processing within the PTG model (McMillen, 2004) which may indeed lead to poorer outcomes (Hobfoll et al, 2007). Whilst there is agreement that cognitive processing in the form of writing has been found to assist recovery and may facilitate growth, this, however, may only be successful in ‘*supportive social environments*’ (Tedeschi and Calhoun, 2004: 11). Such a stance causes some difficulty where criticism is that for many women social interactions often impede growth rather than facilitating it (Wortman, 2004). As Chapter Four has highlighted, for many women there is either the perception, or little evidence, of such supportive social environments.

Nevertheless there is consensus that support groups of individuals who have something particular in common do provide such an environment (Calhoun and Tedeschi, 1999;

Tedeschi, 1999) which supposedly aids cognitive processing. However, until more recent years with the advent of the internet such rape supportive groups would have been difficult to find. As has been previously reported within this study, many women did not, and still do not, have access to those provided by the Rape Crisis Organisation. This organisation is presently understood to be in financial difficulties with the effect that all regions in England and Wales are vastly under-served where access to support is a postcode lottery. There are few Rape Crisis centres relative to the large populations they cover, and centres are often responsible for vast geographical areas (Corry, Pouwhare and Vergara, 2008). As a result many women cannot access the support they need with any sense of immediacy.

Coping with the trauma of rape has thrown up both similarities and certain discrepancies when placed in relation to PTG theory (Tedeschi and Calhoun, 2004). However the positive changes that four of these women have made although viewed as adaptive strategies (Burgess and Holmstrom, 1979) that have been found to lead to faster recovery would also be called growth by Tedeschi and Calhoun (2004). Although the remaining three women have used certain coping strategies, from their narrative they appear not to have reached a point where the rape is no longer their main focus. The fact they are still stressed and in the midst of coping with the trauma means they are not in a position to report any positive changes. This attests to research by Burt and Katz (1987) who found their respondents felt less recovered when they must still actively cope with the rape and still do not feel good about themselves. What is a common factor amongst these three women is either the complete lack of, or very limited support from, others, the lack of which is known to hinder recovery. Nevertheless Liz has led a very full life and like both Eva and Laura, who have not given up their studies, appears to be poised to make positive changes.

Many of the strategies used by these women have been found to assist in their recovery (Burgess and Holmstrom, 1979), where their narrative suggests the changes they have made are viewed by them as positive. However, it is argued that 'growth' in the domains of increased personal strength and an increased appreciation of life are not considered valid where, following a trauma, individuals may want to convince themselves that something good has come out of it (Park and Helgeson, 2006). This suggests that such reports are, at least in part, illusory, in the sense that they cannot be linked to any empirically measurable changes in personality, resources, or behaviour (Taylor and Armor, 1996; Taylor, 1983). Whereas Tedeschi and Calhoun (2004) argue that people who report changes do appear to

have veridical transformative life changes that go beyond illusion, nevertheless, a criticism of this stance is that very little information is given by way of support for this claim (Maercker and Zoellner, 2004). However, as with some of the women in this study, it is argued that people's perceptions of growth may be more important in understanding their psychological experience and quality of life than measures of actual growth. In fact, it may be more important to know whether people believe that they have grown regardless of whether there is any objective measure of change (Park and Helgeson, 2006). This issue is reminiscent of the distinction drawn between perceived and received support in the social support literature. Research has largely concluded that perceptions of support are more strongly linked to well-being than actual received support (Cohen and Wills, 1985).

Research continues to attempt to establish the validity of growth by relating it to adjustment following the stressor whereby given that posttraumatic growth refers to positive changes in the aftermath of trauma, it would be natural to assume that such growth would be associated with an increase in well-being and decreased psychological distress. Although Tedeschi and Calhoun (2004) argue that posttraumatic growth is not the same as an increase in well-being or a decrease in distress others argue it is necessary to consider the impact of any negative changes along with the positive (Linley and Joseph, 2004; Wortman, 2004). Although the majority of the women in this study have described positive changes they have made after their rape that they consider have helped in the recovery process; nevertheless these women also spontaneously made equal mention of the losses they had sustained which suggests how important these are to them. As a result the next section will discuss the duality of recovery by exploring the losses experienced by the women in this study in relation to any gains that have already been described.

8.2 The Duality of Recovery

The previous sections in this chapter have explored the coping strategies utilised by the women in this study and the subsequent effect they have had on their recovery. What has been discovered is that many of the more positive strategies employed that have been found to enhance recovery (Burgess and Holmstrom, 1979) are also considered to be forms of posttraumatic growth (PTG) as suggested by Tedeschi and Calhoun (2004). This relatively new area of research has subsequently moved beyond solely identifying instances of growth because of criticisms regarding the validity of such growth (Park and Helgeson, 2006; Maercker and Zoellner, 2004; Taylor and Armor, 1996; Taylor, 1983). As a result research currently attempts to establish such validity not only by an empirically

identifiable change in the individual making the self-report, as previously discussed, but also by relating it to adjustment following the stressor.

An important issue addressed in the published research on PTG is the degree to which higher levels of growth are associated with lower levels of psychological distress. Growth following a traumatic event certainly seems like it should be associated with subsequent well-being. The argument being that in the absence of any improvement in feeling, functioning, or behaviour, to discover 'growth' in an individual, although interesting in itself, would seem to be of very little importance and it is argued that if it does not have adaptive significance it is questionable whether it should be promoted (Zoellner and Maercker, 2006; Park 2004). In recent reviews of the literature, no consistent trend has been found for the relationship between PTG and well-being in the face of trauma (Zoellner and Maercker, 2006; Helgeson, Reynolds, and Tomich, 2006; Linley and Joseph, 2004). Rather these reviews note some studies that find PTG to be related to lower levels of psychological distress, reductions in levels of psychological distress over time, no relationship, greater psychological distress, and increases in psychological distress.

Posttraumatic growth is argued to be not the same as an increase in well-being or a decrease in distress, whereby Tedeschi and Calhoun (2004) note that growth often occurs in the context of highly distressing events, where continuing levels of manageable distress may actually fuel posttraumatic growth (Calhoun and Tedeschi, 1998). The maintenance of growth may also require periodic cognitive and emotional reminders that are not pleasant, of what has been lost, but paradoxically, also of what has been gained. Tedeschi and Calhoun (2004) go on to argue that the experience of PTG may be accompanied by a reduction in distress, but that the PTG model does not predict such a relation. However, it is argued that one might be less convinced of the veridicality of reports of high levels of growth from a person who is also reporting high levels of distress and coping efforts than from someone who reports high levels of growth, low levels of distress and coping (Cohen, Hettler, and Pane, 1998).

Furthering the argument of the potential link between growth and well being, others argue that a consideration of perceived benefits independent of a consideration of the costs that arise from a stressor fails to adequately capture the adjustment process (Cheng, Wong, and Tsang, 2006; Linley and Joseph, 2004). Others agree of the importance of documenting

both positive and negative changes that may have been caused by a trauma. In the case of bereavement, it is not what percentage of people show a few self-reported positive changes following that crisis, but what percentage of people show positive changes they would judge as significant and that are not overshadowed, or dwarfed by, any negative changes that may have occurred. When both kinds of changes have occurred, when is it appropriate to conclude that positive changes are indeed indicative of growth (Wortman, 2004)? Similarly, in a study of people during the SARS outbreak, Cheng, et al. (2006) showed that the people who were most psychologically resilient were those who identified both benefits and costs of dealing with SARS. Those who identified benefits exclusively evidenced a reduction in psychosocial resources over time, whereas those who identified both benefits and costs showed an increase in psychosocial resources over time.

Previously it was noted that Hobfoll, Canetti-Nisim, Galea, Johnson and Palmieri (2007) argue that the cognitive, as opposed to behavioural indicators of PTG leads to the conclusion that PTG is associated with negative outcomes. For example, they found that posttraumatic growth is related to higher levels of psychological distress. They went on to stress, however, that PTG may only be a *'marker of positive adaptation when accompanied by actions, not solely cognitive maneuvers'* (p.359). Hobfoll et al. (2007) elaborate by stating that, if sustained, such growth related actions will be related to lower psychological distress. Trauma authors (Herman, 1992; Janoff-Bulman, 1992), however, argue that the positive and negative are inextricably linked. The long-term legacy of trauma involves both losses and gains, particularly in the short term, but depending on the nature of the event, these may persist (Butler, 2007). This is undeniably true and therefore it is suggested that as in the case of reversible figures, the survivor can focus on one or the other, but both are ever present (Janoff-Bulman, 1992).

From the narratives of the twenty-one women in this study it became obvious that the losses they had sustained as a result of their rape were of particular importance to them because statements of this nature were spontaneous and not in response to any question that was posed with a negative bias. The same is true when considering any changes that occurred in the aftermath of their rape that were considered to have a positive impact on their recovery. Of particular import here that also corresponds with Hobfoll et al. (2007) is that of action which, in this study manifests itself as helping others which as has been explored previously, also corresponds to previous rape research (e.g. Burgess and

Holmstrom, 1979). The losses and gains experienced by these women came to light from general requests for information e.g. what is life like now? Therefore it is necessary to report both aspects of their recovery not only because anything less would render this study less than comprehensive but also, this study agrees with published research that to not do so does not adequately capture the subsequent adjustment process.

It has been previously noted that a traumatic event such as rape most times shatters a woman's fundamental assumptions about themselves and the world they live in (Janoff-Bulman, 1992) where the core experiences of such a psychological trauma are disempowerment and disconnection from others (Herman, 1992). Such disconnection is often as a result of being stigmatized, where Goffman (1968) argues is to have a social identity that raises doubts about one's full humanity and where a central feature of social stigma is devaluation and dehumanization by others. However, as has already been noted, women who have been raped are already aware of such stigmatization and as a result blame and devalue themselves. Subsequently the losses experienced by the majority of the women in this study tend to show how the rape has caused a major disruption in not only their actual life path but also their relationships with others all of which pertain to their ongoing identity formation (Erikson, 1968). Recovery then is not only related to restructuring a disrupted life-path but is also seen as taking place within the context of relationships. In so doing the woman recreates those psychological faculties that were damaged by the rape, such as basic capacities for trust, identity, intimacy and autonomy. Just as these capabilities are originally formed in relationships with other people, they must be reformed in such relationships (Herman, 1992).

Attempts to cope in the aftermath of such an experience seem to require a balancing act. Such balance is not only concerned with aspects of their psychological recovery that entail confronting and avoiding trauma-related thoughts, feelings and images, and grappling with ongoing fear but also with regards to their relationship with others. How the women cope can affect subsequent behaviour which can result in incurred losses. The rape has not only caused a disruption in their trust in others but additionally, as has been explored in Chapter Four, a significant proportion of their recovery is the judgement of others on them and the stigma associated with being raped. As has been shown the women in this study have 'managed' the disclosure of their rape in ways that are personal to them and have often had to cope with many associated negative responses. Additional concerns remain about how

future others might react to their disclosure of being raped. The stigma that affected them previously affects them still and is revealed in their concerns for future relationships.

Youth, aspirations for the future and identity formation are not surprisingly very pertinent issues for many women who have been raped because, as has been previously discussed, young women are known to be a group that are at a particularly high risk of being raped. As a result of the culture in the 1960s where sex before marriage was a taboo it is considered that Liz was stigmatized by her rape as she was no longer the virgin that that era argued she should be. As a result the identity Liz had chosen for herself became damaged.

I wanted to be a virgin on my wedding day and he [the rapist] took away that dream, albeit a dream of a 14 year old girl, but it was real to me at that time (Liz).

Previous discussions regarding Liz and her recovery have argued that although she has lived a life full of career and family, nevertheless she stills feels the burden of the rape which is further affirmed by her wish for the future *'I would like to have peace of mind'*. It is suggested that given the choice, most of us would probably prefer that our stigmas were secret. People with concealable stigmas, as in the case of rape, have the option of not telling others unlike a stigma which is physical in nature which is then immediately obvious to others. They can deliberately try to 'pass' as 'normal' un-stigmatized individuals. In this way it may be possible to exert some control over the prejudiced impressions that others may have (Goffman, 1968). Before entering this study Liz had concealed, and continues to conceal, her rape from everyone in her life. Such concealment can be costly however where Goffman (1968) described how people encounter psychological strain in the process of concealing their true identity. Such concealment can lead to an inner turmoil that is remarkable for its intensity and its capacity for absorbing an individual's mental life. It is felt this very much corresponds to why Liz wishes for future *'peace of mind'*. Such effects have been found to have important implications for daily functioning, and for the psychological well being of stigmatized persons (Smart and Wegener, 2000), as has been shown previously with regards to Liz.

For two women in this study the losses they incurred were as a result of the length of time they experienced the negative symptomatology associated with their rape. In effect they

subsequently lost a period of their life. Such a major disruption to their life can be seen as also impacting their identity where they lost their young self and the subsequent aspirations they had for that person.

I just feel like somebody stole the good bits, the middle out of your custard cream, you know you feel you work really hard at school and you tick all the boxes and you're good. ... I just wanted to go travelling and you realise that this may have cost you freedoms that you can't ever get back again and I guess that's a bit sad but you just wanted to enjoy that and you'd worked really hard ... It only catches you every now and again and its really sad and in an abstract way its sad you just think oh because I'm not that girl that I was and you just feel sad for her. You lose somebody, it's like killing somebody, and you'll never be that person again. I won't ever be that person again; I won't ever be as I'd envisaged it. It's that loss of my 20s that I find traumatic and makes me cry. What was 15 minutes cost me a number of years ... because you can't get that back. You can't be 21 again (Boda).

That's one of the things as well I think sometimes I feel really angry about just the disruption to my life that it's taken me years. What about my 20s – they were hell. I'm never going to get my 20s back. That's ten years of my life. Everyone else was out having fun and I was in hell. I get really angry about that (Emma).

The chapter Coming to Terms with Rape has shown that both Boda and Emma have subsequently made positive changes in their lives. However, both of these narratives depict that, due to the present tense used, on occasions they grieve still for the loss of part of their youth and the attendant disruption to the lives to which they had aspired. Their lives are a balancing act where they are sometimes concerned with the past whilst still negotiating the present.

Lost future aspirations are also manifest in regard to higher education. For Rose the stigmatizing feelings associated with the rape inhibited her attendance at university.

I didn't go to university because I felt it was the end of my world, I thought that I was rubbish after that. I've regretted it forever because I should have gone. You

know I had a place at Birmingham and a place at Aberystwyth I could have chosen (Rose).

The disempowering nature of the rape caused Rose to be unable to make the choice not simply of which university to go to but to wither her confidence sufficiently that she could not go to university at all. As a result of this disruption in her potential career path, as has been previously discussed, for a period of time Rose rebuilt her career around the counselling of others. Although she found relief from the stigma she felt from the affirmation and validation she received whilst she worked in this capacity; nevertheless still today she is occasionally afflicted by panic attacks that she believes are associated with her rape of some forty-five years ago.

... it takes the form of panic attacks which is devastating. I know when they are coming, and if I can just walk away from the situation and go and walk, walk off the adrenaline then its ok. But if I'm – here we go again – trapped – that I can't walk away from it then I'll have a panic attack. I think that sort of claustrophobic feeling is linked to the rape. That feeling of unable to get away. Being out of control and being impotent. Being pushed into something that you don't want to go there and nobody's listening to you (Rose).

Similarly June lost not only her higher education but the employment associated with it. This piece of narrative relates to her response after the first time she was raped. As has been explored previously, and was the case with many of the other women in this study, the rape set in motion a maladaptive spiral of events that altered the course of the life they had anticipated.

... I dropped out of the college course because I couldn't bear facing him again. Ultimately I lost my job as it required me to study the course I had been on previously. Until recently I thought that was the only effect it had had on me, but looking back now, I realise it changed the path of my life from that point forward (June).

Both Jane and Carla were raped in their mid-20s and, although for differing reasons, both of their careers were severely disrupted and were required to be rebuilt.

I was upset about the fact that those guys had ruined the life that had taken me a year of struggling to build up and which before the incident had a future. I wanted to start a business in Ghana making various products and there were various other plans I had. Everything was going quite well before it all happened and all of that was destroyed and I had to come back to England. I had plans for the projects that I was involved in out there where I had invested a lot of money (Jane).

He [her manager] said that the company is not liable. And yes I do now feel quite vindicated against. He also asked me if I could carry on working. The first thing I said was yes because I wanted to have my career but then I said I can't because I had to see him [the rapist] and to see that they hadn't expelled him and I couldn't bear it any more. Therefore they transferred me to another country. Although this country was nice it was not what I really wanted to do. He asked me not to tell anyone. I found it quite hard because I couldn't tell anyone (Carla).

Although the career loss was obviously very significant to both women, it is suggested, from their narrative, that although the loss is acknowledged they have moved beyond these losses as the negative associations are made in the past tense. As the chapter *Coming to Terms with Rape* has explored Jane has, after a short period of time, begun not only to rebuild her career in the UK but has also become a volunteer with the Rape Crisis organisation. Although as Carla mentions she continued to work for the organisation concerned, nevertheless she eventually took up employment with a charitable organisation within which she is now very happy. However, Carla's comment that '*I do now feel quite vindicated against*' suggests a continuing reaction, not to the disruption in her career, which has been rebuilt, but to her relationship with her manager. Carla did eventually leave the company and from her narrative it appears she had difficulty retaining subsequent positions which appears to be associated more with the management than with the position itself.

I think I can't hold down a job because it sounds really really stupid but I always feel like a job needs to be responsible or something and I am but always I feel as if there's a slap across my face when I have a job and then the manager doesn't support me and I feel they should ... (Carla).

It is suggested that because her first manager did not support her, by stating the company was not liable, doing nothing to reprimand the rapist but by removing Carla from that branch of the company, made her feel she was the guilty party. In effect in not fulfilling the duty of care that would be expected of a manager, it was a betrayal of the trust she had for a superior. This affected subsequent employment positions until she rebuilt her career in a different, and arguably, more caring work sector.

Trusting after a rape, whether it is in others or in one's own judgement, is unsurprisingly difficult to re-establish. Although at first inspection Kiera's narrative depicts the actual loss of a much coveted career and her future identity as an actress, however, on closer inspection it is also about trust in herself and others.

Leaving drama school was never the plan; I was trying to be an actress so that was changed. I loved acting and getting into drama school was very hard. I feel a sense of loss over that because it was what I'd wanted to do for a long time. I do feel sad that I never finished and had the chance to see what would have happened. But after that I felt just too exposed. I think there is an element of trust when you are on stage, you have to trust yourself. I just found it too difficult. There was something about it I couldn't relax on stage any more (Kiera).

It is suggested that when Kiera refers to feeling exposed, not being able to trust herself and being unable to relax on stage is potentially related to stigma theory. It is known that a particular goal of stigmatized individuals is to avoid rejection by appearing as 'normal' as non-stigmatized others (Goffman, 1968). Subsequently interactions with others pose a potential threat to their self-esteem and happiness because of this fear of rejection. As previous chapters have explored Kiera both felt and was made to feel to blame for the sexually abusive relationship within which she was involved. Kiera's previous rejections probably created tension between herself and these others which would have made her feel ill at ease, she would therefore have no desire to repeat such awkward moments (see Hebl, Tickle and Heatherton, 2000). It is suggested that the reason she could not relax on stage was because she was unable to trust herself to not expose her stigma, somehow, to a multitude of others. An extension of which would mean she could not trust what these others reactions might be to this knowledge of her.

Trust, by its very nature, is associated with relationships with others, the development of which begins in childhood in interactions with a caregiver (Erikson, 1968). It is from these early interactions, where care is given and trust is created, that certain expectations are established about the world, an individual's place within it and interactions between the two (Janoff-Bulman, 1992). The traumatic experience of rape subsequently shatters the assumptions that have been created about the understanding of such. As a result women in this study find it hard to trust their judgement of others which can also manifest itself as caution and wariness. Often, this is not only in an effort to avoid future abusive situations, but also because they initially felt at fault for the rape and were blamed by others they wish to avoid receiving further rejection as a result of the stigma associated with their rape.

I'm aware that not everyone is nice and you can't trust everyone. I think before I was too trusting and laid back about things. And because we had gone out so much and because everything was fine I just got into the habit of assuming everyone would be fine (Anna).

I'm ALOT more cynical about people... I have a good deal of trouble trusting my own judgement with people, and I have trouble trusting others to a degree (Ruth).

I think it was just when I was growing up I was very cautious after that [the rape] of what I did or where I was and who I was with (Elouise).

I am mad that he has stopped me from enjoying myself (Laura).

I don't trust people. I have just moved in with a girl and she was just getting over a relationship and she was telling me about that so because she opened up to me I opened up to her (Eva).

I think I'm more maybe judgemental. I'd never voice my opinion obviously to be unkind or anything like that. I'll make an immediate judgement of people when I first meet them and I don't know whether that stems from it [the rape] or not but I never really did it before. I can feel uncomfortable around people. I suppose it's

sort of caution. I want to analyse someone and be like yeh you're ok, I quite like you. I will do it with anyone, girls, boys anyone (Lauren).

I am very picky who I'm friends with. Very very picky. Especially when it comes to male friends. I do have a lot of male friends but if I think at all that they are narrow minded about anything then I just can't be bothered with them. If they have certain ideas about women or certain ideas ... I can't stand people who are sexist, if they are racist, if they're homophobic, I can't stand anything like that. Anyone that's going to upset me I just get them out of my life. Sometimes it probably comes across that I'm being snotty but I'm not I just don't want to waste my time. And people who just get me angry I just don't want them in my life (Claire).

Although the majority of these women have made changes in their lives that are considered positive and have assisted in their recovery, nevertheless the above narratives depict that these women remain on guard when it comes to their relationships with others. They cannot therefore be sufficiently carefree and trusting in their environment to just go out and socialise as they quite obviously used to do. It is only under certain conditions, as with Eva, where in the presence of a safe and supportive audience they might feel able to trust another (Goffman, 1968). Lauren and Claire go further by identifying the lengths they go to before they allow others into their close circle of friends. Their cautious, judgemental behaviour is similar to previous research that argues, stigmatized people may evaluate specific situations for the likelihood that prejudice may have negative consequences and they may then decide to avoid those situations in which the possibility of prejudice based responses is high (Miller and Major 2000). However, as is shown it is not solely situations that are avoided but specific individuals. By judging or analysing others in this way is in effect an early warning that these individuals could potentially reject them. So in effect such risks are handled by dividing the world into a large group to whom they tell nothing, and a small group to whom they tell all (ibid). This is particularly so for Claire where she judges others are already prejudiced in some way.

Nevertheless, for all the lack of trust, wariness and caution, for four of these women they have managed to trust in another sufficiently to become involved in a close, personal relationship within which they envisage a future.

I want to get past this [the rape] and be able to focus on the present and the future. I have bad days, but I have a bright future ahead of me, a great family, friends, and a man I love very much (Ruth).

I've never met a man like him ever; he's just the most nicest, gentlest person I've ever met. He's really supportive. He is such a nice person that if we had a son... (Claire).

I'm happy with the bloke I'm with at the moment; I think I'll end up with him. I think I've found my feet. And now that I've got a plan to go travelling, I've got so much to look forward to (Lauren).

I just needed to meet the right person. I hope that we will move in together next year (Elouise).

Although these four women have been able to trust in another to form a significant relationship, nevertheless their narratives discussing their caution towards others is posed in the present tense. As a result it is suggested this state of wariness is constantly with them and will potentially be actioned in response to any potential new relationships.

Along with trust, other dominant emotions such as fear and anxiety are not only intense from the very first moments after a rape but often continue to dictate the woman's behaviour and may disrupt relationships long after the incident has passed. Not only is the world suddenly a threatening, dangerous place but there is the stark realisation that they are no longer invulnerable (Janoff-Bulman, 1992). Often the fear and anxiety may be related directly to certain features that resemble some aspect of the traumatic event (Neiderbach, 1986). Certainly the fear exhibited by the women in this study unsurprisingly corresponds with published research in many ways.

Mia was raped ten years before she entered this study during a sleepover at her friend's house by that friend's brother. Her narrative below strongly reflects the situation.

I do think about it [the rape] a lot. The threat of any of any man really. Even staying at my boyfriend's house, if he was to be out being left alone with his dad.

He's lovely but just I think it's plays in my head and with those builders down the side when I was having a shower, I made sure I shut the window and tried to be really quiet in case they thought. Oh she's having a shower let's ring the doorbell and go in ... I mean it's a bit dramatic but...Yes, I'm wary yes in every situation. Which is no bad thing really if it keeps you safe (Mia).

Sam was raped six years before she entered this study by a man who approached her from behind. To subsequently manage life by being aware of what is going on behind you requires hyper-vigilance which almost certainly affects her day to day life.

I do think one of the long term effects is that I'm more aware of people behind me. In the car as well, if I'm driving along and I notice somebody's turned round a corner after me and then they turn the next corner after me and if they turn the third one after me, it's like – whoa what's going on here!!!! It's the residue. I guess it will never go away. I think you just become so much more aware of what's going on around you. I think I'd rather be more innocent, I'd rather not have that there all the time. The other day I locked the car when I was inside it and I never used to do that, I hated being locked in the car. I didn't like the idea that if anything happened somebody couldn't pull the door open. Whereas now if I'm stopped at traffic lights and I just happen to see something or feel something I will automatically lock the car. And as I said – it would've actually frightened me more before to have been locked in the car. I guess it's a lesser of two evils (Sam).

Kelly was raped twice some five and ten years before she entered this study. For her the fear of the world being a dangerous place, that she is vulnerable, has already been realised. As a result she appears to be almost wishing her young life away because as previously stated, year on year statistics report there is less likelihood of a rape occurring to a woman as she becomes older, specifically over the age of twenty-five (Walby and Allen, 2004). Her fear levels are obviously still very high because whilst Kelly was telling me about her concerns for her sister she became extremely distraught at the prospect.

I do have a lot of anxiety all the time. I used to see it [life] as very bleak and I used to think it was a certainty that I would be raped again. I have this awful feeling that it's going to happen again one day. But it's not an utter conviction I suppose

but I find myself counting the years. Because every year that goes by it's a little bit less likely but I'm getting to the age group where I'm less likely to be raped. It just makes me so sad that this happens to so many people. I worry so much that it's going to happen to my sister, it does makes me sick with worry. She's going off to university now and I just feel ill thinking about it (Kelly).

Extreme fear not only affects Survivor's life but also that of her husband. Survivor was taken hostage and raped at gun point twenty-seven years before she entered this study. Unsurprisingly because of the violence involved high security is seen as an essential element to assuaging her ongoing fear.

Such fear has made me move across the country more than once, which made my husband have to give up living in St. Louis. He has to live with my fear so that we have to have all the locks (which is what they recommend anyway) but also burglar system with a hostage code and button hooked up to the police. There is nowhere where I can drive without having to face the fact that my perpetrator is still out there. I am a worrier I catastrophize in my life (meaning I am always 'what if-ing' the worst case scenario). When we retired I, being very analytical, picked out a group of places that met the criteria of where we wanted to live (personally, I wanted to leave the country, but he didn't want to because of his family). But one thing that was a show-stopper for me was that it HAD to be a city that had a low violent crime rate. I was worried about rapes and murders and other crimes of violence directly against another person. So I feel safer here than anywhere else, not that rapes and murders and kidnapping don't happen here but they aren't everywhere, everyday (Survivor).

Although the above four women have continued to experience considerable fear and anxiety as a result of their rape this nevertheless has not totally inhibited their relationships with others. They have all, after the rape, either maintained an existing relationship or have become involved in one afterwards. Additionally such fear has not stopped them from helping others, as previously explored, which is seen as a positive aspect in their recovery.

What has been shown is that trust issues, fear and anxiety can impact a woman's behaviour for some time after a rape. The affect of such behaviour is compounded by having a concealable stigma which may affect the types of social relationships in which stigmatized people choose to become involved; they may opt for shallow relationships in which hiding is relatively easy (Smart and Wegner, 2000). What appears to have been shown by the women in this study is by being cautious and wary and analysing each individual that comes into their life they potentially reduce the number of relationships. However, concealing a stigma affects long-term social relationships more than it does short-term interactions with strangers. Relationships by their very nature, means the exchange of information (ibid).

Whether presently in a close relationship or not, the concerns of some of the women in this study are for the well-being of their present and future close personal relationships. For some their narratives depict ongoing problems that currently affect their relationships. Additionally, narratives show how the stigma which was present after their rape, not only affects them still but they have concerns as to how the children of their future might react towards them. Exchanges of information can be kept to a minimum with regard to fleeting relationships and so disclosure of their rape and potential stigma can be avoided. For potential close, personal others, however, such information would more appropriately be intimate in nature as evidence of trust and mutual commitment. As a result the decision is one where disclosure may result in rejection and so compromise the relationship or concealment may subsequently exact a great psychological price, a very high level of anxiety, in living a life that can be collapsed at any time (Goffman, 1968). Withholding personal information about oneself from others can impede the development and maintenance of social relationships, insofar as self-disclosure is considered one of the essential ingredients to having meaningful relationships (Smart and Wegner, 2000).

Kylie has, and is still, experiencing various negative symptoms since her rape twelve years ago. A major concern for her now, however, is her current relationship where although she states they are both very happy they are having ongoing sexual problems which are common for many women after they have been raped (Herman, 1992; Burgess and Holmstrom, 1979).

Hopefully me and my partner will have a reasonable sex life and I see us having a family and enjoying our life together. I want to be happy, well I am happy, very happy with my partner, but the fact that we are not having a sexual relationship is really affecting us in that way. It isn't fair on either him or me. I think this will just be an ongoing thing until we are having sex. I don't really think I'm ever going to have a perfect sex life but it can't be any worse than it is (Kylie).

Again there is a balancing act where the joy of a relationship in the present is, at the same time, mixed with ongoing concerns both of which subsequently impact the future all because of having to cope with the remnants of the rape.

We are planning to get married next year. There's lots of debate as to whether we should be getting married when we have this problem but we still want to be together whatever so we will continue to work through these problems and not let it affect our life too much (Kylie).

Although Kylie has much to cope with as a result of her rape, what is evident in her comments are her new found strength and determination which are employed to ensure she has a good life, all of which have been discussed previously.

Concerns for future relationships are very much on the minds of some of the women in this study. The following are a few examples of their worries.

For Anna, who is not currently in a close relationship, her concerns are related to the need to tell a future husband and children about her rape which are related to stigma. With regards to her more casual relationships, as explored in the chapter The Evaluation of Others, she has often chosen not to tell these individuals of her rape experience. However, as published research suggests for closer personal relationships to flourish it is indeed important to reveal such intimate details.

In the future I do want a husband and I do want children. I know these issues are going to come up and I don't know how I'm going to react and what's going to happen but it's something I'm going to have to be aware of to tell my husband (Anna).

Emma has recently married her long-term partner and as a result her concerns are with divulging her lengthy rape experience to future children. Her comments relate to not only fears for their future safety but also fears related to stigma.

I do worry when I have a family one day if I particularly have daughters that how I would explain the issues. How I will behave when they were teenagers, when they were making choices, whether I'd even want to tell them and how that might affect their perception of me. What age I would tell them. How I would tell them. How I would try to explain to them how important it is that they take care of themselves. That kind of stuff I think about. With boys even more so (Emma).

It is suggested that her comments relate directly to her fears that their perception of her, as a result of the associated stigma, might involve a subsequent rejection of her.

Whilst RJM has experienced a life full of marriage, children and career, that rape occurred later in life, she now reflects whether the disruption to her trust in others as a result of the rape might mean she does not enter into another close relationship.

As for the future, I am left wondering just now if I will be able to trust again and be intimate with anyone else...or whether my last sexual encounter on this earth will be rape.....not an easy thought, not a comfortable question. But I sincerely hope not... (RJM).

In 'following' RJM's progress via email from when she entered this study just three weeks after she was raped, it was very interesting to view her process from, as she stated, 'gibbering emotional idiot' to three months later where she commented 'I will be "different" but I will be "better" because of it, I hope' just before she left the study. From exploring RJM's circumstances prior to the rape it became apparent that her fairly swift return to more normal functioning was probably as a result of her previous life's experiences.

At this point in time, I do have a choice – I can choose to sink into a myriad of negative emotions of self-pity, ongoing distress and mistrust.....but, as with my parents' abandonment", I chose to not have any of those negativities, and also to

continue to trust those I can reclaiming” where I was before” 13.10.07 because anything else would negate the “journey” (RJM).

Although RJM is left wondering about future relationships, nevertheless her narrative acknowledges, from previous difficulties that life is not only about balance but also speaks of looking to the future.

For Laura and Eva their thoughts about the future are unclear because their rape experience and its attendant negative symptomatology, as discussed in the Helping Others section, is still very much a part of their present everyday life where, from their narratives, there appear to be few positives to be found. Being so consumed by such negatives it is unsurprising that, at the time of the interview, they could contemplate the future with any certainty. However, like Liz they remain a part of society and as such they are surviving where although they remain affected by many negatives, nevertheless their comments do suggest that they are looking to the future.

I’ve got thoughts about what I want to do and what I want to be but I’m not too sure any more (Eva).

I am hopeful about the future. And hopefully there will be a day when I don’t think about it all the time (Laura).

8.3.1 Conclusion

This section has explored how the majority of the women in this study have made certain positive behavioural and emotional changes in the aftermath of their rape that have assisted in their recovery. However, the latter part has shown that all still experience certain losses or negative remnants from their rape experience which for some continue years later. Aforementioned published research agree that losses and gains co-exist however, the contentious issue in relation to PTG is with regards to the stance that growth does not equate to either an increase in well-being or a decrease in the distress felt (Tedeschi and Calhoun, 2004). Subsequent research has agreed of the importance of documenting both positive and negative changes that may have been caused by a trauma (e.g. Linley and Joseph, 2004), but additionally it is argued when both kinds of changes have occurred, when is it appropriate to conclude that the positive changes, that have not been

overshadowed by the losses involved, are indeed indicative of growth (Wortman, 2004)? Where both losses and gains have been considered (Cheng, et al, 2006) empirical research has showed that the people who were most psychologically resilient were those who identified both benefits and costs of dealing with SARS.

By its qualitative nature this study necessarily identifies the subsequent psychological well-being of the women involved by relating this conundrum to trauma research which argues there is a reasonable expectation of an admixture of distress, growth and/or perception of benefits after a traumatic experience (Butler, 2007) where not only is it argued that both losses and gains are ever present but it is the individual's choice as to which is focussed upon (Herman, 1992; Janoff-Bulman, 1992) For the majority of the women in this study, there is an acknowledgement of their actual losses and some have concerns for the future that are remnants from their rape experience. The fact that contemporaneously these women have also made many changes that are considered by author such as Burgess and Holmstrom (1979) and confirmed in this study to be a positive aspect of their recovery certainly corresponds to these assertions. It is felt that Kiera sums up what is in effect a post-traumatic balancing act, where she depicts management of her life in an effort to gain a much sort after psychological equilibrium in the aftermath of traumatic chaos.

[The rape becomes] part of who you are. I felt at the beginning that recovery would be when I didn't think about it any more, but that doesn't really happen. It's really more like when you know how to handle it, knowing how to look after yourself and now I'll do things that I didn't need to do before like if something comes on the telly I'll think I'm not watching this, because I'll just upset myself. Just little things that keep your sanity. And it's ok to feel it, [negative symptoms] which has taken me a long time, just knowing that it's normal. That you're not going insane. Knowing how to be nice to yourself in the midst of it (Kiera).

Additionally, trauma research goes further where it suggests a formula for psychological well-being is to be

...invested in the present and hopeful about the future, capable of feeling pleasure, free of particularly disturbing thoughts and feelings, and able to maintain close, emotionally significant relationships (Janoff-Bulman, 1992: 170).

It is suggested, as depicted by their own narrative, that the majority of the women in this study are consistent with this formula. However, it is argued that recovery from a trauma is never complete in that the impact of such an event continues to reverberate throughout life. This is as a result of reaching certain milestones in life, such as marriage or divorce, a birth or death in the family can trigger memories of the trauma (Herman, 1992). Although the resolution is never complete, evidence of healthy functioning, are often when the main focus of life turns to the tasks of ordinary life rather than being consumed by the recovery process. This aspect is succinctly stated by June.

[The future is] Absolutely great. All I ever wanted in my life – I stood there last night and told him [partner] - was my own home, a garden, a bed out in the garden, a little greenhouse and shed and I've got them all. I've got the security round me and that's all I've ever wanted (June).

As has been shown throughout this study blame, shame and guilt have affected many of the women in this study and where this section has found many are still affected by the associated stigma and associated concerns of disclosure. However, here to, over time the need to continue to worry about concealment of their rape diminishes. June concealed her rape experiences from all but one person, until more recently. Her following narrative depicts that although she appreciates there is the likelihood of further stigmatization, she has reached a point in her life where she no longer feels the need to conceal her rape. As a result she intends disclosing not just to those she encounters in everyday life but potentially to a large portion of the general public. As such, although there remain negative elements, it is suggested June has reached what Goffman (1968) argues to be a final, mature, well adjusted phase where 'if he accepts himself and respects himself he will feel no need to conceal his failing' (p125).

But I do intend to finish the book [about her rape experiences] and I do intend to get it published and now I've reached the point where I don't care who knows what's happened to me because I've got nothing to be ashamed of. And I know I've

got nothing to be ashamed of, I know I haven't dealt with it but I know I've got nothing to be ashamed of. And I don't care if I walk through my own home town and people say she's the one that wrote that book, that's absolutely fine and look at what I'm achieving. And if I can achieve what I'm achieving after what has happened to me so can you (June).

CHAPTER NINE

9. Conclusion

9.1 Summary

The aim of this qualitative study was to explore how twenty-one women coped in the aftermath of a rape with particular emphasis on any positive changes they have made that assisted with this process. In so doing the theory of Posttraumatic Growth (PTG) (Tedeschi and Calhoun, 2004) was chosen as the lens through which these positive adaptations were analysed. In linking with PTG theory it was also necessary to show each woman's process from traumatic event, through negative symptomatology to any positive change or growth. This was necessary because, according to the theory, the psychological processes involved in managing these negative symptoms are the same general types of processes that also can produce positive changes. With this in mind, the research process necessarily also involved comparing the symptoms and coping strategies of these women to that of rape research, specifically the seminal work carried out by Burgess and Holmstrom (1974; 1976; 1979) regarding Rape Trauma Syndrome (RTS). Additionally such comparisons would also make clear that these women did not differ significantly from other studies of women who have been raped. In so doing parallels were subsequently drawn between the two theories that found both similarities that bring into question whether PTG is the coping process that Tedeschi and Calhoun (2004) dispute it to be; and discrepancies, specifically in relation to blame and guilt, which suggest that the existing model of PTG as presented cannot be applied to all traumas.

This study concurs with trauma research generally (e.g. Tedeschi and Calhoun, 2004; Janoff-Bulman, 1992) and rape research specifically (Burgess and Holmstrom, 1974) that the majority of those individuals who have experienced a major trauma do experience significant negative symptomatology. Such agreement extends further where adaptive coping strategies that were behaviourally and cognitively action oriented (Burgess and Holmstrom, 1979) and positive (Frazier and Burnett, 1994; Burt and Katz, 1987) in nature were found to assist in the aftermath of rape. These strategies subsequently reduced the recovery time when assessed alongside the resumption of a variety of social tasks which were felt to be necessary markers of a return to effective healthy functioning (Burgess and Holmstrom, 1979). Although it was not possible to directly compare stage for stage between PTG and RTS nevertheless it was felt that sufficient parallels were drawn where it

became apparent that the process of RTS, configured some thirty-five years ago, bore a striking resemblance to much of the process of PTG. The main difference, when assessing positive change specifically, was the terminology which had evolved over time from those mentioned above to that of 'growth'. Subsequently this brings into question what Janoff-Bulman (2004) has mildly criticised that *'the model should more accurately be titled a Model of Posttraumatic Coping'* where PTG, represented by a rectangle at the end of the model, *'is an outcome, or natural by-product, of the coping process presented'* (p30). The matter of labelling, however is a minor one (Janoff-Bulman, 2004) because the model is an undeniably comprehensive elucidation of the coping processes involved for many individuals who have experienced a trauma. Although this model is seen as sufficient to lead to growth (Tedeschi and Calhoun, 2004) it is here that Janoff-Bulman (2004) argues that *'What is needed is some more detailed explication of how coping processes help account for posttraumatic growth'* (p30). It is here where this current study's findings not only conflict with parts of the process of the PTG model but in so doing the discussion potentially throws some light on how the coping processes used by some of the women in this study help account for the positive changes made by them that would also be considered growth by Tedeschi and Calhoun (2004).

That women who have been raped experience significant disruption to their lives as a result of often severe negative psychological symptoms would appear to be difficult enough for them to cope with. However, as this and other studies have shown should women take the decision to tell others of their experience this often means they encounter much blame for the rape. This is often as a result of the myths that exist throughout society which unfortunately the women themselves are also prey to and so subsequently they often begin by blaming themselves (e.g. Campbell, Dworkin and Cabral, 2009). As has been shown throughout this study blame and/or guilt to a greater or lesser degree have affected the majority of the women in this study. This has occurred when, at their most vulnerable, they are seeking the support of others in the form of family, friends and their religious community and/or justice from the CJS. Research has often implicitly assumed that close social networks can be relied upon to help in times of need where it is found such support is seen to reduce, or buffer, the adverse psychological impacts of exposure to stressful life events (Janoff-Bulman, 1992; Cohen and Wills, 1985; Cobb, 1976). Where additionally Tedeschi and Calhoun (2004) argue these support systems can, in various ways, assist the individual in finding growth but this study's findings disagree in the main.

This study agrees with published research (e.g. Wortman, 2004; Herman, 1992; Janoff-Bulman, 1992) that the support of close, caring others is important to subsequent well-being in the aftermath of a trauma. Some women in this study did receive such support from the outset; this ranged from being totally appropriate for her subsequent recovery, as in the case of Jane; through to others where they received support, although well intentioned, was either not of the kind that would engender recovery or was withdrawn at an early stage much to the distress of the woman. However, more alarmingly this study agrees with the aforementioned research where it is found the responses that many women received from family and friends were sources of rejection and criticism. Such blame was devastating to them because it is here that they would have hoped or even assumed to receive such support (Wortman, 2004). For reasons explored it is known these responses are often as a result of the significant stigma attached to rape. These findings concur with others (Wortman, 2004; Harvey, et al, 2004; Ullman, 1996; Davis, et al, 1991; Thoits, 1986) who argue that the more stigmatised the trauma such social interactions are unlikely to facilitate the necessary cognitive processing propounded by Tedeschi and Calhoun (2004) and would therefore impede growth rather than facilitating it (Neimeyer, 2004; Wortman, 2004).

A few women in this study turned to the religious community either for the support they felt would be unforthcoming elsewhere or as a result of negative responses previously received. However, the alarming discovery was that these women received the same criticism found elsewhere and not the anticipated support. As has been discussed, religious growth is considered sufficiently important to be a domain of PTG (Tedeschi and Calhoun, 2004) which has been argued to be possibly related to the religious culture in the United States of America. Whereas the religious culture in the UK differs significantly where fourteen women in this study had no religious faith either before or after their rape. However, Tedeschi and Calhoun (2004) argue that individuals who are not religious or who are actively atheistic can also experience growth in this domain; therefore it is argued the cultural differences should be no barrier to finding growth here. This, however, was not found to be a significant factor with this sample where only two women experienced a positive change or growth in this domain. This is, however, argued to be of rather less importance than the fact that for some women their contact with the religious community was detrimental to their recovery.

This then highlights two areas of dispute between the experiences of the women in this study and the model of PTG. For reasons previously mentioned it is arguable that the cultural differences between the UK and the USA might have impacted upon the findings regarding how so few women turned towards religion after their rape. More importantly, however, is the finding that corrosive blame also courses through this area of expected support and, as was found with close personal relationships, is given insufficient attention by Tedeschi and Calhoun (2004). It is appropriate to be reminded here of Survivor (an American citizen) and aspects of her recovery. Survivor stated her family would be considered religious by American standards, however, not only did she receive much criticism from family and friends but her recovery was most negatively affected by the religious community she turned to for the support she had not received elsewhere. This then gives further credence to blame being at the heart of recovery for women who have been raped. Although Tedeschi and Calhoun (2004) acknowledge the existence of blame and guilt they do not give it the attention that is warranted with regards to certain traumas and therefore brings into question that the model of PTG cannot be applied to all traumas and may have particular difficulty with interpersonal victimisation in its current formulation.

As with the foregoing contact with the CJS often leads to increased distress (Campbell, Sefl, Barnes, Ahrens, Wasco, Zaragoza-Diesfeld, 1999; Cluss, Broughton, Frank, Stewart, and West, 1983; Holmstrom and Burgess, 1975) as a result of the blame that is often leveled at the woman whilst seeking the support and justice that is deserved (Campbell, et al, 2009; Maier, 2008). It is an understanding of the existence of such blame that inhibits many women from reporting to the police in the first instance. That eight women within this study reported their rape to the CJS and were distressed by parts of the process is alarming, particularly so for Boda and Sam who had the ultimately positive outcome in that their rapists were subsequently imprisoned. PTG theory includes crime as a sufficiently traumatic event that may lead an individual to attain growth; however, it does not take account of the important role of the CJS in this process. This would seem to be seriously neglectful considering those eight women all attest to the distressing nature of either their actual contact with the CJS agents or the perceived potential for distress. As a result reporting to the police is much the same as telling any others within their social network. The ensuing blame not only had a negative impact upon the recovery process of

many of the women in this study, but as a result such interaction may potentially further impede growth.

As a result what has been revealed is that the most sensitive and effective form of support is from those others who have undergone comparable experiences (i.e. those who are rape survivors themselves) (Thoits, 1986; Goffman, 1986). For example, support forums such as Pandora's Aquarium certainly give much needed emotional and informational support. Similarly the Rape Crisis organisation where extensive information is provided on their website regarding all aspects of rape and where through this organisation there is also limited access to their counselling services (Campbell, et al, 2009). Potentially these forums would equate to the mutual support groups referred to by Tedeschi and Calhoun (2004) that would provide an environment conducive to promoting growth. However, as mentioned such internet rape support forums do not appeal to all women where also access to those counselling services provided by the Rape Crisis Organisation are limited in the extreme due to significant financial difficulties. Additionally, although the government stated they would be extending the network of Sexual Assault Referral Centres to at least thirty-six by the end of the financial year 2008-09, in April, 2009 the Home Office website reported that the number of centres in England and Wales is only twenty-eight. That the government is still not fulfilling its promises to assist women who have been raped means that many women will still be unable to access the support they need.

It is surprising that after experiencing many negative symptoms that are often compounded and exacerbated by subsequent blame, guilt and other associated responses the majority of women in this study report positive changes that have helped in their recovery. However, for eleven women in this study it is this same blame and guilt that are found to be the triggers in their recovery process and subsequent positive change where they discovered that 'helping others' was a positive aspect in their recovery. However, it is here where this study diverges from PTG theory as it considers such negative emotions to be inhibitors in the process of growth. However, this study found that such social psychology theories as the Negative State Relief Model and Image-Reparation Hypothesis argue that such negative symptoms could have an adaptive function by promoting the pro-social behaviour exhibited by these women. Although research continues regarding the validity of self-reports of growth, reports of behavioural change are considered to be a significant measure to reflect such validity (Frazier and Kaler, 2006; Park, 2004). However, although PTG

does accept that such pro-social behaviour is a veridical form of growth the process for these women, from the traumatic event to this particular outcome, is at odds with PTG theory.

This link to blame and guilt is felt to be further confirmed whereby earlier rape research although not looking to discover 'growth' did find that such pro-social behaviour was adaptive in that it promoted faster recovery in those women (e.g. Burgess and Holmstrom, 1979), and additionally where empathy was found to be the motivating factor (Janoff-Bulman, 1992). This concurs with this study also where empathy was found to be the motivating factor for four other women. This study agrees with previous research where it is suggested that such action, whether motivated by blame or empathy, is felt to be a positive in the lives of these women for various reasons: it enables a reconnection with the wider community from which the stigma of rape has often isolated them; helping others increases well-being where before there was blame, shame and guilt; in being allowed by 'worthy' organisations to take care of others, this self-validating experience means they feel recognised, loved, and cared for themselves. That early rape research has previously found their participants' process their trauma in ways that are predicted by the PTG model again brings into question whether PTG may be a presentation of the coping process (Janoff-Bulman, 2004) and when linked to the blame/pro-social behaviour connection the model cannot be applied so straightforwardly to every 'seismic event'.

The same arguments apply to the positive changes that four of the remaining seven women have made after their rape. Although increased personal strength and an increased appreciation of life are viewed as adaptive strategies that have been found to lead to faster recovery (Burgess and Holmstrom, 1979) they would also be called growth by Tedeschi and Calhoun (2004). However, research has argued that 'growth' in these domains are in some part illusory (Taylor and Armor, 1996; Taylor, 1983) where, following a trauma, individuals may want to convince themselves that something good has come out of it (Park and Helgeson, 2006). Although Tedeschi and Calhoun (2004) argue that people who report changes do appear to have veridical life changes that go beyond illusion, nevertheless, a criticism of this stance is that very little information is given to support this claim (Maercker and Zoellner, 2004). Validity is certainly an issue here as these areas of 'growth' are difficult to link to any empirically measurable changes in personality, resources, or behaviour. However, as with the aforementioned four women, it is argued

that people's perceptions of growth may be more important; to know whether people believe that they have grown regardless of whether there is any objective measure of change (Park and Helgeson, 2006). This issue is reminiscent of research that has largely concluded that perceptions of support are more strongly linked to well-being than actual received support (Cohen and Wills, 1985).

The majority of the women in this study have shown that by making certain positive behavioural and emotional changes in the aftermath of their rape these have assisted in their recovery. However, although it is amazing how individuals successfully cope in the aftermath of a trauma such as rape nevertheless of almost equal importance to the women in this study were the losses experienced by them. These were spontaneously reported and for many women are still felt in the present. Previous research agrees that losses and gains co-exist however the contentious issue in relation to PTG is with regards to the stance that growth does not equate to either an increase in well-being or a decrease in the distress felt (Tedeschi and Calhoun, 2004). Although research has agreed that it is important to document both positive and negative changes that may have been caused by a trauma (e.g. Linley and Joseph, 2004), it has been found that people who were most psychologically resilient were those who identified both benefits and costs (Cheng, et al, 2006). Nevertheless, although positive changes might be reported, the individual's understanding might be that the losses actually outweigh the gains. Therefore, this questions whether this situation can be considered indicative of growth (Wortman, 2004). There is a reasonable expectation of an admixture of distress, growth and/or perception of benefits after a traumatic experience where not only is it argued that both losses and gains are ever present but also that it is the individual's choice as to which is focussed upon at a particular time (Butler, 2007; Herman, 1992; Janoff-Bulman, 1992).

This study's response to this conundrum argues that what women are attempting to achieve is a return to healthy functioning and an 'ordinary' life that is not consumed by the recovery process (Janoff-Bulman, 1992). The majority of women in this study are argued to have achieved such which is also reminiscent of Burgess and Holmstrom's (1979) resumption of social tasks. It is suggested that three women in this study are still working towards such a state where although they continue to be a part of society, from their narrative they appear not to have reached a point where the rape is no longer their main focus. They do, however, appear to be poised to make changes that would be a positive in

their recovery. That research continues to ponder ‘growth’, its measurement, validity and what it means to people who may attain it, seems to matter rather less than that the changes made by the majority of women in this study are considered by them to have positively assisted in their recovery and subsequent well-being. Nevertheless recovery from a trauma is argued to never be complete in that the impact of such an event continues to reverberate throughout life where certain events and anniversaries might trigger memories of the trauma (Herman, 1992). When all is said and done, this study agrees that ‘*growth does not undo the fact of what happened*’ (Butler, 2007: 371).

Additionally this study was seeking to identify factors that might set apart those women who have made positive changes from those who have not. Many years of rape research has shown that each woman’s route to recovery is an individual and complex one, as a result of both personality and social factors (see Campbell, et al, 2009). However, in an attempt to do so it appears such moderators as pre- and post-rape support systems and prior life stressors appear not to have made a difference to the outcome for some of the women in this study. For Jane and Survivor their pre- and post-rape support systems were completely different but both took the decision to help others. However, for Eva, Liz and Laura who, it is suggested, are still more biased towards the negativity of their rape experience; significantly it is a lack of social support which it is suggested has inhibited their recovery process. It does, however, need to be emphasised that they have taken the decision to either not tell others or be very restrictive as to who they told. It should be emphasised that this comment is solely one potential explanation and not a judgement of them where, for all those reasons previously explored, it is understandable why they took this decision. In exploring how prior life stressors may impact subsequent recovery Sam and June have had different experiences where June had experienced multiple rapes over a lengthy period of time, Sam had had no such experience but both decided to help others. The main difference, however, is that the period of recovery can be significantly shortened by the support received or the absence of prior life stressors. The common motivating factors between many of these women may be guilt and empathy specifically related to their pro-social behaviour, however this behaviour is also pro-active in nature. Similarly the four women whose positive changes although not behavioural in nature were nonetheless emotionally positive and action based in their attitudes towards their recovery.

9.2 Theory Development

Although the above summary section has included mention of the various similarities and criticisms that have been made regarding Posttraumatic Growth Theory it is considered necessary to specifically illustrate and emphasise here the contribution this study has made to theory.

As a result of parallels that were drawn between PTG and RTS this study concurs with the argument that PTG is an outcome or natural by-product of the coping process presented (Janoff-Bulman, 2004) where PTG is represented solely by a rectangle at the end of the model. The main difference was with regard to the terminology used that had evolved over the intervening time between the emerging theories. For instance, this study found some women spoke of an increased personal strength and an appreciation of life as a result of coping in the aftermath of their rape. This concurs with extended rape theory research by Burgess and Holmstrom (1979) who found these actions had assisted with the recovery process. Within PTG, these two responses to trauma are considered important enough to become specific domains of growth as noted by Tedeschi and Calhoun (2004). Additionally, this study found fourteen women whose action to help others in a variety of ways was found to be a positive in their recovery process. This pro-social behaviour, specifically at rape crisis centres, was previously noted by Burgess and Holmstrom (1979) whereby although not looking to discover 'growth' did find that such action was adaptive in that it promoted faster recovery in those women. Tedeschi and Calhoun (2004; 1999) also speak of such benevolence when they argue for the Extension of the Concept to Social Transformation (13) acknowledging that certain individuals have completely transformed their life structures to work for the benefit of others.

Negative reactions, such as blame and guilt were seen to percolate throughout this study and it is here also where the findings of this study diverge from the PTG model in a variety of ways. This is particularly so in relation to self-disclosure and social support, which are integral parts of the PTG model as shown (see page 157). Self-disclosure research, particularly to close social networks, has found support from friends and family can help in times of stressful life events (Janoff-Bulman, 1992; Cohen and Wills, 1985; Cobb, 1976). It is here where additionally Tedeschi and Calhoun (2004) argue these support systems can, in various ways, assist the individual in finding growth. This study agrees that the support of close, caring others is important to subsequent well-being in the aftermath of a

trauma. However, it was also found that due to the stigmatised nature of rape many women are initially loathe to disclosing their experience in the first instance, thereby negating any possibility of subsequent growth. And for those in this study who took the decision to tell others found such disclosure was more likely to impede growth rather than facilitating it. This concurs with previous research that rather than receiving the support of close, caring others, the family and friends of many women in this study were sources of rejection, criticism and blame which had a negative impact on their recovery. As a result these women were unlikely to have found growth based on their interactions with others.

Such negative reactions were also received by some women in this study when they approached the religious community looking for the support they did not receive elsewhere. Religious growth is considered sufficiently important to be one of the five domains of PTG. This study found only two women who experienced a positive change or growth in this domain. Such a small number was discussed and viewed in relation to the known religious cultural differences between the USA and the UK. However, this would have had no impact on the outcome of this study because Tedeschi and Calhoun (2004) argue that individuals who are not religious or who are actively atheistic can also experience growth in this domain. More importantly, however, is the fact that for more women in this study their contact with the religious community was detrimental to their recovery as a result of the same negative reactions they had received elsewhere.

PTG theory includes crime as a sufficiently traumatic event that may lead an individual to attain growth; however, it does not take account of the important role of the CJS in this process. Hereto blame is often leveled at women who have been raped whilst seeking the support and justice that is deserved (Campbell, et al, 2009; Maier, 2008) which often leads to increased distress (Campbell, Sefl, Barnes, Ahrens, Wasco, Zaragoza-Diesfeld, 1999; Cluss, Broughton, Frank, Stewart, and West, 1983; Holmstrom and Burgess, 1975). This would seem to be a seriously neglectful omission considering eight women within this study reported their rape to the CJS and all attest to the distressing nature of this contact. As a result reporting to the police is much the same as telling any others within their social network. The ensuing blame not only had a negative impact upon the recovery process of many of the women in this study, but as a result such interaction may have further impeded growth. As a result this omission, in association with blame in general, brings into question that the model of PTG cannot be applied so straightforwardly to all traumas as is

suggested by the authors. In its current formulation this may have particular difficulty with regards to interpersonal victimisation such as rape.

Although there is an acknowledgement that blame and guilt are experienced by some crime victims, however in so doing Tedeschi (1999) argues that such negative reactions are considered to be a hindrance to growth. It is here again where this study diverges from PTG theory because, for eleven of the aforementioned fourteen women it is this same guilt or self-blame that is found to be the trigger in their recovery process where they discovered that 'helping others' was a positive aspect in their recovery. Because of this discrepancy other theories such as the Negative State Relief Model (Cialdini, et al, 1987), and Image-Reparation Hypothesis (Crocker, et al, 2003) were employed to explain this finding where they argue such negative symptoms could have an adaptive function by promoting the pro-social behaviour exhibited by these women, which as has already been mentioned above also concurs with research by Burgess and Holmstrom (1979).

A further contentious issue in relation to PTG is with regards to the authors' stance that growth does not equate to either an increase in well-being or a decrease in the distress felt. Growth following a traumatic event certainly seems like it should be associated with subsequent well-being. The argument being that in the absence of any 'improvement', to discover 'growth' in an individual, although interesting in itself, would seem to be of very little importance because if it does not have adaptive significance it is questionable whether it should be promoted. Although the majority of the women in this study have shown that various positive behavioural and emotional changes have assisted with their recovery, nevertheless they also spontaneously reported the losses experienced by them which are still felt in the present. Previous research agrees that it is not only important to document both positive and negative changes that may have been caused by a trauma (e.g. Linley and Joseph, 2004) but has also found that people who were most psychologically resilient were those who identified both benefits and costs (Cheng, et al, 2006). However, questions arise around if experiencing both, do the losses outweigh the gains, and if they do, can such a situation be considered indicative of growth (Wortman, 2004). Research suggests that it is reasonable to expect a mixture of both after a traumatic experience but that it is the individual's choice as to which is focussed upon at a particular time (Butler, 2007; Herman, 1992; Janoff-Bulman, 1992). Rather than focussing on what research considers is important here, this study looks to the women themselves for understanding.

For all it is suggested they are in essence attempting to return to a life that is not consumed by the recovery process and where the changes they have made are considered by them to have positively assisted in this process and their subsequent well-being.

Finally, research currently ponders issues of validity around the domains of 'growth' as put forward by Tedeschi and Calhoun (2004) because it is argued they are difficult to link to any empirically measurable changes in personality, resources, or behaviour (Maercker and Zoellner, 2004; Taylor and Armor, 1996; Taylor, 1983). Although it is argued that people's perceptions of growth may be more important regardless of whether there is any objective measure of change (Park and Helgeson, 2006), research has suggested (Frazier and Kaler, 2006; Park, 2004) that behavioural measures of growth should be developed as they are seen as a good reflection of the validity of growth. It is believed the pro-social behaviour exhibited by many of the women in this study should be considered a significant measure to reflect such validity. However, as previously mentioned, PTG does already accept that such pro-social behaviour is a veridical form of growth. The tension then that exists between this study's finding and that which is PTG theory is the 'process' for these women from the traumatic event to this particular outcome where again blame is argued to be at its heart.

9.3 Limitations

The conclusions that can be drawn must be tempered by the limitations of the study. Being qualitative in nature it is limited by the number of participants that volunteered to take part and therefore the findings may not be generalized to society as a whole. This is particularly pertinent in relation to the demographics of the participants who were Caucasian therefore these results may not be generalized to ethnic minority groups. Additionally, although the majority of these women were British the findings when compared with the three women who were not, were not significantly different across all areas analysed.

Qualitative analysis is often considered less valid and reliable when compared to quantitative studies. This is because the researcher of such studies is able to contact large numbers of people quickly, easily and efficiently particularly when using university students, as is often the situation. However, as previously mentioned the format of questionnaire design makes it difficult for the researcher to examine complex issues and

opinions. Even where open-ended questions are used, the depth of answers that the respondent can provide tend to be more limited than with almost any other method of research. This makes it difficult for a researcher to gather information that is rich in depth and detail. However, due to its qualitative nature, the current study is limited by its participant numbers nevertheless in being linked to PTG theory this study compares favourably, in essence, with its validated questionnaire (PTGI) on two counts. Firstly, the questions posed within the PTGI meant that participants' responses would be self-reports of growth. Secondly because participant responses can only be of no change or growth, a limitation of this questionnaire is the lack of a negative directional change. Whereas the questions asked of the women in this study's search for positive changes were always open and were neither positively nor negatively biased. Frequently, participants were requested to just 'tell their story', as a result, whilst their responses were also self-reports, they were mostly spontaneous and not in answer to any specific question and as a result were rich in the detail missing from questionnaire-based research.

Finally, a significant proportion of the participants in the current study decided to 'help others' which, it is considered, may have been an artefact of the methodological process involved. This was brought to light via Eva who stated that

It [Participant Information] just said that the research could help other people and that's what I wanted to do really (Eva)

The information referred to by Eva is included within Appendix 2 and was distributed to all potential participants. This may have precipitated a particular proportion of victims who were already motivated to helping others. Although this may have been the situation Eva, like many other of my participants, responded to my advertorial piece that was included on the Rape Crisis and Pandora's Aquarium websites that included the following:

...I am looking to advance our understanding of these rape recovery variations. The knowledge gained could go on and help more individuals reach the state of mind in which the rape is no longer the controlling factor in their lives ...

As previously mentioned within the Methodology section I had carefully considered what should be contained within this and the other pieces of participant recruitment that they

should not refer to anything specifically 'positive'. This was because I did not wish to influence potential participants in providing me with only 'positive' information about their experience. Nevertheless it should be considered that as a result of the contents of the abovementioned Participant Information sheet, that was necessarily distributed to all potential participants, a further investigation was required. This was achieved by looking at specific attrition reasons. Although I have previously given general reasons for attrition in the methodology section, here I give specific numbers attached to the reasoning behind such attrition.

Of the forty-two women who approached me in response to the various recruitment strategies nine were not age appropriate to be interviewed in the first instance, this left thirty-three women. Of these thirty-three women one woman did not complete the personal details questionnaire and so did not receive the Participant Information Sheet. The remaining thirty-two women did receive the Participant Information sheet with a request that I interview them for the study. Seven of these women stated at this stage they were still 'emotionally unstable' as a result of their rape and so would be unable to talk about their experience. Four other women did not respond at all after this point and despite encouraging emails remained silent. It is suggested that they too felt similarly to the previous seven in that they were still too traumatised by their rape experience to talk about it further. It is not possible to know whether these eleven women were influenced by the positive aspect contained within the Participant Information Sheet. Being emotionally unstable, it could be either that they felt they potentially had nothing 'positive' to offer the study or their comment could be taken at face value in that they literally could not cope with reliving their experience at that time. The remaining twenty-one women were those that took part in my study, of which fourteen took the decision to 'help others' in a variety of ways. However, having said this, research that sought to understand rape survivors' motivations to participate in research found the primary reason for doing so was '*to help other survivors*' (Campbell and Adams, 2009: 395). I therefore would argue that the benevolence exhibited by the women in this study is not as a result of the methodology employed.

9.4 Practical Applications

Thirty five years ago Burgess and Holmstrom (1974) concluded by stating

With the increasing reports of rape, this is not a private syndrome. It should be a societal concern, and its treatment should be a public charge (p.985)

The 'societal concern' mentioned suggests to me that rape should be a concern for everyone, in that, the stigma and myths attached to it should be addressed more openly. This study bears witness to the continuing blame attached to the whole experience where even women speaking to each other via internet support forums feel the need to use pseudonyms to protect themselves from such negativity. Although it is acknowledged that a part of such protection is from the perpetrator, nevertheless it has also been acknowledged that not all users of such forums are as supportive as one would hope and can be as blaming as women who have not experienced rape. Attached to this is the fact that there are very few support services available to women. Although over the intervening years the government has made slow progress with regards to a raped woman's 'treatment' in relation to the Sexual Assault Referral Centres (SARCs), nevertheless there is very little advertising of their actual progress. Although such advertising undoubtedly would lead to criticism of Government's 'efforts' nevertheless it would have a dual purpose by identifying and subsequently encouraging women to use the SARCs. Additionally the more awareness there is of rape in the public domain there is the hope of lessening the stigma.

A major factor involved with any health provision is the finance involved. With the continuing limited access to both SARCs, Rape Crisis counselling and Victim Support an initiative might be to combine the general principle of the support forum with such information as provided by the Rape Crisis website. Very simply an email service could be provided to women by an official source but would be of particular value to those who prefer specific information rather than becoming involved in the online support forums. Extensive information is of course provided by Rape Crisis and others but from the email 'conversations' with three women in this study it became clear that two of the three very much benefited from this form of interviewing. As previously noted both RJM and Liz commented the information I had given them had helped somewhat in their understanding of their symptoms and their recovery and the fact that they wanted to remain anonymous made email the perfect medium. This method therefore combines a more personal counselling service but is less labour intensive and as such would require less funding.

It is felt the main contribution towards the literature on 'growth' is that 'helping others' is a significant behavioural measure of same. The fact that fourteen women (and potentially a further three) took the decision to 'help others' which they subsequently found to be a positive in their recovery suggests that this form of action should be promoted. Having said that such a suggestion should only be made in a professionally supportive environment where such individuals are attuned to these positive aspects of recovery where such action and other positive areas could be explored with the woman.

To summarise my insights into conducting research with this group of women. Firstly due to the lack of formal rape supportive services such as SARCs and Rape Crisis counselling services, more formal use could be made of available technology. It has been shown that independent support forums are of great benefit to many women who have been raped, however, this style of support does not appeal to all women. Many rape supportive websites such as Rape Crisis offer important information, albeit impersonally, therefore it is suggested where this may be sufficiently helpful for some women other women may find a more 'personal' touch invaluable. Although borne out of necessity, this study found the email style of interviewing could potentially offer such support where information is delivered via email maintaining the all important anonymity but nevertheless providing a more human approach. In addition to its value to women it would be more cost effective. Secondly, the pro-social behaviour exhibited by fourteen out of the twenty-one women is particularly significant whereby such behaviour may not only assist women in their post-rape recovery but such a discovery also has implications for the current conceptualisation of PTG. Most importantly, this study has found that for those women who have taken the decision to 'help others' from their narrative this has had a significant benefit on their subsequent well-being and should therefore be promoted. Such a finding is, secondarily, seen as a significant and valid behavioural measure of PTG, where currently validity with regards to PTG is a cause for concern.

The process that was taken towards the above conclusion required a comparison between the process of RTS and the model that is PTG. The result was that the parallels drawn between the two theories found significant similarities that suggest PTG, in its current form, is little or no more informative in relation to the trauma of rape than RTS that was conceptualised some thirty years before. Additionally certain discrepancies were found in that although 'helping others' is, according to PTG, an acknowledged form of growth,

nevertheless guilt, self-blame and shame are considered to inhibit such growth. Such negative emotions are common amongst women who have been raped and were prevalent amongst the women in this study. Reference to other research found that such negative emotions are often adaptive and can lead to such pro-social behaviour. As a result it is suggested PTG, in its current conceptualisation cannot be so universally applied to all traumas.

9.5 Personal Reflections

At this point it is not only necessary, due to its feminist approach, to reflect on how researching such a sensitive topic has affected me as the researcher but in fact I would argue it would be negligent of me not to do so. As previously mentioned within the rationale section at the beginning of this thesis, by putting in place various self-care strategies, I had hoped to avoid, or at least reduce to an absolute minimum, any kind of vicarious trauma. I believe what I have experienced was more than an absolute minimum (if such a thing could be measured). In an effort, therefore, to assist others who may be considering taking on such a piece of research I offer the following facts, not as advice on self-protection, but to make them aware of what can occur.

As previously mentioned I had been a volunteer with Victim Support from the early stages of my undergraduate degree which continued into the first half of my PhD. Because of the 'knowledge' gained during this period regarding rape I was increasingly requested by Victim Support to support the rape victims in my local area. I took this up willingly as I hoped I could be of use. Some months into my PhD a 'clash' occurred at a point in my research where I was deeply involved with interviewing my participants. This corresponded with a peak in my volunteering where I was supporting rape victims through Victim Support in my own time 'out of hours'. At this point I felt as if my life consisted of little other than rape. I continued with both until I reached a point which I appreciate now could be considered 'burnout'. Burnout refers to a generalized emotional exhaustion that helping professionals may develop over time and can also occur when they struggle to maintain high levels of empathy and caring related to various work-related stressors (Blair and Romoes, 1996; McCann and Pearlman, 1995); it can also be expressed as 'feeling heavy', or when the work 'gets inside you' (Dunkley and Whelan, 2006). This is exactly how I felt where it was almost tantamount to feeling 'numb'.

As a volunteer I would be considered a 'helping professional' where I was required to maintain high levels of empathy and caring related to this work and the same would apply as a researcher in such a sensitive subject as rape. In retrospect how could this have happened? I felt I had in place sufficient self-care strategies but what in effect happened was I did not pay enough attention and the level of both 'crept up on me'. Hubbard, Backett-Milburn, and Kemmer (2001) suggest that one of the reasons that the impact on the researcher is low on the list of concerns is that there is an assumption that we tend to 'screen ourselves out' of projects that we consider personal danger areas (p120). The result was I not only had to slow the pace with regards to my research work I also felt, to be able to continue with the research at all, I had to withdraw from my volunteer work with Victim Support. Knowing how much Victim Support rely on their volunteers I was subsequently hit by a measure of guilt. Guilt, as has been shown throughout this study, has a negative impact on an individual and as such made me consider if the vicarious trauma or burnout that I had experienced was somehow a fault of mine. Fortunately considerable research on vicarious trauma has argued that

It is the nature of the trauma that causes [vicarious traumatisation], not some weakness or failure within the provider or organisation (McCallister, 2003: 1)

Thus plainly put, it was not something to do with me personally but simply exposure to trauma is the clearest predictor of vicarious traumatisation. Additionally, with regards to those who work in the field of sexual assault, although there is not a single term used to describe what occurs when sexual assault advocates, therapists or other helping professionals are continuously exposed to traumatic material, the one thing that can be predicted is that working in this field leaves them vulnerable to this phenomenon and will most likely occur at some point during the course of such a career (Anderson, 2004).

Additionally, the question is raised as to whether it is wise to allow a researcher who is emotionally involved with the topic take on a project of personal significance? I had originally become involved in this type of research because of the two women I knew and was also involved in volunteering with particular emphasis on rape victims. Could such a personal, emotional involvement have affected any necessary decision-making throughout the whole research process. Adopting a reflexive position I cannot claim that my personal involvement has not shaped my approach or my interpretation of the data, which may have affected my decision-making. Yet no researcher works in a vacuum without subjectivity

and without both their own and others' agendas shaping the process. While the outcome here may be the product of agendas more personal than is usually the case, this does not, I believe, devalue the result nor damage its credibility.

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APPENDIX

Appendix 1

NEW RAPE RESEARCH CAN YOU HELP?

Feminists of the 1970s began rape research and showed us the devastating effects that rape can have on women. The symptoms that many women suffer have now been recognised as a form of Post Traumatic Stress Disorder. It is of course vitally important to be aware of these symptoms in order to be able to help women survive them. However over the last 30 odd years much of rape, and other trauma, research has found a considerable variation in the effects of trauma amongst its victims. This has led to an area of new research which investigates these 'variations'. However, the majority of this new research has studied other areas of trauma such as cancer, heart attacks and HIV, bereavement, terrorism and natural disasters. There is very little regarding rape - six studies in the USA and only one study so far in the UK. I am looking to advance our understanding of these rape recovery variations. The knowledge gained could go on and help more individuals reach the state of mind in which the rape is no longer the controlling factor in their lives.

If you, or someone you know, has been the victim of a rape or serious sexual assault and would like to take part in this Ph.D research, please contact Cynthia Richardson (in confidence) on 0794336163

Personal Details

Name: Marital Status: Single / Married / Divorced
Separated / living with a partner / Widowed
Other: (please state)

Age Now: Age when Raped:

Who Raped You?: (please highlight one)

Stranger

Someone well known to you e.g.

Someone you had recently met e.g.

- ex-partner
- current partner
- friend
- colleague
- other (please state)

- romantic date
- just met socially
- other (please state)

Have you told anyone about the rape: (please highlight) Yes / No

If yes, who?: (please highlight) Police / Friend / Work colleague / Relative / Partner / Support
Group (please state) Other (please state)

Ethnic Group? (please highlight one)

White: British
Irish
Other (Please state)

Mixed: White and Black Caribbean
White and Black African
White and Asian
Other mixed background
(please state)

Asian or Asian British:
Indian
Pakistani
Bangladeshi
Other Asian background
(please state)

Black or Black British:
Caribbean
African
Other Black background
(please state)

Chinese or other ethnic group:
Chinese
Other Chinese background (please state)

Are you in employment? (please highlight) Yes / No

If Yes – what is your job? Full / Part Time (please highlight)

If No – please highlight the following that might apply:

Unemployed / Student / Retired / Home maker or other carer /
Not working because of health condition or disability
Other (please state)

**STUDY TITLE: **POSITIVE CHANGE AFTER RAPE:
WHAT MAKES A DIFFERENCE?****

PARTICIPANT INFORMATION SHEET

You are invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and talk to others if you wish. Please ask if there is anything that is not clear or if you would like more information. Please take as much time as you like to decide whether or not you want to take part.

What is the Purpose of the Study?

A lot of important research over the last 30-40 years has already told us of the devastating effects of rape with symptoms that affect many areas of an individual's life. However, more recent research has found that traumatic experiences are not always followed solely by distress. As a result of struggling to cope after a traumatic event, such as rape, variations in life changes have been reported by some individuals. Although there have already been many studies into these variations, mostly these have looked at subjects such as ill health, bereavement, natural disasters, combat and terrorism. There is very little research regarding crime generally and rape in particular. It is therefore considered important to study the terrible crime of rape in a different way; one that explores these variations in how individuals meet the crisis of rape.

What will you be asked to do?

At a time and place convenient to you, I would like you to tell me, in your own words and in as much (or little) detail as you wish, what happened when you were raped, plus some detail of your life since that event. How long this may take depends on you but you should allow around one hour. Because I will be listening closely to what you have to say I would like, with your permission, to make an audio recording of everything you tell me. Afterwards I will type up everything you have told me and will return this transcript to you for you to check it is correct.

What are the possible side effects or risks of taking part?

Although you may feel emotional whilst telling me about your rape, it is hoped taking part will have no lasting effect.

What are the possible benefits of taking part?

Although this study does not directly benefit you, nevertheless previous research has found that, for some, in telling their 'story' this can be helpful in itself. The information gained from this study could be important for anyone who wants to help victims recover to know just exactly how well many individuals do recover, and in what ways. Knowing what is possible, these support people can in turn help more victims reach the state of mind in which the rape is no longer the controlling factor in their lives.

Will my taking part in the study be kept confidential?

For the research to be useful it may be necessary to reproduce some of what you tell me, therefore what you tell me will not remain confidential. However, if you do agree to take part in the research we will ensure that you cannot be identified from this information.

Any information about you which leaves the University will have your name and other identifiable details removed so that you will remain anonymous. All your personal details will be stored in secure cabinets and computers whilst the research is ongoing and after publication will be destroyed.

What will happen to the results of the research study?

The results will be written up as part of my PhD thesis. Afterwards I will publish a report which, it is hoped, the information in it could be used by counsellors and other support agencies in their work with rape victims.

Who is organising and funding the research?

Researchers from Buckinghamshire New University (BNU), which is an associated institution of Brunel University, are organising the research which is funded by the institution as part of a research degree bursary.

Who has reviewed the study?

The Research Ethics Committee of BNU has reviewed the study and has given consent for the research to take place.

Contact for further information

If you have any questions or require further information please feel free to contact me:

Cynthia Richardson
Buckinghamshire New University
Queen Alexandra Road
High Wycombe
Bucks HP11 2JZ
Tel: 07943346163
Email: cricha01@bucks.ac.uk

It is up to you to decide whether or not to take part. If you do decide to take part you may keep this information sheet and be asked to sign a consent form

Thank you for your time

PARTICIPANT INFORMATION SHEET

STUDY TITLE

**POSITIVE CHANGE AFTER RAPE:
WHAT MAKES A DIFFERENCE?**

You are invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and talk to others if you wish. Please ask if there is anything that is not clear or if you would like more information. Please take as much time as you like to decide whether or not you want to take part.

What is the Purpose of the Study?

A lot of important research over the last 30-40 years has already told us of the devastating effects of rape with symptoms that affect many areas of an individual's life. However, more recent research has found that traumatic experiences are not always followed solely by distress. As a result of struggling to cope after a traumatic event, such as rape, variations in life changes have been reported by some individuals. Although there have already been many studies into these variations, mostly these have looked at subjects such as ill health, bereavement, natural disasters, combat and terrorism. There is very little research regarding crime generally and rape in particular. It is therefore considered important to study the terrible crime of rape in a different way; one that explores these variations in how individuals meet the crisis of rape.

What will you be asked to do?

I would like you to complete a questionnaire which will probably take between 15 - 30 minutes.

What are the possible side effects or risks of taking part?

Although you may feel emotional it is hoped taking part will have no lasting effect.

What are the possible benefits of taking part?

Although this study does not directly benefit you, the information gained could be important for anyone who wants to help victims recover to know just exactly how well many individuals do recover, and in what ways. Knowing what is possible, these support people can in turn help more victims reach the state of mind in which the rape is no longer the controlling factor in their lives.

Will my taking part in the study be kept confidential?

If you do agree to take part in the research your name will be not be used so you will remain anonymous. All your personal details will be stored in secure cabinets and computers whilst the research is ongoing and after publication will be destroyed.

What will happen to the results of the research study?

The results will be written up as part of my PhD thesis. Afterwards I will publish a report which, it is hoped, the information in it could be used by counsellors and other support agencies in their work with rape victims.

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Who has reviewed the study?

The Research Ethics Committee of BNU has reviewed the study and has given consent for the research to take place.

Contact for further information

If you have any questions or require further information please feel free to contact me:

Cynthia Richardson

Buckinghamshire New University
Owen Harris Building
Queen Alexandra Road
High Wycombe
Bucks HP11 2JZ
Tel: 07943346163
Email: cricha01@bucks.ac.uk

It is up to you to decide whether or not to take part. If you do decide to take part you may keep this information sheet and be asked to sign a consent form

Thank you for your time

Participant Identification: _____

CONSENT FORM

Title of Project: Positive Change After Rape: What Makes a Difference?

Name of Researcher: Cynthia Richardson

[Participant's
Initials]

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to take part in the above study.

4. I agree for the interview to be audio recorded

5. I agree to complete the questionnaire.

Name of participant

Date

Signature

Name of Researcher

Date

Signature

CONSENT FORM

Title of Project: Positive Change After Rape: What Makes a Difference?

Name of Researcher: Cynthia Richardson

[Participant's
Initials]

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to take part in the above study.

4. I agree to complete the questionnaire.

Name of participant

Date

Signature

Name of Researcher

Date

Signature

THE aPOST TRAUMATIC GROWTH INVENTORY*

For each of the 23 statements below please indicate which one of the bullet points most closely represents, at this point in your life, the degree to which you have experienced a change in your life as a result of your rape(s).

1	<p>My priorities about what is important in life</p> <ul style="list-style-type: none"> ▪ Have been abandoned ▪ have become less influential ▪ Have not changed ▪ Have undergone a small positive change ▪ Have undergone a considerable positive change 	4	<p>I feel I am self-reliant</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously
2	<p>I try to change things which need changing</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	5	<p>I understand spiritual matters</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously
3	<p>I value my own life</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	6	<p>I can count on people in times of trouble</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously

*Adapted from: Tedeschi, RG, & Calhoun, LG (1995). Trauma & Transformation: Growing in the Aftermath of Suffering. London: SAGE Publications

7	<p>I feel close to others</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	11	<p>I appreciate each day</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously
8	<p>I can handle difficulties</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	12	<p>I have compassion for others</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously
9	<p>I can express my emotions</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	13	<p>My life is productive</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously
10	<p>I am able to accept the way things work out</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	14	<p>My life is useful</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously

15	<p>My life is enjoyable</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	19	<p>My life is full of new opportunities</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously
16	<p>I put effort into my relationships</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	20	<p>My interests are</p> <ul style="list-style-type: none"> ▪ Much fewer than previously ▪ Fewer than previously ▪ Not changed ▪ Slightly more than previously ▪ Much more than previously
17	<p>My religious faith is</p> <ul style="list-style-type: none"> ▪ Much less strong than previously ▪ Less strong than previously ▪ Not changed ▪ Slightly more strong than previously ▪ Much more strong than previously 	21	<p>I need others</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously
18	<p>I 'm a strong person</p> <ul style="list-style-type: none"> ▪ Much less so than previously ▪ Less so than previously ▪ No change ▪ Slightly more so than previously ▪ Much more so than previously 	22	<p>My life path</p> <ul style="list-style-type: none"> ▪ Has been abandoned ▪ Has been put on hold ▪ Has not changed ▪ Has changed for the better ▪ Has dramatically changed for the better

23	<p>I appreciate how wonderful people can be</p> <ul style="list-style-type: none">▪ Much less so than previously▪ Less so than previously▪ No change▪ Slightly more so than previously▪ Much more so than previously
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Appendix 6

Biographical Coding

Code	Anna	Boda	Carla	Claire	Elouise	Emma	Eva	Jane	June	Kelly	Kiera	Kylie	Laura	Lauren	Liz	Mia	RJM	Rose	Ruth	Sam	Survivor
Ages :																					
- At time of int.	21	29	36	23	25	32	23	26	46	26	30	27	18	21	59	28	54	60	28	50	43
-When raped	19	21	27	18	16	20	22	26	17	17/18 & 21	20	16	16	16	14	18	54	17	24	44	16
-How long ago	2	8	9	5	9	12	1	≤1	mul	≥5	10	11	2	5	45	10	3wk	43	4	6	27
Rel'ship with rapist	A	St	A	A	Hol A	Mgr	Si's ex	St x 2	mul	Ex-p & A	P	Fr	Fr	Ex-P	Fr	Fr's bro	R	Fr	Ex-P	St	St
Told?	Var	Pol + var	var	Var	No-one	var	Pol + var	Pol + var	var	Fr	Var	Pol + var	Cou	var	No-one	Fr	Fr x 2	var	Pol + var	Pol + var	Pol + var

Var = various / pol = police / Fr = friend / Cou = counsellor

Family Relationships

Code	Anna	Boda	Carla	Claire	Elouise	Emma	Eva	Jane	June	Kelly	Kiera	Kylie	Laura	Lauren	Liz	Mia	RJM	Rose	Ruth	Sam	Survivor
B4 rape	P+	M+ -F	Gr+ -P	Div -P	Div -P	Div -P	No F -M +Gr	P+	Ado P+	-P	-P	Div P -M F+	-P Gr+	P+	Gr+ -P	P+	Div -P Gr+	-F	P+	P+	-P
Stressor		rows	div	div	div	div & ne	ne			ne	ne	div and abuse	ne				ne				div & abuse
After	P+	M+	Bro +	-M F+	-M F+	-M F+	Gr +	P+	Dau +	-P	-P	F + now neg	-P	P+		P+	n/c	n/c	P +	P+	-P Sis +
Reactions		-P		P+			Sis + -M	F+	-M Dau +		-M +F	-Si		P+					-P	+M -F	-P + Sis
Told	No	Y	Y	Y	No	Y	Y	Y	M now	No	Y	No	M No	Y	No	No	No	No	Y	Y	Y
Marital Status now	Si	LW P	Si	LWP	R	LWP	Si	Si	LWP	LWP	M	LWP	S	Si	M	R	D	R	LWP	LWP	M
sig. other						Godm	Gr		Doc				Gr		Gr		Gr				

- = neg relationship / + = positive relationship / P = parents / Pa = partner / Gr = grandparent / Sis = sister / bro = brother / Godm = Godmother / LWP – living with partner / m – married / r = relationship / d = divorced / Si – single / ne = neglectful/limited parenting / SA = sexual assault [outside the family]

Appendix 8

Religious Coding

Code	Anna	Boda	Carla	Claire	Elouise	Emma	Eva	Jane	June	Kelly	Kiera	Kylie	Laura	Lauren	Liz	Mia	RJM	Rose	Ruth	Sam	Survivor
<i><u>Before</u></i>	BU Ca	Sp	Bu	Ca	no	Sp/ nature		BU Ca	Pr Ca	No	Pr Chr	no	no	no	Yes	BU Ca	Sp	Ca	no		BU Ca
<i><u>After</u></i>	- Ch.	n/c	+ Bu	Ath	n/c	Sp/ nature		-Ca now Sp	Paga n	n/c	- Ch	n/c	n/c	Sp	Loss now found	-Ca now Sp.	n/c	+ Ch	n/c		+ Ca now Sp

BU = Brought up as ... / Pr = practising / Ca = Catholic / -Ch = negative change as a result of rape / Bu = Buddhist / + = positive change as a result of rape / Ath = atheist / Chr = Christian / sp = Spiritual

Volunteering Coding

Appendix 9

Code	Anna	Boda	Carla	Claire	Elouise	Emma	Eva	Jane	June	Kelly	Kiera	Kylie	Laura	Lauren	Liz	Mia	RJM	Rose	Ruth	Sam	Survivor
Age At time of int.	21	29	36	23	25	32	23	26	46	26	30	27	18	21	59	28	54	60	28	50	43
Age When raped	19	21	27	18	16	20	22	26	17	17/18 & 21	20	16	16	16	14	18	54	17	24	44	16
How long ago	2	8	9	5	9	12	1	≤1	mul	≥5	10	11	2	5	45	10	3wk	43	4	6	27
Rel'ship with rapist	A	St	A	A	Hol A	Mgr	Si's ex	St x 2	mul	Ex-p & A	P	Fr	Fr	Ex-P	Fr	Fr's bro	R	Fr	Ex-P	St	St
Told?	Var	Pol + var	var	Var	No-one	var	Pol + var	Pol + var	var	Fr	Var	Pol + var	Cou	var	No-one	Fr	Fr x 2	var	Pol + var	Pol + var	Pol + var
Volunteering/helping others/ ch edu / wrk	<i>Rape Crisis</i>	[hum]	vol 4 cha	RC	ch 2 soc wrk	ch 2 psy edu	[VS] ?ch 2 psy edu	Rape crisis	var	var.	WA R and Pand ys	[wants res. work with police]	var (B4)	var	<i>[wrks 4 cnslts in NHS]</i>	var	<i>[wrks 4 GP]</i>	cou. Rape vics		fr/ nei	var re rape vics
Alcohol				Y		Y			Y	Y		Y				Y					
Drugs		Y								Y		Y									
Promiscuity				Y		Y			Y	Y	Y					Y					
Self Harm						Y				Y	Y			Y					Y		
Suicidal			Y	Y		Y	Y		Y	Y				Y							Y
Shame									Y	Y	Y				Y	Y		Y			
Self Blame	Y	Y		Y	-Y	Y			Y	Y	Y	Y	Y		Y		-Y				Y
Guilt											Y							Y	Y		Y
Distance					Y(c)	Y*		Y(c)			Y=		Y=	Y=							Y**
S. Support inc. couns.	-Fr/ /sf/ cou	Frs/ Cou	-Fr /bro/ RC/ cou	Lec/ cou		-fa/ft/ RC/ cou	Ex-bf/ RC/ cou	ft/ fam/ RC/ cou	-Fr/ RC/ cou	Frs/ sf/ cou	-Fr/ sf/ cou	-Fr/ RC/ cou	-Fr/ RC/ cou	-Fr/ cou	RC	Frs	Frs/ RC	#Pr /Fr/ cou	Frs sf	Frs/ cou	-Fr /sf/ cou

M = married / LWP = living with partner / LTR = in long term relationship at time of rape which continues / MR = married rapist / RWR – rarely without relationship after / *Moved overseas which had good effect for about 3 years. Now 10 years on wants to move away again from the neg. associations in this country / ** moving after not as a result of rape but nevertheless quashes neg. ‘associations’ / - = very little / [hum] = wants to go on and do humanitarian work / [VS] = wants to join Victim Support / # = took many years before she first told her priest then later told others / sf – support forum / RC = Rape Crisis – where there is no actual ‘support’ but a forum for gathering information / WAR = Women Against Rape / = felt ‘better’ for moving away / (c) = rape occurred in another country

RJM Account

19 Oct - I wonder if you would mind giving me some background to the sort of research you will be conducting and whether this would be entirely confidential between us please. With reassurance that any information divulged would be anonymised within your paper, I am too traumatised to "speak" to anyone but would welcome an opportunity to actually write.

23 Oct - I have read the objectives of your research and think that the statement "this may not benefit me" is not necessarily true.....I think (and hope) it will be cathartic to (just once) go over "events" - experiences, whether good or bad, should not be wasted and if this helps someone else in just a tiny way then that will be enough. I've gone from a reasonably confident and articulate being to complete gibbering idiot in a very short space of time and now need to claw back "me" - so thanks, because you will be the only person I will share this with

25 Oct - I think a good place to begin is with the experience itself i.e. a little about your relationship with your rapist, where you were before it happened, a little about the event itself (no need for great detail), and what happened immediately and in the few days afterwards, how you felt etc. I will then come back to you with possible questions on what you have told me and gradually will include more of the areas I will need to cover, if that is ok with you.

25 Oct - That's fine, I had known him for three years, we were neighbours and good friends. Our relationship grew gradually and as he had a fiance there was no question of anything more but we liked each other and got on well. The relationship with the girlfriend was very volatile and eventually it ended. He started coming round more often a few months' later and we grew closer and eventually lovers.....and it was very good, very good indeed actually but only consensual. Sex was fun and very warm – we both had a few angst-ridden moments about where the relationship was going; he wasn't sure he was "good enough" (I reassured him) for me and I wasn't sure about the age gap – I'm older by seven years (he reassured me) but eventually we decided we would make more of a commitment, and then he changed his mind. Fair enough, he wanted to travel, I knew he needed to do this and it wasn't a problem for me.....I'm settled and happy with my life and work but would miss his company of course.

So he set off on his travels but a couple of months later was asking to be given a second chance; he'd made a mistake. Eventually, I agreed to one second chance and we met up halfway between where we were both were and had a lovely weekend together, as always. A week later he had changed his mind again – whilst this was rather confusing, I wasn't particularly unhappy about it, slightly bewildered yes but I've been divorced for many years and it was his company that I enjoyed – I was quite happy in continuing to be independent, but I did want us to remain friends which is what we had always been before we were lovers.

He was back in the area and came round for lunch and a game of cribbage (13.10.07)..... and there was much banter and good humour; we are both competitive and we were enjoying ourselves. We touched but briefly upon whether we would resume our relationship and I'd said third chances weren't an option but he seemed happy with this and I felt comfortable in his company, as always.....we had some wine, but not too much, and we had a bet (this sounds so stupid now of course) that whoever won the game, the loser would have to do what

the other wanted for an hour.....I lost. It was still good natured and the request was to run a bath for him and not talk.....OK.....I went to the bathroom and ran the bath and he followed me very quickly but in the bathroom everything changed and I don't really know what had changed or why it had – it just had – he was very “different”.

He “ordered” that I remove my clothes and I said I didn't want to.....he said I had to do it, I'd lost the bet, and I repeated that I really didn't want to.....and suddenly my top was removed along with my bra (he's very strong) and even more suddenly I wasn't sure of anything or what was happening.....I put my arms up for reassurance, but there was none and he batted my arms back down again.....this happened several times and I began to feel fear. He wasn't violent, just insidiously insistent and much stronger physically, and the fear grew like I have never known and I felt completely powerless, something else I have never known. This was no longer a game and this was no longer the person I thought I knew.....and I burst into tears.

He “ordered” me into the bedroom and followed me - I was still crying and saying I didn't like it, didn't want to do this.....but it made no difference to him. At this point I'm really not sure what I was feeling beyond incomprehension of what was happening and why..... what I do know is I kept repeating no, I don't want to do this, I don't want to do this (at one point I'd said but this would be rape and he said “yep”) and I really didn't and he knew that, he knew that. I do remember now feeling “resigned to my fate” and that to get it over quickly would be a better option than fighting.....I'm not aggressive either physically or by nature and just couldn't find any inner resource to help me, and its not as if I don't have these but they failed me this time and I don't know why about this either, and still don't. The physical “act” was appalling, degrading, humiliating, very painful and over fairly quickly.....and the tears just kept coming, I couldn't stop.

He then said he was in two minds whether I could get dressed before going back to the bathroom to continue running his bath – only ten minutes had passed – but my distress was so very obvious that he “decreed” I could get dressed after all (and I perceived this as a “softening” but only after he was “spent”).....a semblance of defiance hit me and I walked to the bathroom naked saying “shan't”. I washed my face, black with mascara, and walked back covered with a towel.....and cried some more. I was I think looking for reassurance once more, although why is beyond me given what had happened, but my emotions for this man were after all tangled up with feeling violated.....and I think at this point I was in shock.

I bathed him, can you believe that? I can't.....but I still wanted reassurance and did want some answers. I wanted to confront him with what he had put me through, to possibly understand and then I wanted him to make “everything right again” – at least I stopped crying but the answers I was given to the why were “because I could”, “because it excites me” and that it “could have been worse” – he hugged me when he left.....and I sobbed most of the night and shivered, unable to get warm and then most of the next day sobbing more.....at least I've stopped now.

Cynthia, this is probably in more detail than you want but I've started now and its become real again.....can't stop, sorry!

I've been wandering around seemingly normal to everyone who might happen upon me, apart from one female friend who has very wiggly antennae for “trouble” but have fobbed her off pro tem.....and she won't pry unless I want her to. I have wanted to shout out to anyone who might be passing and have gone through such wobbles, ranging from “how could he”, through feeling utterly distraught, through wanting revenge but then knowing that this would be stupid to a need to “rise above” such trauma. I've sent a couple of texts explaining my feelings to him, why I'm not sure but I have always felt it better to confront the person involved and therefore confront the emotions rather than complicate matters with other

people's.....and the responses have been “would you like to cook me lunch on Saturday” and “you’re talking in riddles” – my final text has been that the only reason the “act” took place was that I trusted him.....but, rather obviously, no longer..... “more riddles” he said – “you understand perfectly well”.

I’ve gone through a period of “but you lost the bet, you colluded, you gave him permission.....” but then through the phase of “but I said no, I said no” and “it was my right to say no” I’ve gone through the phase of was this rape or what it a game that went horribly, horribly wrong? I’ve even gone through the supposed scenario of meeting him in the village and then greeting him with “Hi, raped any nice women recently?” regardless of who might overhear. All I really know just now is that I said no, I meant no and he knew it.....and when I was crying alone, this was the overwhelming emotion and all I could think about. My eventual “resolution thus far” is that this “act” could have only taken place while he had my trust.....he no longer has this (obviously) and therefore it can never happen again, which is some small comfort. But I have had to disentangle emotions also and this has proved problematic. By “talking to you” I hope to regain some semblance of understanding and a way through destructive emotions – I am not a shrinking violet but that overwhelming sense of helplessness will prevail unless I “do something positive” which is what I hope this is.....

I’ve kept a diary but this initial account summarises the immediate events according to your request.....ask me any questions you like, I want this over with.....

With regards to time, as far as I'm concerned my deadline really is by Christmas to have all my 'interviews' in place and transcribed. The way we are going about it could take a few weeks in the going back and forth - it really depends on how quickly we both can organise our time!

I can type.....and have started this train of events and intend to see it through ASAP

26 Oct - I've just read your account of what happened to you and although I have no problem with continuing I am concerned for you because it happened only days ago. You found me on the Rape Crisis website, I believe there are a couple of centres in your area - even if you cant get to see them perhaps you could talk to them at least on the phone. I am sure it would help you. Or your friend – could you confide in her. If you are worried because you feel you 'colluded' dont be, you didnt. You trusted a 'friend' who went on and abused you even though you said no. Remember that, you said no. Please dont worry about anything you are or are not doing at this time. Whatever you may be or may not be doing is ok. Everybody is different in how they cope with this.

I really dont want to go ahead and question you for my research before I hear from you about what I have said above. I know from personal experience and a lot of research that, on the whole, talking to others and gaining their support helps. I am aware you are probably concerned that you will be 'blamed' - if you talk to someone at rape crisis this is most unlikely to happen and also consider the friend you mentioned. I look forward to hearing from you.

Just in case you are 'on line' at home I will check my email tomorrow.

26 Oct - Cynthia, thank you and I understand all that you are saying, and indeed agree completely - I had actually "got there" to all your points (and perhaps this is the trouble with e-mails rather than interviews that there is a time-lag rather than immediate interaction - I trusted him and he abused that trust completely, I know that absolutely) but I really need dialogue and then time to think in-between, such is my nature.

Actually, I have several very good friends that I could talk to were I to feel comfortable in then making them possibly feel uncomfortable.....and that is my real difficulty - whilst I know that I could and that they would willingly help if they were privy to all this, it might perhaps be beyond their own personal "remit".

27 Oct - Yes this is very true but often it is not about friends 'helping' in any constructive way but just 'being there' for someone to talk to. However, having said that one needs to choose the confidant carefully as they could just end up blaming you plus there is a limit (both in time and quantity) as to what most friends can tolerate. This then is where support organisations come into their own. Had already written this and then got your 'PS' – smiling's good!!!!

I did consider ringing the various "rape crisis" lines shortly afterwards but all I would probably have done was to cry some more and be completely incoherent.....knowing me as well as I think I do, this much more subjective method of "making sense of something so horrible" is what I would prefer (and actually is helping thus far, I actually managed six hours sleep after sending you the "first instalment" but not so last night!) provided you agree to continue of course.

27 Oct - Crying incoherently is completely acceptable in these circumstances but I hear that you don't like to do this as it can be disconcerting if you are not a person that behaves in this manner normally. I am pleased sharing with me has helped and as I said in my last email, I have no problem in continuing. In fact because your circumstances are different in many ways to most of my other participants (i.e. mainly the age you are when it happened and probably as a result you might react differently) your experience and its aftermath would be very interesting for me. However, as a researcher I have had to comply with a variety of ethical considerations before I could be allowed to interview women who have been raped. Therefore it would have been very irresponsible of me to just plunge in if I hadn't sent the kind of email I did yesterday and be given what I consider to be various assurances on your part.

I want something positive to come out of this rather than "reassurance" from people who whilst undoubtedly are very good at what they do are "solving an immediate problem" rather than contributing to the real understanding of the sequelae - to say thus may do them an injustice but it would not be my preferred "modus operandi" to regaining "self" and then "going beyond"

I know I wondered, but I truly don't feel that I am to blame....I did say no, many times, and meant it absolutely - I was just "taking you through my thought processes as I relived them".....and yes, I do cling to the fact I said no because it is just how it was and because I know he knew that, which is why I think the betrayal has been so devastating. I now just feel that I trusted a rapist, which as it turns out was a rather big mistake but one I will learn by as might others.

27 Oct - A 'mistake' you couldn't have possibly anticipated considering the good history you had with him

I dearly hope it will not colour who I trust in the future because, on the whole (if a little shaky just now, understandably) my instincts have served me very well indeed in the past.....and

perhaps, just perhaps, this account will help someone else.....and that is all I want from your research.

And on the trusting note, if it makes you feel more comfortable in continuing,

27 Oct - Albeit in slightly different language but a bit of a repeat of my comments above - any discomfiture I might have felt would have only occurred if I thought by continuing I might 'revictimise' you as a result. Ethics again – but by interviewing you at this very early stage, I could have harmed you further. It is a fine line that researchers walk when asking questions at any stage in relation to such a sensitive subject, however well considered. I also think this is particularly so when using this method – writing. Tone of voice can smooth away a multitude of possible misunderstandings. Having said this please don't think I am trying to persuade you to talk to me!

I have actually told my boss (I work in a general practice and he is an absolute honey of a man with a very broad understanding of "people's problems") the "very bare bones" only just in case I seem "a bit odd just now" and know he will support me to the hilt but only if I ask.....meanwhile his pronouncement is "completely understand". So, if you are reading this at home, your "next questions" are welcome because I can then think some more with a positive attitude.....I also believe I will probably "go backwards" before going forwards but if at any time I feel uncomfortable in continuing with your research will not hesitate to say.....by the way, patience is not my strongest point but I also understand that you are researching rather than counselling.....

27 Oct - My main concern after reading your 'first instalment' was your comment "ask me any questions you like, I want this over with....."

This did suggest to me that you looked to taking part in my research as some sort of 'counselling'. Therefore your final comment in your second mail reassured me. However, I may very well, over time 'subject' you to some snippets of research evidence that I feel could help in some way – then again I may not it very much depends on what you have to say! However, research does find (which has also been confirmed to me by some of my participants) that talking about the experience does help, this could be to anyone of course, but as you have said, particularly so if it might help others by talking to a researcher.

27 Oct – I took your advice and have spoken to a very good friend – and she's made me smile again

27 Oct - Many thanks for your response, as a researcher and on a personal level, it has put my mind at rest on various points.

I note that you are of the impatient sort! However, it will probably be a few days before I get back to you with some further questions based on your 'first instalment' Kind regards, have a good weekend and keep smiling!

31 Oct - I had a meeting with my supervisors yesterday where we 'discussed' you!

Because your rape was such a short time ago, it is felt that it would be inappropriate to interview you in the same way as I have with my other participants. I believe you had

said that you were already keeping a journal, therefore what we had in mind, should you agree, is for you to send me a written account of how you are as and when you feel you can. Depending on its content I may very well ask you questions on it. And as time goes on I may incorporate some of the questions I have in mind for my other participants.

Should you agree this can go on for as long as you wish or until such time I can take no further information from my participants, whichever is the sooner.

I look forward to your comments.

31 Oct - Thanks for your e-mail and explanation of "supervisory reservations". I understand the reasoning for changing the format for me and am happy to send you such "thoughts and feelings as and when" if this would be useful to you. My diary is a mishmash of labile emotions and probably not helpful to anyone (except me!) and whilst I had thought that some "questions and responses" might give some structure to my rather odd thought processes just now, perhaps some of this will come if you do indeed incorporate some questions in any replies.

With this in mind, whilst the labile "wobbles" are beginning to dissipate a little, some days are better than others and seemingly dependent on the sorts of dreams the night before, setting the tone as it were. I received a text from M at the weekend (!) with the surprising admission of how "deeply sorry he was and ashamed" and (eventually) replied that I was glad about that, because I am. It doesn't change the facts, it doesn't change the awfulness of the event if I shut my eyes and remember again, and it certainly doesn't explain why, but it does at least go a little way in tempering slightly the repercussions on my emotions and which I hope it continue, given time. I haven't put that very well, but it sort of gives you the gist. Work helps a lot.....I need to concentrate on other things, on other people, and am very busy.....but alone at home there is time to reflect again and try and bring some sense into such a senseless act, which seems impossible.....but I hope not always so. I am "up country" at the weekend, so there is less alone time, and will spend time with A (trusted friend), daughter and delicious grand-daughter. But I do believe a good and positive mixture of "busyness and quiet reflection" will be for me anyway a "path through the mire". I've been pretty resilient up to 13.10.07 and have every intention of regaining that.....time will tell of course.

1 Nov - Many thanks for agreeing for me to 'follow you' as it were over a period of time. I think this will be very useful for me and the research.

What you have written is great. How often and how much you wish to write is down to you. Dont worry about the 'mishmash' and 'odd thought processes' because this is how it is in the acute stage you are in at the moment. All I can say is go with whatever you are feeling, dont fight it, it will get better in time. And how much time it takes depends very much on the sort of person you are which is what my research is looking at. The sort of person you are, as I'm sure you appreciate, is made up not just of your innate personality traits but also is a sum of all your experiences throughout your life.

With that in mind I wonder could you give me a potted history of your life up to meeting the man in question. I can see you now throwing your hands up in horror at the thought of 50 odd years put to paper! If you can all I require really is just a brief overview (a short paragraph on each?) of your family life as a child, relationship with

parents/siblings; school; college; university; work; social life; marriage; divorce and how you coped with them.

4.11.07 Potted history then: Born 1953, father ship's surgeon --- during the Korean War, mother having gone out to join him with older brother. Returned UK one year later, father in occupational health and workaholic, mother disciplinarian and not a particularly affectionate one. Average middle-class upbringing, moving south (me aged 10). I was "sunny, clever one", grammar school, "outsmarting" both older brother and mother at quite an early age and which I recognised at the time. Aged 15, brother 17 ½, father then working in ---, mother left home, we opt to look after ourselves in the family home which actually meant me looking after him not vice versa which was too much responsibility. We had a cleaner and weekly money to pay for food, bills being taken care of by my father's parents. Despite being the envy of peers (such freedom!), at the age of 17 I decide I need taking care of and catch several buses with a bag to land on my grandparents doorstep, leaving my brother behind.....there followed a very secure and happy period for they were lovely people, and my brother married so the family home was sold.

Secretarial college in London, thence working at a --- aged 19, I made many very good and lasting friends, had plenty of "suitors" and it was truly a time of blossoming, joining in with all the university extra-curricular activities, opera, soirees, sports. My lovely Grandpa died during this time, and I missed him, a true gentleman and he was such a very good man. At 21, met and married at 23 the father of my children, a surgeon, and eventually settling in the -- The marriage was not a particularly happy one, he had a terrible temper, which was not something I was familiar with, but I stuck at it as best I could and was pregnant with my second child. Thereafter, he "lost his temper", not with me this time but with our daughter, just three, (he left marks down her legs from beating her) and as I snatched her away, I made the decision that I could not condone it and took out a court injunction, he had a nervous breakdown and I gave him a second chance – big mistake! The divorce was pretty horrible, he made it as unpleasant as possible, and I took just half of everything and no alimony, just so that he would go away and have no hold on us – I was awarded sole custody, care and control and thereafter we settled into his fortnightly visits because I knew the children would not remember the violence and wanted them to have a relationship with him, he was their father and they would make their own minds up later as grown-ups, which indeed is what they have done. Again, those lasting friends, and some new ones, saw me through the worst. We found a tiny house, I had three part-time jobs, secretarial work, antique rug restoration and painting and selling pictures in a local craft market, all things I could do at home until my son was five and at school.

Then, I found a full-time job in Practice management, started singing again, and the three of us grew up together a solid little team. My career took off, now fund-holding manager, and so money was easier. I had several men friends (one at a time!) and even had a brief second marriage, actually to a lovely man but who "strayed", and I hadn't gone through all I had with the first to settle for second-best next time around. That divorce was very amicable, he made sure we had a nice house to live in and continued to visit us all. We thrived, my daughter left home at 19 and my son later at 21. During this time, I had begun to wonder if my mother regretted her decision to have no contact – I had had so much joy and love with my children, watching them grow – and so I put out feelers, and there was the odd letters of exchange (she was in ..., having remarried) but it was "news" on her part rather than interest in the children and indeed she stated thus – so rejection for the second time then but one that was at least definitive, and at least I had tried and it drew a line. It wasn't a burning issue for me for I

still had my beloved Granny and cared for her until she was 97 and I was 47 – she was my mother to all intents and purposes and her gentleness and inner resolves were much better influences than any of my mother's. My father over these years would “put in a sudden appearance” every two or three years, tell us how clever he was and then go away again – never asking about us, first remarked upon by my son aged then just 8 - no change there then, but one I addressed the night my Granny died and he was weeping over my kitchen table whilst my brother looked on.....when I asked why now, given that he had been absent for over 35 years!, he became very pompous and arrogant – looked him right in the eye and said, “you may be successful in your career but as a father, a son and as a human being you are a complete and utter failure”. Actually, he took that on the chin and continues to this day with the odd appearance – nothing has changed there either.

Coming to --- was to fulfil an ambition before it was too late – there had been a man in my life for some years but he died in an accident suddenly, not that I wanted to marry him. Art school in --- (wonderful, and more good friends) and now working in General Practice which is lots of fun, lots of hard work. Surrounded by many relatives (Grandpa's home) interspersed with trips back to the children and grandchild, trips to and from friends, painting have made this period in my life a pretty happy one.....and then the man – the rest you know and here is where you find me.

Throughout my life I have always tried to put unhappiness in perspective, looking for positives which do come out of negatives if you look. Of course it was a difficult time with no parents, but I had freedom.....and then with my grandparents I had love. I used what I learned to be a better parent to my own children, and that they both love and respect me still is wonderful. I used their father's violence as a yardstick to what was not acceptable. In fact, my son thanked me the other day for giving him security and had we been in a film violins would have played but we were in fact driving in the rain to ---! Still, it was a very sweet moment, especially given that he is usually monosyllabic and not given to “deep conversation”. Yes, I've had some unhappy times, but have been very blessed by the people I have met through my life.....and on “perspective”, I haven't gone through what some of my friends have – one school friend's marriage broke up after 20 years when she discovered her husband was a paedophile and had been abusing her sister's children for years and she had not a clue, another's son died in a car accident aged 19 (grief like that I have never witnessed before, truly terrible but she is coping, another's was involved in drugs and a very sordid life.....and we have held each other up and everyone has got through their problems somehow.....and I will get through this personally horrible time by accepting what has happened cannot be undone and claiming back the "me" that was before 13.10.07, somehow.

6 Nov - The information you have given me is wonderful - as far as my research is concerned that is.

What it shows me is that you have 'coped' well in times of stress and struggle. 'Losing' your parents the way you did you luckily had your grandparents to fall back on. A lot of how well we cope is having support from important others. You have had, and continue to have, support systems in place. I'm sure you have found by just talking to the two friends you have that whilst they have 'supported' you, you in turn have 'supported' them, particularly the friend with the anorexic daughter - just by listening. The early support probably helped you successfully 'come through' the significant problems in your teens and subsequently this 'success' probably helped you cope with your marriage. All of which has actually left you with good coping

mechanisms - you have successfully coped in the past therefore you are well set up to cope now and in the future.

Also you put your own troubles into perspective by 'rating' them with others' troubles. It doesn't take away your own pain but it is possibly eased by the fact 'it could be worse'. I actually can't think of a worse trauma than losing a child. Whether it is worse to lose one that has been with you for some years or during pregnancy I don't know and in fact this is one area where I quite happily bury my head in the sand (which is not usually me, I am generally up and at 'em) and could not even contemplate how I would be should I lose my 22 year old daughter.

You mention that you "will get through this personally horrible time by accepting what has happened cannot be undone and claiming back the "me" that was before 13.10.07, somehow." Accepting what has happened is a good thing but I would like to say you will probably never be just the 'me before 13.10.07' but you will be that 'me' with 'add ons'. We are all a sum of our life's experiences, which you have reflected upon in your potted history where lessons from previous experiences have been put to good use in future life, therefore this experience, and however it may affect you, as with your previous experiences, will become a part of your life also.

6 Nov - Thank you for that Cynthia - what leapt off the page was the "don't fight it" and indeed I think I have been trying to allow all the emotions through, good and bad though initially mostly bad, knowing that whilst they are real for now in intensity the pendulum will eventually settle. I am just "going with the flow" really, thinking my thoughts, and already feel able to do so with a little more sanity!

The weekend was not the easiest in that my daughter was grieving the loss of her second baby, her father was ubiquitous (indeed I saw more of him in those 72 hours than I have in the last 26 years!) but all that was completely within my "range" and, coupled with the restorative powers of a charming three-year old, there were many, many positives, including visiting the "trusted friend" who has her own problems with an anorexic grand-daughter. Heightened sensitivities have their plus points and we talk without inhibitions she and I, so nothing was left out!

Coupled with the "exercise of a potted history", I have this weekend "looked at" at what has been achieved and much of it is very good indeed. What I must now look at carefully is my judgement in trusting M. I don't want it to "colour" future relationships in whatever guise, trusting is a good thing, as indeed is not trusting where appropriate!

My biggest fear was "happening upon him" in the village - well, that happened yesterday and I just stared in disbelief but actually was not afraid - I had thought I would be. If anything, I was angry....but in a good way. That he looked nervous and shot off at a rate of knots helped....and I think that experience was a little cathartic. I don't know if many rape victims actually face the rapist afterwards but it seems to be a turning point for me.....for now at any rate.

6/11 - many victims like you 'know' their rapist so yes they often come into contact with them at a later date. The fact that it was a 'turning point' for you is probably because of a couple of things - (1) luckily for you he looked guilty which I'm sure made you feel the more in control and powerful - a turning of the tables! (2) Your life's experiences which

come as a result of age. Many, in fact the majority, of rape victims are young, vulnerable teenagers who themselves scuttle away in embarrassment and others can continue to be 'bullied' by their abuser if seen again. i.e. if you tell I'll do it again.

I know I will probably take a few steps back at some point but in untangling emotions from an ugly event this is inevitable. Having re-read my diary from the beginning, I find that is not helpful any more, except I still don't know why I was so afraid, so "frozen" at that point, but the journey through to the "now" has been helpful, especially given the short space of time.

6/11 - you were frozen due to the shock of the totally unexpected and previously un-witnessed change in his behaviour. Research has shown that in dating/relationship scenarios where this happens it can be as much of a shock to the victim as if she had been attacked by a stranger leaping out of the bushes.

I hope this makes sense.....I have no intention of letting this man's appalling act change me for the worse....so Cynthia, this is where I have got to thus far!

12 Nov - Just a quick note to say I'm sorry you are going around in circles at the moment. I will be back in touch to answer this and last weeks emails in a couple of days.

6.11.07 Just one or two thoughts (of course!) in response to your replies (that pendulum keeps swinging just now!) Yes, the "post-13.10.07-me" will inevitably be "slightly changed" from pre-13.10.07 (and as you say, my past shows that I can and will "cope" with this "particular adversity") but, as with the past these were mostly positive changes, I cannot now quite envisage what positives will "out" from this, (well, apart from contributing to your research that is!)

14/11 - Our vision is much clearer when we look back and as a result we can see where the positives and negatives are because the events have reached their conclusions. With events in the here and now still working through, how can we envisage how they will pan out.

14/11 – We can't of course with events never before experienced but we can use what we do know to think through different scenarios and outcomes – whether any are the eventual outcomes only time will tell and usually some surprises (and positives) come along the way. I wonder if this is where senses of déjà vu come in?

6/11 - It seems to have been such a personal attack on both body and soul, unlike the history. Perhaps contributing will be enough – perhaps you will "happen upon a tiny nugget" of information that will enable others to cope better and more quickly, and then that would indeed be very positive. But there is a "niggle" just now that you seem to be saying that by learning to cope and grow beyond previous "traumatic events" we can, if we chose to (and I do think in all these things there we have choice) build bigger "coping strategies" would seem to imply that in order to learn to cope we have to go through "trauma" in the first place – this seems such a very harsh way to "garner strengths" for what may (or may not of course) be to come. Why can we not learn them sooner, before trauma, that we be better equipped and may even avoid such?

14/11 - I didn't mean to imply that is the only way we cope, but it is seen that as a result of living through and successfully coming out the other side of unpleasant events, we can learn from the experience.

How would you suggest we could 'learn them sooner'?

14/11 – I don't know really, by better earlier education perhaps, certainly parental guidance and definitely research! We can learn about “cause and effect” but I'm not sure how we can be better prepared for random events by their very nature. I think this was just “wishful thinking” on my part! For example, I have brought up my children to have a good sense of “self”, both good bits and not-so-good bits, which also need coping with, and that temper/violence is no answer to anything.....but if I hadn't personally experienced it I would not have been in the best position to do so, never mind that I would have known it was a necessary and important part in their upbringing.....

15/11 – quite so! A lot of who we are and how we behave is socially learned from those individuals who influence us. Unfortunately as we can see from the crime figures, media reports etc. some of these influences are not the best for society.

15 Nov - If we think specifically about a random event such as a rape, can we prepare ourselves – I don't believe we really can, we can ponder how we might react but we won't really know until it happens. Even if we could why just stop at preparing ourselves for a potential rape, why not a plane crash, a car crash or any of the other potential random acts that happen to people all over the world? Research has found (and it makes sense really!) we don't do this. We tend to walk around full of assumptions, usually right, about what will happen next week, based, quite reasonably, on what happened last week. But traumatic experiences such as rape threaten our most basic assumptions, such as the belief that we are invulnerable and in control of our lives; that the world is on the whole a benevolent place, that events make sense in some way (bad random events do not happen to good people) and that we have a self-worth which is recognised by others. And anyway why would we wish to spend valuable leisure time in attempting to prepare ourselves for something that as I said above, is unlikely to happen to 'me'

15/11 – I'd go along most of that (with the exception of the “benevolence of the world”) and know full well that bad things happen to good people too.....and that if you think yourself to be a bad person you think you deserve bad things. I happen to think I'm a good person and in my “growing up” learned to “sniff out the baddies” pretty well.....self-preservation... gravitating to some pretty good influences and learning as I went along. I may not think the world such a benevolent place (too many horrible things happen) but on the whole believe an awful lot of people are fundamentally very good, or want to be. Horrible things happening do make us “take stock” of where we are and where we want to be.....in that way positives come out of negatives.....and if we tried to “prepare ourselves in advance of bad things”, well, we'd end up completely barmy!

6 Nov - And actually, on that note, one of the few important lessons my mother taught me at a very early age was to “believe in what you know to be true”, that is to say when the children's father stated “I'm a professional man, who would believe you rather than me?”, the response was “I couldn't give a stuff who believes what, you know and I know what you have done and that is good enough for me” – he never challenged me again, not overtly anyway.

14/11 - From what you have told me I believe you have a high self-esteem which would stand you in good stead to cope so well with someone who was intent on bullying you. Many women in 'abusive' relationships may not have a good level of self-esteem in the first instance and would succumb to such 'power talk'. Because unfortunately what he said has been borne out in many a court case. Research has found that more 'weight/credence' is given to an opinion uttered by a so called expert than the ordinary person in the street. Also many women in 'abusive' relationships may start off with a good level of self-esteem, ignore the 'abuse' in the hope that it is a 'one off' but it ends up being eroded over time. One of many reasons why abusive relationships can continue for such a long period of time.

14/11 – Indeed, and I started off in my marriage a reasonably confident woman but with his temper learned to “tread on eggshells” albeit hoping it would resolve over time, but it didn’t – it got worse - and self-esteem was eroded (drip, drip!)...but when the temper extended to my then three-year old daughter, I found the strength to stand up to him – there was to me at that time no choice if we were to survive in any semblance of “normality”. I didn’t care then, and don’t now actually, who would believe me of not.....people make up their own minds and I made up mine. After divorcing, self-esteem recovered but only over a very long period of time - by bringing up the children to be “good and happy, secure people”, being successful in my work and having good friends....all of which I still have – thank goodness!

6 Nov - Yes again, I did feel that the disbelief and anger I felt at the “inevitable meeting” served me in good stead – subconsciously perhaps I had prepared myself for it. And yes again, it was good that he looked nervous, and well he might for his “standing” in the village is rather “Curate’s egg”, only “good in parts”. He must certainly be wondering what I might say and to whom.....but then he knows me well enough to know that privacy is an important part of “me”, in the right places that is..... and now, as “we” know only too well, sometimes in the wrong ones. Apart from “our dialogue” (and that with trusted friend) I am maintaining this “cover” for him aren’t I...perhaps I should take a megaphone and broadcast a message so he cannot hide? Can’t quite see it though, somehow!

14/11 - Is that your only reason for not telling anyone else – just to maintain a ‘cover’ for him?

14/11 – No, initially I was still in shock from the “act” (and if I look back here to the bullying husband I didn’t tell people then either – except eventually the GP – his then partner, not easy! - with the bruises and the divorce solicitor – I went out of town to do this because part of me was still “protective” towards him, if that makes sense – didn’t then, doesn’t now but it is what “is” and what seemed right for me.

15/11 – is it protection of him or of yourself. To be protective of yourself in both this situation and the one you are in just now is completely understandable

15/11 – Actually, I’m sure there is a semblance of self-protection on both fronts but it is not the over-riding reason, either then or now, and all this aftermath is about me, not him. As I said before, I am fairly “private” and with “trusted friend” actually said “I’m finding this pretty difficult to tell **you** let alone a host of policemen”. Also as I said before, what other people “think” has never been a particular issue for me, either then or now.....what is important was/is what **I** thought/think and what **I** could or would not accept as a human being.

I'm not sure what would be gained by bringing in more opinions, especially uninformed ones, even if they are well-meaning; everyone will have different "slants"

14/11 - He had had episodes of suicidal depression in his early past and during the time with me I was very aware of the possibilities, hence "eggshells" – and then I had an epiphany, "I was not responsible for his actions only for my own" and what he had done was completely unacceptable to me and in my responsibilities for the children. If he chose to "end it all" that was his choice and when he threatened it I said so and in the saying so meant he could not rush out and do it blaming me because I pre-empted and absolved myself in advance from any responsibility – he didn't do it!) and then afterwards from the physical and emotional upheaval, the enormity, the callousness, and also my own helplessness. The megaphone? I think that was anger eventually creeping in but feel less so now....and I certainly don't want "revenge"never have had that particular need – alongside self-pity and bitterness, these are "wasted" emotions.

15/11 – Maybe not revenge but what about 'justice'. Would you like justice in some way?

15/11 – Hmm.....would I? I had to look in the thesaurus for the real definition of "justice" and "fairness" or "validity" are proffered. What would be "fair" what would "validate"? In an ideal world, then justice yes, I think I would like "justice".....but the form that would take would probably be the legal system and I'm not entirely sure of the "justness" of ours, and if I did go through the Courts, would an outcome of "imprisonment for him" make me feel better? – no idea. In a strange way, and I don't know about these things, but would that not give him the potential to "validate" his horrible deed? Do rapists think they are indeed "real men" or do they know they are not hence the act???

6 Nov - Frozen yes, and I continue to wonder if the "aftermath" is worse because "the act" was from someone who was trusted rather than a complete stranger? After all, with a complete stranger it cannot be personal, can it - it is a random "happening" and being (very unhappily of course) in the wrong place at the wrong time rather than a complete lack of judgement about someone inadequate in their own emotions. I continue to battle with this one but still firmly hold to the tenet that I was not wrong to trust, but that he was wrong to abuse ithis apology and subsequent demeanour would seem to ratify this.....but the "comforts of this thinking" are small just now and may need "revisiting"

14/11 - From my point of view I don't think one is worse than the other – just different. It is true that it is a terrible thing to be abused by someone you trust – as a result can you trust another again. However, to be attacked at random by a stranger whilst out can lead to 'seeing potential rapists at every street corner', that is if one has the courage to venture out in the first place!

Of course you were not wrong in trusting him because you had had no reason not to. Therefore on what could you base your 'lack of judgement'

14/11 – When in London recently I actually did start to wonder if there were rapists everywhere, and was certainly "on guard" (not a bad idea!), but eventually decided not to add paranoia to my litany of struggles.....after all, I'm 54 and this has never happened to me before.....but I can appreciate that to someone randomly attacked this would be a completely understandable response. Judgement question is interesting – he had alluded to on a couple of

occasions that he was “not worthy” of me, that he had a “self-destructive streak”, that he had done some “not very nice things” in his time but with me he was gentle and funny and I enjoyed his company and thought that he just needed more self-confidence. This is where if anywhere my judgement was lacking I think. As for the future, I am left wondering just now if I will be able to trust again and be intimate with anyone else...or whether my last sexual encounter on this earth will be rape.....not an easy thought, not a comfortable question. But I sincerely hope not.....

6 Nov - Final thoughts are not to do with any of “that” but rather touching further on the friend whose son died. Which mother has not, albeit very briefly, entertained such a scenario but quickly “buried head in sand” because the very awfulness is too difficult to contemplate? And yes, as yardsticks go, this has to be the ultimate “measure”. I miscarried a baby in between my two and it was indeed very sad but it was nothing compared with such deep despair witnessed as my lifelong friend at the graveside as her son’s coffin was lowered. I turned to someone next to me and said “no-one should have to go through this” (and, interestingly, with almost the same anger as I felt when seeing “him” this week). My friend is very, very honest with her emotions and sometimes it has been almost too much to listen to, but listen I have and now know more than many on every aspect of her emotional turmoil as she has grappled with such awfulness over the last seven years, including her mourning over what may have continued to be his life.

14/11 – Can you give me your opinion of the usefulness of mourning over what may have been

14/11 – I’m not entirely sure that I can, (and to quote my mother just once more “crying over spilled milk” is not useful) it just seems to be a part of my friend’s mourning process and I’m not sure that it is universal. She came to stay with me quite often in the early days, to escape the house and the memories.....that my son was the same age as hers was difficult for her but there was one lovely moment, not long afterwards, when my son came into the kitchen and she said “I just need a hug from a strapping 19-year old boy” and so he did – he’s a sensitive chap! Thereafter, she has always asked with endearing but overt curiosity about what he’s been doing and why and when, etc.....and I can see her wondering about her own son and what he might have been doing now, never to be realised.....and so for me I think it would not be “useful” but to her it seems important. The most difficult thing for her in recent years has been that no-one ever talks about him anymore, not his sisters, not his father.....and she finds that particularly sad.....and so, as her friend, I do talk about him if she wants me to.....which is quite often but diminishing.....well, for now anyway.

15/11 – unfortunately this is the stark reality. People will sympathise/empathise for only so long and then get on with their own lives. Although from personal experience it would be nice for the sympathy to continue for a longer period of time, in a way it is probably good that it doesn’t. On the one hand it can be a wake up call to continue with one’s own life. Plus, if the sympathy continues for too long it can have a negative affect on those on the receiving end as they can start to believe that if others continue to treat them as ‘victims’ of something then they must be so and will take on this persona for as long as the sympathy continues, with the effect that they don’t get on with their lives. And the long and the short of it is we only have this one life (religious individuals might disagree with me here of course!!!) so, as far as I’m concerned it is a great shame to ruin your own because another’s has finished.

15/11 – Again, I am in complete agreement.....and only talk to my friend about her son if she first brings up the subject, which is usually around the “anniversary” times now. She has got on with her (new husband!) life and enjoys it to the full with a hint of wistfulness on occasions. “We pass this way but once”.....but part of that journey is to help those we love as best we can, when we can, if we can.

6 Nov - I have learned that it doesn't “get better” it just “gets different”. Actually, it has been a privilege to be a part of her sorrow, in a very odd sort of way, and also to be part of her healing process which she keeps insisting has was what saw her through the worst - not that such a gap can be “healed”. And yes again, if she can “cope” with losing her son, I can certainly “cope” with something not quite so awful.....and she is, albeit with many provisos along the way, an inspiration to what may be possible to learn to live with and to still enjoy what else life offers.....albeit it tempered with such deep sorrow.

14/11 – Although it is a good idea to keep one's own difficulties in perspective by ‘measuring’ them with others’, nevertheless this is the worst thing that has happened to you and therefore your suffering, is on a par with hers (if suffering can be measured that is!) and should not be downgraded in any way

14/11 – I understand what you mean, but I still have “me” (albeit a “bit broken” just now, but I believe I can mend) whereas she has lost a part of her forever. Yes, a “suffering scale” is subjective but I think all I mean by this is that I am beginning to cope with the aftermath of the rape whereas in my imagination I think I would completely fall apart, instead of just in bits, if I lost one of my children.....

11/11 Sorry Cynthia, "it's" not been too good really. Having gone round in several circles, I realise that a little depression has set in.....not surprising I suppose.....and sure, it will lift if I look after and not make too many demands of myself. The sticking point is the "why?" And there I am truly stuck, for there are no answers - nothing is rational about such an act, especially from someone I had learned to trust.

14/11 – Answering the ‘why’ is very difficult and as you say there are no answers. When talking to my mother in the past about ‘why would somebody do this, that or the other’ – her answer often was – ‘just because they can’. This I found initially difficult to take on board but over many years have come to accept that some people do awful things – ‘just because they can’. I also had a similar conversation more recently with a Victim Support worker whose comment on looking for the answer was – ‘that way lies madness’!!! Because there are no real answers. Many rape victims ask ‘why me’ well in this chaotic world a reasonable answer could be ‘why not you’

14/11 – Hmm, a question I asked (through the tears) pretty soon after “the act” and that was the very answer I was given. Which brings me back to the “judgement question”, I thought I knew him but it would seem he knew me better and used what he knew to his own advantage regardless

15/11 – I still don't see why you can blame yourself for your ‘lack of judgement.’ As I see it I doubt he knew you better than you knew him. It sounds to me all that was important to him was what he wanted, he knew he could do it because he was stronger than you and could get away with it.

15/11 – Yes you're right, he certainly did that didn't he and I was so completely helpless in stopping it. That he has shown remorse afterwards was something the ex-husband never did (self-pity yes, remorse no) – and perhaps this is why my sense of “wanting justice” now is slightly tempered? Perhaps that apology and shame he has expressed means he has learned something so very important.....I hope so. Perhaps the “justice” for me is that he is “deeply sorry and ashamed” provided, of course, that I can manage to learn to trust someone else in the future and that the “damage” can be redressed; I certainly hope and firmly believe this possible - eventually, but just not tomorrow!

11 Nov - "Trusted friend" opines that I am very brave.....but I don't feel it....just completely flattened.....it's a backlash I suppose to having to face the traumas of the memories and having to dig deep into "reserves" in order to cope. "Something" has to "give" and so I am entering a very quiet time, being warm by the fire seems a good idea.

13/11 - meanwhile, perhaps I needed to go round in circles in order to find the right junction (M25 analogy!). After quiet contemplation at the weekend, coupled with an extraordinarily touching Radio 4 sermon for Remembrance Sunday by someone from Northern Ireland talking about how he has come to terms with the Eniskillen bombings and all the wrongs in this world, I enter a new phase of optimism.

13 Nov - I sat down and wrote a letter to "him" stating completely honestly the terrible repercussions of his actions, and it seemed a very positive thing to do.....whether it is ever posted seems not to matter just now

14/11 – very interesting how you slipped the following piece in between two others that were totally unconnected with it

14/11 – I think I missed out a bit of the “thought process” in that part of the sermon was to do with the man whose daughter was killed in the bombings and soon afterwards stated his forgiveness.....which reverberated around the world, so enormous was such a statement at such a terrible time.....and had such a positive aftermath....

13 Nov - “but if anyone should know it is him, if only to make him think twice before doing so again to someone else”

14 Nov - It seems reminiscent of your wanting to shout through a megaphone. What do you think you mean by it?

14/11 – I don't think so, not really – I still think that was anger coming through. But in my current thinking, I do want him to know the repercussions (memories here of milder events when the choir master would bemoan the fact that several people were missing from rehearsals but only to those that had actually turned up – tell it to them not us!) – that he has expressed remorse to my mind means that he is not “wholly bad” and if in making him really understand the aftermath he either has second thoughts about committing such an act with any else, then at least that would be a “positive”.....

13 Nov -and a wave of peace in accepting what cannot be changed seems to have made a difference.....that and the decision that in order to cope I need to forgive him seems a good way forward, and I think I can forgive, but not forget, and of course the trust in him is lost forever. Trust for me over the years have been very hard fought for given my parental

"digressions" and I think this has contributed to the overall devastation on emotions.....but it has brought with it a renewed conviction that without trust life has no real meaning.

13 Nov - Looking at what "is" rather than what "was" has helped. The "is" includes all my family and friends, that we have our health and each other.....what "was" cannot be "undone" but the "act" is over and I am "alive and well ('ish!) and living in Cornwall". People are coping everywhere with extraordinary events beyond their control.....at least I have choices again, I can choose to "crumble" and relinquish "self" or not.....I choose not.

14/11 – This comes back to the “usefulness” of mourning what might have been.....not for me then, but it will have a place for others no doubt.....and the forgiveness is not a “magnanimous gesture” – it is but a way forward for me to one day trust again someone else.....that’s all, and so it is quite selfish....mea culpa...

13 Nov - I am feeling more sanguine, more human, more me.....there is much to be grateful for and glad about.....just not “the bit that is 13.10.07”

15/11 - The horrible dreams are abating, I am sleeping better and look slightly less “haunted” – from time-to-time there is brief flashback but I am learning to stop these in their tracks – it wouldn’t take much to go back and re-live it and I want to go forwards not back. “He” has been conspicuous by his absence in the village, which is a good thing.....I’m out to supper tonight and will be late back, but will certainly be parking outside the house and dashing through the front door just in case.....but I probably would have done that anyway. It’s getting better and going about my ordinary business in an ordinary way is helping.....

Cynthia - 20.11.07 I was doing quite well - until tonight that is.....when “he” was on the doorstep of the pub opposite when I came home from work and waved – can you imagine that, he waved! Anger doesn’t begin to describe how I felt.....I thought for five minutes and then sent a text to say he was not welcome here and asking why he was doing this?

21 Nov - What do you think he was doing exactly?

23.11.07 Probably just having a beer!

20 Nov - The reply came quickly, that I should “stop texting him, he could drink where he liked, he wasn’t going to bother me any more so get over it” – I was astonished. Get over what exactly? The rape? Did he seriously think I wanted any more to do with him?? And so I sent that message back but back came “stop texting me, it’s not healthy”..... “I rather think that is you not me” I replied.

20 Nov - OK, so perhaps it was not wise to send a text (and I certainly shan’t do that again and have deleted his number) – but I couldn’t just have him pop up hither and thither and then just ignore both it and my own reactions..... I found I could not just sit here doing nothing (unlike last time) whilst it seemed to me he was trying to intimidate me, and again!.....he may of course just have been having a beer in the pub – but it was the wave that made me angry – how stupid is that! - and actually Cynthia right now I’m glad I replied and stood my ground.

20 Nov - It seems to me that the implication was that I had been bothering him and was unhappy that our relationship was now at an end (what?!)......and that I was the unhealthy one

to-boot! Well, that just is not on, given what I have gone through this last month.....and I feel there is a turning point here. No doubt this would be his “defence” in any public arena but he didn’t have “control” of me pre-13.10.07 and will never againthe “I can go where I like and drink where I like” seemed tantamount to taunting really.....well, I won’t rise again to that, but I am glad I did today.

20 Nov - I had been feeling stronger bit-by-bit, the ordinariness of life giving succour really.....and a minute ago my three-year old grand-daughter rang to ask for the “Goldilocks song please Granny” over the telephone because “Mummy doesn’t know all the right words”. These are the “real things” in life and what is important to treasure, rendering (in an odd sort of way) 13.10.07 “unreal”. I think I need to keep it in a box labelled “horrible” in order to get on with the rest of what is actually pretty wonderful. Count blessings, which include health and happiness, truth and honesty, love and kindness, strength and compassion.....I have all these in abundance and am actually pretty lucky, one way or another.

There is a temptation here to think perhaps I am going slightly barmy

21 Nov - you’re not going barmy!

23 Nov - I didn’t believe I was but it certainly felt like a possibility!

20 Nov - and certainly I have feelings I don’t recognise but what does feel odd is the way I reacted – pure gut instinct and anger – and I’m not overly familiar with anger....perhaps I should learn?!

21 Nov I believe anger is the actual manifestation of other emotions – possibly in this situation lack of control on your part – you cant control him on this occasion like you couldn’t previously.

23 Nov - You’re right of course, and as I said earlier, it could just have been he was having a beer like he said and I cannot dictate where and when he does that – but it “caught me on the hop” because there had been several days when he was conspicuous by absence and I had hoped that he had gone back on his travels and I could relax a little..... but I’m still glad I didn’t just shut the front door and “dissolve”.

20 Nov - This is a surprising end to the day and I hope you do not mind my “keeping you abreast” just now.....but something tells me that you will not be so very surprised – I think, as women, we tend to look for explanations, explore where we might have contributed to problems, be ready to accept our own failings, be open to alternative opinions and be prepared for a different outcome to one we might have envisaged. But today, and possibly just today(!), I am pretty confident that this man will bother me no more.....it seems he is hanging around and intent on coming and going by my front door – at least he won’t wave again! – Any insights you might have on these events or any questions you might wish to pose, please do.....and if it is part of your research then that’s fine with me. Reassurance on possible “barminess” would be helpful!

21 Nov – Oh you made me laugh – not at you and how awful you must be feeling but at the situation that is so reminiscent I believe of one that a large amount of women have probably been through at some point in their lives. Having said that the scenario for

them would not have been as a result of rape but just that a relationship has ended bitterly – which yours also has but in a rather more horrible way.

23 Nov – actually Cynthia, I’ve made myself laugh too, which can only be a good thing!) - I’m beginning to feel better and for longer periods.....

23.11.07 Mine ended when he changed his mind about being together the second time and actually I didn’t mind at all, I just wanted was an end to the dithering.....but I did want to remain friends because in a way I understood this, it was how we started out, and I said so. But clearly this was a mistake and the subsequent rape certainly put paid to any romantic notions! His second chance was his one and only and he knew there would not be a third.....perhaps then this was his “revenge”? Who knows, certainly not me.

21 Nov - Your man may very well have been just having a drink but the wave that made you angry is understandable.

23.11.07 Yes, the rape threw me in to turmoil and pain and anguish and disbelief and all those emotions.....the wave made me furious!

21 Nov - He will probably see things very differently to you. To him time has moved on, nothing in his world has changed as a result of what he did and so he thinks everything is all right then and he can send you a merry wave.

23 Nov - That he acknowledge he had abused my trust and was “deeply sorry” in fact did not help me in the long run did it? (rhetorical!).... it softened me slightly (albeit only slightly!).....and although there is no obvious sequelae for him, he has to “happen upon me too” if he stays around here....and he still does not know what I may or may not say/have said to whom or indeed what I might do in the future – and so I think his responses have been attempts at further intimidation.....but my doors are locked, my neighbours are watchful and his “position” is not comfortable.

21 Nov - Looking back to your first account, what happened and his responses to your texts afterwards, I’m not sure he ever really thought he had done anything wrong.

23 Nov - Yes, you’re right.....when he invited himself for lunch a while later had me thinking “What? So you can rape me again? - I don’t think so.....but I didn’t say it, I just said what I have already told you in previous “dialogue”.....and which he pleaded I was talking in riddles and he didn’t understand.....but which eventually led to the “surprising at the time” apology.

23 Nov - The only time he has had control was “that day” and in a very strange way knowing that he could be “playing such games” means no response is the best response, and this is very reassuring. I think this really shows his “true colours”, his previously acknowledged “cockiness” which he tried to display at the very beginning of the relationship but which was soon dispensed with when he found I was not particularly impressed has clearly now had a remanifestation . At the time I took it to mean he felt more comfortable in my presence and no longer had such a need –another misinterpretation then!

21 Nov - My impression of where you live is that it is a small village – in which case I would think it very likely you will continue to ‘bump’ into him.

23 Nov - Yep again, but I now have more of “me” to equip myself for such likelihoods.....I just hope my (now tempered but still there) anger outwits the awful memories but “something” tells me it will next time.

21 Nov - If you get angry – go punch a pillow – and then write to me!!

23.11.07 Thanks, I will! As earlier (several times!) I agree.....and Cynthia, if I would proffer any advice to anyone else it is “get angry” (albeit internally) for whatever reason, although not convinced by the “and then get even” bit which would only perpetuate nastiness. For me, where I “find myself today” (and the fact it has lasted for several days now, intact and with no pendulums means I can trust it a little more) feels that “normality” is returning and I can now look forward with a little more certainty. I firmly believe that we “reap what we sow”.....his “petard will surely hoist” somewhere along the line but I just wish I was brave enough to “seek public justice” to fast-forward that, and then pre-warn others - but I’m not, and probably never have been. He’s a “tough guy” which at several points he confessed to and eventually that he was not particularly proud of but as “trust friend” has said, he is to be “pitied but not by you” - wise words, wise friend.....as indeed are you wise, and eventually me I hope.....thanks..... it has helped enormously

27 Nov - I hope you had a good weekend. Thank you for your responses they were both interesting and heartening in that it seems you are getting to grips with stuff!

28 Nov - Yes I am, step-by-step, but it is just the little things, the seemingly innocent things, that can catch you “off guard” but then who wants to be “on guard” whilst going about “normal life”? Not me, well eventually that is.....and so in those moments I garner wits and respond in what I hope is a “usual RJM way” because I recognise why the immediate reaction is what it is rather than what it would have been pre-13.10.07 – that date is etched! The responses are a bit of a “fudge” but it seems to work for me.....so far...but today when another sweet friend (she with wiggling antennae but so far respecting my reticence) remarked I looked like I’d been through a hedge backwards.....and I wanted to say why, but it was neither the time nor the place.....but with her I think I will, eventually, but not tomorrow!

27 Nov - A couple of things occurred to me. You mentioned that your neighbours are watchful - is this particularly on your behalf or just generally as in Neighbourhood Watch? Have you told them about your experience?

28 Nov - No, I haven’t told anyone “hereabouts” but they know “him” very well indeed and since he sold his business and went on his travels, a hot topic of conversation is what he is doing back again.....in the grocery shop next door particularly! They are kindly people but perhaps what could be described as “a little unworldly” although I never really understood that expression for they “cope” with all life throws at them with indomitable spirit and fortitude.....which seems pretty “worldly” to me.....and so what I mean here is that if he is “overtly around” (instead of just “having a beer”) it will be commented and speculated upon.....and forewarned is forearmed. I still have the odd “notion” that we might meet in the shop and I could ask if he had raped any nice women recently.....but I so lack both the courage to do so and the fact this would distress those around.....

27 Nov - Sometimes we may never know if another 'reaps what they sow'. Those who

are religious would have much to say on this, I'm sure. However, the only way to be sure, in this life, that they do is to make a formal stand in some way. To many individuals such as yourself this is not possible for a multitude of reasons. I believe, therefore, the best form of 'revenge', 'justice' or whatever one might like to call it is to ensure we have a happy, fulfilled life because when we do it becomes much less important what happens to those that have hurt us.

28 Nov - Indeed, I would concur with this.....I did so with my parents “decampment” and the children’s father’s “negativity of the value of most of the human race”!.....and ergo I can certainly do so again with “him”.....and whilst I am not overtly religious, I do have belief in a “higher element” to our existence.....and in experience (thus far) the “mEEK do indeed inherit the earth” and petard-hoists usually come – even if only eventually, for example “he” is currently being “investigated by HM Customs and Excise” for “irregularities” with tax and VAT returns and is currently expecting a rather large “bill” – good!

28 Nov - and here I want to ask if this is personal experience but realise it is not a question I should ask.....but also, thanks to the internet, I have read more information just recently on “rape”, “recovery from rape”, “reasons for rape”, “why men rape”, men against rape” than I had ever envisaged a need for!

27 Nov - Just for your information the style of research I am conducting is in the 'feminist style'. My research is called a 'guided conversation' - or as my supervisor calls it 'two ladies chatting'!!

28 Nov - “Two ladies chatting” is much preferred by this particular individual – structure is all very well, and helpful when thoughts are jumbled in trauma, but in my personal experience a little “largesse” in enabling individuals to put into their own words their own feelings bring about much more valid dialogue and thereby more insights.....this could bring into the conversation “multiple choice” v. “essay”.....and I suppose it all depends on education and “eloquence” but again in my experience those who are very well educated are not always able to put thoughts into words whilst those “deemed” uneducated how a “bit of a knack in saying it straight” – vis a vis that lovely lady haranguing Tony Blair on why here husband was in a filthy ward and not getting any proper medical attention – he looked (quite rightly) pretty uncomfortable – and so well done her. I am sure that “to each their own”.....when I think back (not that I want to particularly!) to my initial “first gibberings” with you, I have indeed come a long way in quite a short space of time to a little more rational thought-processes and a little more belief in what I thought I once knew and then found I didn’t know anything, although I did really!.... that is not to say I am “out of the woods” but the trees are getting thinner”.

27 Nov You mention about your neighbours not being particularly worldly - I suppose when we say this we mean the world outside a small village. Moving around does add to one's 'worldliness'. Having said that, I agree with you many can still be very wise in their own right.

28 Nov - My beloved granny never went anywhere beyond her village and town but lived through two world wars, knew terrible hardship and poverty in her early years and retained until the end at 97 an enormous interest in people and their “doin’s” – she was what can only be described as a “wonderfully good person” and one of the wisest people I have ever known

– she and “trusted friend” on a par then.

27 Nov - It must be very handy for you at this time knowing you have many extra eyes and ears working on your behalf.

28 Nov - It is actually, whether they “realise it or no”

27 Nov - You mention again these 'fantasies' of asking him if he has raped any nice women recently. Ignoring both your lack of courage and the fact it might distress others should they be around. Let's take the fantasy forward and you do what you wish. What do you think his reaction would be?

28 Nov - Interesting question, his reaction wasn't uppermost in my mind with this one – but I would imagine “bluster” and then “astonishment” and (depending on how many were in the shop at the time and who) perhaps a hasty exit never to be seen again?! There again, he could just be aggressive and shoutwho knows? – not me anymore, you see I thought I knew him but found I didn't at all - but I almost think I could do it.....just not quite! What I do know from the past is that when I have taken all my courage in both hands and “done it anyway and bugger the consequences” because of some “hot internal debate” that somehow “threw caution to the wind”, it has usually worked out far better than I could have envisaged with surprising sequelae.....so perhaps here lies the enduring quality of this fantasy?!

29/11 - These incidents in the past – have they had anything to do with a criminal act? This could make all the difference to any response he might make should you 'spontaneously' decide to go through with it. Also how do you think you might appear to those witnesses of this particular scene? What might they think of you? Are they aware of the relationship you had with this man?

29 Nov - Bless you no, absolutely nothing to do with any criminal act! - just times of feeling “wronged” and wanting to put my point of view across yet finding it difficult to be “confrontational” – I don't like anger, either with others or in myself. The fantasy is just that, fantasy, and I think it is just another way for me to cope just now. My friends knew of the relationship (but they don't live here) and advised against giving him a second chance, even and especially my son! - my daughter thought I should though, to quote her “everyone is entitled to make one mistake” and he was very insistent that he be given a second chance and I took quite a lot of persuading! I think one of two of his friends did (and they do live here) but apart from his daughter and neighbours who obviously know him, I don't know his particular friends except by name. He did tell me that his daughter said I was too nice (!) for him so perhaps she knows. So, as with most fantasies, it is just that and will probably remain so.....but were I to “create a scene in public” I'm not sure that the reactions of others would be a factor in my thought processes and thinking about that some more, in the past when something has felt “right” for me, I have assumed those around would react in their own way and I could only guess what that might be, not predict with any accuracy.....we are not only responsible for our own actions, but also for our own reactions, and I would assume others (well, friends I know and like anyway) would feel the same.

28 Nov - However, it would have to be spontaneous rather than carefully thought about.

27 Nov - And also what is it exactly you would wish to gain from doing this?

28 Nov - Another interesting question but, given thought, perhaps what I would really love to do deep down is tell the world and warn others

29/11 - Perhaps the best way of doing this is to tell the police – however, because of your existing relationship you should be aware that nothing may come of it – legally that is. However, research has shown that by talking to the police can in some way help how the victim feels about themselves because it is a way of taking back the control that was lost during the act. And even if nothing comes of it the police may nevertheless interview him. By saying all this I am not in any way attempting to persuade you to go to the police, that is your decision alone – just some points to consider.

29 Nov - Yes, that is an option and I should have done that at the outset but was emotional totally incapable of being coherent in thought let alone words. As you say, it might be something that the police could at least interview him if nothing else but would that achieve anything? I'm not sure it would.....

28 Nov -and also maybe recapture the “me” that until now never felt such fear or helplessness as on that day.....but there again, “me” is coming back and much will now depend on those around me but also on me actually! I do truly believe that “truth will out” in whatever guise, even if only albeit eventually.....and whilst not actively wishing to seek to contribute to another’s “downfall”, there is some comfort to be had that “come-uppance comes up” where it is deserved.....

Actually Cynthia, for the first time tonight when driving home (and there is only one route I can take – would that there were another) and passing by where “he” (when I last heard that is) is currently staying”, I found myself thinking of my grand-daughter and pleasant things rather than wondering if he might be coming out of the drive.....good progress indeed, well today anyway.

29/11 – Good indeed

28 Nov - The friend who’s son died, and who is currently on the other side of the world, has been e-mailing quite a lot recently.....I sort of feel the time has come to tell her too.....she has some wonderful insights but she’ll probably be a little cross I didn’t tell her sooner! – we’ll see how I feel tomorrow.....

Personally, these “anonymised” conversations have been very cathartic – so thank you.

29/11 – I’m pleased that I can help in some way. However, I recall from your opening dialogue that you didn’t want to talk to anyone about it, only write to me. Although you have now told a friend why do you think, looking back, is it that you didn’t, and seemingly still don’t, want to talk to those who are properly set up to help women such as yourself in such difficult circumstances?

29 Nov - I have always found it difficult to be completely “open” in extreme circumstances until long after the event and then usually only if in the telling it helps someone else. Certainly at the time of my parents’ separation I learned (perhaps wrongly but until now it has “worked for me”) that the one person I could rely on was myself – and I was only 16 at that point. Through my unhappy marriage I told no-one very much (I did once ring the Samaritan’s though at the very lowest low – and it was very helpful) and through my divorce

ditto.....it was only when it was all over, we were settled in our new lives and the children happy, that I began to speak with close friends.....but not in great detail about the violence; that had lost its impact when I had faced him with the iron bar in his hand and said “do it then, and then everyone will know” – goodness me, now you’ve got me going! - I remember a while later in a new relationship he raised a hand in fun, poor bloke, I verbally “went for the jugular” and he was astonished and then horrified but completely understanding of my reaction when I explained.....we made up and he never teased me that way again and he was completely lovely but he wanted marriage and babies – and I didn’t! I also recollect visiting another friend and “wiggling my own antennae” – something wasn’t quite right – and after we had all left her house, I went back on some pretext and said “he hits you doesn’t he”.....and it all came out (she was the one whose first husband was a paedophile – I think I told you somewhere along the line – I should write a book!) Interestingly, for me anyway!, I actually did e-mail the --- friend yesterday – her response was immediate and extreme (she never does “pale”) with suggestions of catching the next flight home, huge hugs for me and dire warnings of castration for him – except she used different words, she is an English teacher! And I remember here now one of the times after her son’s death when we were both in tears and she said “you never ask for anything in return” and I said “perhaps I don’t know how” – it was one of “those” moments. But my close friends know and love me for who I am and accept the seeming reticence. They know I will speak when I’m ready – actually, with the recent London experience of the “girlie get together” the “talkers” and the “nots” was a common theme – but I’ve digressed somewhat from your questions – sorry! – I think that given all the above and my own experience of once joining a women’s group to “learn to be a counsellor”, I actually found that most of the women there came with their own agendas (except “trusted friend”) and were terribly “needy” themselves – it put me off and I left the group but kept the new friend! I am sure you are absolutely right that there are people “properly set up to help women in difficult circumstances” – just not me. At least the “time-lag from event to speaking” is shortening over the years.....I think next is to tell the “paedophile/battered wife” but I do need to do all these things in my own time in my own way, coping bit-by-bit rather than a “full onslaught in-depth analysis”. To briefly go back to the book theme, now there is something worth exploring.....I’m so much better at expressing myself by writing than speaking.

12/12 -I haven't forgotten about you Cynthia but I haven't had much more to contribute these past couple of weeks. Emotions are back on a more even keel, although there are "moments" of course.....but on the whole, and also because I've been incredibly busy completing on a house purchase back in the ---, there has been less time to "mither". Although "his" car was parked in the village a couple of times a fortnight ago, there have been no more waves from the opposite side of the road, and since then no sign of the car so perhaps he really has gone this time. The real test, of course, would be if he put in another sudden appearance but I am prepared for this, well as prepared as I can be, and would hope to meet such an occasion with a little more rational approach than the last time!

Your research will be drawing to a close soon.....I want to thank you for your courtesy and understanding and to ask that when you have completed your paper and drawn your conclusions from all you have learned, if you could possibly pass back your summary? If I can glean some further insights, it would be helpful I'm sure.

18/12 As you might have expected, "thoughts" still mull around in unexpected places and times (but much less "angst-ridden" thank goodness) and one of the "things" that continued to puzzle me was the "flight or fight" reaction I sort of thought I might have had on "that still

awful day" whereas I merely "complied" - not quite the right word but I have no other just now. I think we both put it down to "shock" and that is certainly what I felt but having read somewhere (not quite sure where), there was a hypothesis that this was a "survival instinct" and I wondered if you had any deeper insights into that? It would certainly make more sense to me if "flight or fight" became "flight or fight or just survive somehow".....and perhaps there are other responses hitherto unknown to me but perhaps to you. Just wondered.

19 Dec - Yes the 'fight or flight' response is a survival mechanism, however 'freeze' is another response some women have which can also be viewed as a survival mechanism. Similar to the 'freeze' many women comply as you did and do so for many reasons. I wonder if you would be interested in reading my undergraduate dissertation, which puts together 'under one roof' so to speak the 'before, during and after' factors of a rape that can affect recovery. The 'fight, flight or freeze' responses are mentioned. I got a first for it so it is seen as pretty comprehensive!

19 Dec - I would feel privileged to read it Cynthia – thank you

19.12.07 - Thank you for the dissertation which I read avidly (of course!) and found absorbing.....in summary then, it seemed to me at the end of reading it that “our conversations” had covered most points and the helpful answers you had already provided; whilst not exactly a “validation” of personal reactions to that “ghastly day”, for that was not what I was seeking, it underlined many of my personally-held “tenets” which I shall try and explain here but may well not quite do so adequately; it matters not, for I am confident you will extract the “nub”. Ergo, my personal previous history and this ghastly episode has been put into context “as a whole” that I could both understand in its entirety and find very helpful at this point in time.

I’m very pleased it was useful

Firstly, I highlighted the word “acquiescence” which was indeed what I was seeking when I said to you that “comply” was “not quite right”. As you know, the “freeze” phenomenon puzzled me because I am not by nature “timid” but “rabbit caught in the car headlights” explains completely just how it felt at the time..a man I trusted turned to someone I couldn’t and all in a split second. However, I would “take issue slightly” that this would lead to an assumption that this germinated the “seeds of guilt and often leads to the false conclusion that the victim produced or participated in the criminal act”; I know full well that I did not do either, which takes me back once more to my mother’s advice when very young to believe in your own truth – and this is the core really, personally, to why I think I am coping now.

I think the most important word here is often and not always. Research into this particular phenomenon has found that many women do feel this way

The next highlighted paragraph was “lack of faith in the judicial system” (quite so!) coupled with “UK lawyers often consider that acquaintance rape victims are partly to blame and are relatively unwilling to prosecute these cases” is something else we discussed and is actually a sad reflection on society’s “regulatory system”.

The next highlight was that the “typical rapist was, for the most part, an ordinary but violence-prone individual.” I hadn’t previously considered that but in retrospect “he” had confessed to just such behaviour, opining that at his age he really should stop doing so.....an interesting insight then and one I shall take heed of in future, make no mistake!

I did “take issue” (too strong, think “disagreed with” would be better) also with the paragraph “Compounding this, research of those who had been raped by someone they had previously been intimate with, often did not acknowledge, to themselves, they were victims of rape, as the act did not fit with the usual rape scenario”.

Again research into this area has found this to be the case for many of those who find themselves in this situation. In fact I have had it said to me both by some of my participants and also students I have spoken to about my research.

I acknowledged immediately that this was rape; I had said no clearly and several times at the time but it is true that in my completely “unworldly view” of what was “rape”, I had assumed violence and rage to be at the core but now know, in my own experience that is, that it was control and callous in nature.

The “self-blame” paragraph was interesting because I did, if you remember, feel that in “accepting the bet” I had given wrong signals.....but actually, when “it” began to turn into “something not anticipated and totally unacceptable” I said no many times and know, without any reservations, that he was in no doubt that I meant it. Interesting too that I chose to confront the “event” full on.....”I want to get on with this and get through to the other side” or some such emotional “outburst”. Added to which “withdrawal” was not an option I chose, preferring if you also remember to carry on with “normality” seeming to me to be the quickest route to actual feeling “normal” again.

Hmmmm, rape by a known man “seen as less traumatic”? True that he had “known my body” and ergo this was not “new” but he had had my trust and had abused it totally which of course brought into question my own “sensibilities and judgement” and also complete destruction of “trust”. I would therefore “argue” that it was **more** traumatic in the immediate aftermath, but only personally of course.

‘Personally’ is of course the most important word here, because as a victim/survivor of rape we can only respond personally. I cant recall if we spoke of this area in our ‘conversations’ however to briefly cover it again I’m sure will do no harm. For those individuals who have been the victim of a stranger attack the immediate aftermath (and in fact often continues long after) leaves many terrified to go out in the first instance and should they feel brave enough to venture out are sure they see their attacker on every street corner. I have, only a couple of weeks ago, supported a woman, through Victim Support, who had been the victim of a serious sexual assault by a stranger whilst she was out jogging. It was unfortunately almost a month before I met with her and in all that time she had hardly ventured out of the house and on the odd occasion that she had she always had someone with her. She was also terrified to be in her own home by herself. She also had not been back to the job which she loved due to the terror she felt. This was a woman around your age.

Are there “different levels of trauma” then? Is there a sliding scale of definition? I can completely understand from what you have outlined above how this poor woman must feel about venturing out and how truly awful it must be to not at least feel sanctuary within her own home.....a terrible dilemma (and yes, I did not have that also to contend with this because locking the door behind me gave that sense of security) and indeed how very traumatic that must be and also how difficult to eventually overcome such fears; I do hope she manages to. I personally however had (NB. Not “have” – good!) the additional fear that he “knows my habits only too well” having lived next-door-but one for three years – the times

of coming and going from work, when I am in the garden tending to the plants and when to put in an appearance in the street so that he could wave at me perhaps! Yes you are right, comparisons cannot be made.....so perhaps “equally traumatic” would be a better viewpoint.....but both scenarios have very deleterious sequelae at the outset.

4/1/2008 – Medically there are different levels of trauma – if you look up Posttraumatic Stress Disorder (PTSD) you will find that certain symptoms have to be experienced for a certain amount of time. Similarly with the symptoms of Rape Trauma Syndrome which is now considered to be a form of PTSD. Without checking but off the top of my head I believe Acute Trauma Syndrome (ATS) is a precursor of PTSD but does not always become PTSD due to the time involved. The majority of individuals who suffer a trauma have some of the symptoms of ATS but by its very ‘acute’ nature passes after around 3 months – if it doesn’t then the symptoms become chronic and consequently becomes PTSD.

The RTS description certainly covered most of my immediate reactions (if not all!), and certainly my own over-riding “outward” response was calmness personified whilst, if I remember rightly, “gibbering emotional idiot” was how I described feeling inside at the time. ?Reconcile events – yes, one can “reconcile” the “then” and “now” with a certain degree of certainty and I (sort of) feel now that as “we” near the end of our “conversations” I will have put “the event” in a box labelled “hideous” that should be prioritised within the “great scheme of life” as not deserving any more “attention” in what has otherwise been an extraordinarily privileged life full of many good things. As we discussed, people everywhere have terrible “things” to have to come to terms with “somehow” – this then was “my turn”, nothing more, yet certainly nothing less.

I do feel that my (perhaps to you) unorthodox approach to “dealing” with “events” was only ever the right one for me; perhaps it stems from being surrounded by academics and having privileged insights into other people’s traumas., or perhaps it comes from working in general practice where no-one’s life is straightforward, or even perhaps it stems from only ever relying on myself throughout later life.

I don’t see your way of dealing with events as particularly unorthodox – as you say it is your way. Although I was previously aware of the many and varied responses, having now ‘spoken’ to 21 participants it has been personally interesting to see how each has dealt with their experience in so many different ways. This of course shouldn’t be too surprising because we are all individuals. It was felt by my undergraduate supervisors that my dissertation could be of use to rape victims if it were published because it shows this variety of responses. Not all of course are experienced by everybody. Having said that, however, there are many ‘commonalities’ linking rape victims in general and my participants.

What are these “commonalities” Cynthia?.....and actually I think it would be very helpful for there to be more education amongst the general populus that reactions to rape and methods of dealing with it can be so varied.....which of course makes your research into how better to cope that much more difficult of course! But again personally, and I can only speak personally, it has been very helpful to have feedback on hitherto “unknown emotions” and for these to be recognised as “not unsurprising” and then to have viewpoints/explanations that engender rational thought to take another step forward in the right direction.

4/1/2008 – The name Rape Trauma Syndrome was coined by Burgess & Holmstrom (see my dissertation) as a result of their research which found so many common symptoms among rape victims.

You are right that there should be more education. In schools there is a big enough fight to get sex education on the curriculum. I don't know but I doubt whether rape gets much of a mention. Lessons on how to be respectful to another should be on the curriculum and I have heard that some such lessons do exist in some schools. But looking at how a lot of society is today it must be falling on many deaf ears.

With the internet now of course there are vast amounts of information out there on the traumatic aftermath of rape on an individual. However I'm sure the majority of individuals who view it are those that have been through it and then probably, for many, not until some time after the event. Very few of us would wish to know the nitty gritty of such horrid events beforehand, this is of course why it comes as such a shock when it does happen.

However, the two other people I have (thus far) trusted enough to be part of the aftermath were both wise and only very supportive in their responses.....to have anyone “muddying the water” would have undoubtedly caused more confusion that I probably could not have coped with, and yet this I knew in advance from previous experiences of “people”.

Your age, and subsequent life experiences, has stood you in good stead here. The majority of rape victims tend to be in their early teens/early 20s and as a result may not have much in the way of previous experiences of people. Choices of confidante are often limited to young girls such as themselves because many do not tell their parents even though they are still living at home. Many therefore do not get the sage support and advice you probably received.

At this point in time, I **do** have a choice – I can choose to sink into a myriad of negative emotions of self-pity, ongoing distress and mistrust.....but, as with my parents' abandonment”, I chose to **not** have any of those negativities, and also to continue to trust those I can reclaiming” where I was before” 13.10.07 because anything else would negate the “journey”. Yes, I will be “different” but I will be “better” because of it, I hope.

When the friend whose first husband turned out to be a paedophile (now there is something to “get to grips with”!) and her second husband then turned out to be a “wife-beater” (I “counselled her” that this was “but a blip in an otherwise really good life”).....years later she continues to remind me that this was possibly the most helpful advice she received at the time and how wise she felt I was (I didn't feel particularly thus, just said what I felt to be true). And just yesterday I received a telephone call from another friend who years ago I “helped” and, having “got her act together wonderfully well” has forever afterwards every Christmas said “thank you” with presents.

I told her this year that “I only did what most people would do to support a friend who needed it” and my heart tells me that there are more “good things” in this world than bad.....I firmly believe that “we” are here to help each other (if we can) and that those who choose to do otherwise will, eventually, “reap what they sow” – their problem then.

I wish I could believe the ‘reap what you sow’, it must be quite comforting.

It is not really a question of believing.....it is what I have experienced and seen in others over the years – perhaps this has just been coincidental, who can possibly tell? – but for example my bullying ex-husband who was so critical and dismissive of most of the human

race (without a degree from Cambridge at the very least!), continued after we divorced (and still does even now) to try to bully his children – however, because I brought them up with a different perspective, they stand their ground and independently (I only told my son about those early days when he was 23 and asked the questions!) have decided that whilst it suits them they will tolerate him when it suits but not when it doesn't. They had their own independent relationship with him in the intervening years, every fortnight, and are now adults with adult views and have come to the conclusion they don't like him very much as a person – sad. Now, he contemplates a rather lonely existence as he approaches later life because they are indifferent to him – not an epitaph I would personally relish.

4/1/2008 – Yes I suppose 'reap what you sow' is relevant here or is it 'cause and effect'.

Then there was the solicitor friend – he subsequently had a terrible car accident, suffered brain damage and she eventually regained custody of their IVF child having joined AA and found a different life. I don't mean this to sound evangelical, anything but, and I'm equally sure it doesn't always happen, but it has happened enough to enough people in my life over the years to be, whilst not comforting because I don't really find comfort from other people's "downfalls", to at least hope/believe that there is "something higher" that guides our choices, decisions and actions.....the rest is up to us all.....we have freedom of choice.

This reply is full of cliches but so is life really....."his" only redeeming feature was that he apologised and felt "deeply ashamed".....and so he should. The corollary is that the "sold" sign has finally been displayed tonight on his house at one end of the village and his camper van at the other end has gone.....this means I can come and go with a certain amount of impunity – and if I do meet him I have nothing but the realisation that he is very inadequate and to be pitied.....but not by me.

Thank you Cynthia for listening and being sensitive to my emotions – you have been tremendously helpful in my understanding and eventual recovery of "equilibrium" – I just hope my relaying "the experience" will prove helpful to others.....and apologise for earlier "outpourings" but they were just that.....

There is no need to apologise for your outpourings – although you say 'they were just that' – they were *more* 'than just that' because this is what many victims instinctively do should they feel they have another who they feel sufficiently comfortable with to 'outpour' to. At that time you felt you couldn't tell anyone else but it was obvious you felt the need to do so and so I was the 'next best thing'

As I once opined, the "real test" will be how I might feel with a relationship in the future.....and I think that the only way forward on that one will be to be completely honest in sequelae.....

6 Jan - Yes thank you Cynthia, lovely family Christmas and then splendid New Year with good friends gathered around a piano singing well into the wee small hours singing every song that we could think of from "Knees up mother Brown" to "Knocked 'em up the Old Kent Road" and many in-between with some delightful harmonies to-boot - quite hoarse for several days afterwards due to "top-Sop" status.....I hope you did too. Added to which there was not one "sighting" of "M" and very few dreams or thoughts along those lines.....good indeed

I have read your responses and no, I did not find them argumentative.....as you say, just "different" which is never a bad thing if it means we rethink our views, on both sides, and even if we maintain our stances - but can lead to more thoughts! On that note, you have indeed mentioned before that I was welcome to continue to "pontificate" and "pass musings on" if it was helpful.....but such needs have diminished pro rata dialogue and your helpful insights and so it would seem I am an "almost three-month person", which is comforting! - because I am not entirely sure I have very much more to say.

Actually, I am pretty keen to get on with the rest of my life with only "positives" wherever possible. I have bought a house back in the ... which was already underway when 13.10.07 happened and will have plenty of opportunity to put behind me once and for all these current surroundings. Not that I dwell on them overly, but this house is where it happened and over the garden wall is where I saw him daily for three years.....these can serve as reminders if I let them, not that I do any more but the potential exists.....

And thanks also, once again, for your support.....I am sure that my "recovery" (? "adjustment") has been exacerbated by your "internet presence" and prompt responses in times of turmoil, ably supported by my "trusted friends" of course.....and when your PhD is accepted then I rather think you deserve it! I wish you well in your future endeavours.....All this has added I think in a positive way to what is truly important in life and "M" is not one of them.....thanks again

Claire Transcription

I was 18 and had just finished doing my A levels and so me and another girl decided we were going to spend the holiday season in Greece working. So we went to Crete doing bar promotions and stuff. We got jobs as dancers, not strippers, we were fake punters that had to pretend we were drinking at the main club and to warm the crowd up. So we did that and while we were there, there were a lot of southerners and hardly any northerners and one night a group of boys from Liverpool came to the bar and my friend had got another job by then so I was doing that by myself, with another group of girls but I didn't really know them. I started talking to them and I said oh god it's so nice to hear a familiar accent and they said oh well we're going now but we will meet you later. I said ok and so they came back as they said they would when I finished my shift and I had a drink and I was talking at the table and the club manager said oh you haven't finished yet you have to go back and so I put my drink down and then went back and then finished my shift and came back and downed my drink and went off with them.

The next thing I know one of them went away and then I was left with this one who just reminded me of Jabba the Hut, he was disgusting. Then all that I can remember is seeing one of my friends and not being able to speak. I was just trying to speak to him but I couldn't get my words out and he just thought I was drunk and started laughing at me. Then the next thing that I can remember is just this horrible man ... I was in bed with this horrible man. Then I just woke up ... and all that I can remember is him next to me and there was another boy in there but that's all that I can remember. And I'd only had 2 drinks so I was not drunk.

Yes you have said you thought that it was a drug facilitated rape. You woke up and had no recollection of what had happened. The actual rape scenario isn't particularly important to my research but your recovery after is. There were two of them in the room or in the bed.

No it was single beds. I was just like oh my god. Because I wouldn't normally do that just sleep with someone I don't know. So I got dressed and snuck out before they woke up. Then I went back to my apartment and my friend said where have you been. Then I just fainted on the bed and then I woke up and got showered and went back to work. Because I wasn't ... I just thought I didn't feel quite right and then when I went back to work I started to remember and so I told the manager of the bar and he said that I was lying and he saw me leave with those men. So it was my fault. And another one of the dancers said well just because a girl leaves with a man doesn't mean she's going to sleep with him. Anyway I saw the police and I told them and they just said you have to go to the health centre. I said why I've been showered there's nothing there and its shut now because it's night time. The manager who'd followed me and he watched me and he threatened me that if I spoke to the police again that there would be trouble. So I had to phone my mum in England and she ... my cash card and everything had been stolen and so she had to send money through the Western Union. Luckily, because I couldn't get home, I found a travel agent, it was a Greek man and he helped me because no one would help me get home. He helped me and he said that if his daughters were in England he hoped that someone would help them and so he got me a flight home and told my Mum how to use the Western Union and he let me phone my mum for free all the time. He booked me a taxi with his friend to make sure I would be safe. So then I went back home to England.

So everything that was stolen, did that happen at the same time, was it by these people do you think.

I don't know because the flats we were in were a bit dodgy, I just didn't have a card any more.

How long had you been out there.

About a month.

You were due to stay out there a lot longer then

Yes until I came to university.

Did you tell the friend that was there ...

The girls that I went there with she ... we didn't really stay in contact ... we weren't really friends when we went, I knew her cousin so we just decided we'd just go. Its one of those stupid things that you do ...

No not really it's lovely being free, being able to do these things. You can hook up with anybody but she wasn't much support then.

No. But the girl who spoke to the Manager, she was great and we stayed in contact afterwards.

Did you tell this other girl though that you went out with

Yes she stayed there.

But what was her reaction

Well she didn't really say a lot. When I found out she came back to England and I spoke to her on the phone and all she said was oh Sarah it was really good you should've stayed there.

You didn't go back to the police about it then

Well I couldn't report it in England because at the time the legislation I couldn't tell the police because it was in a different country. I believe now that I could. But it's too late for me. But if it happened now I could because it was an English person. But then I couldn't, there was nothing they could be able to do.

But you didn't go back to Greek police about it.

Oh no they didn't want to know.

So you got back home, how was everything then.

Horrible. I stayed in bed for a week and my mum tried her best to support me but she's very much like if something's wrong you just get on with it and that's it. You just don't speak about it, you just get on with it. She wasn't trying to be mean, she was trying to stop me from dwelling on things. But that didn't work because I found alcohol and just went on a drink binge for a long, long time.

How long would you say that was

Even when I got into uni so probably until after the first semester of being at university. From coming back I just drank all the time. I would do stupid things like sleep with men.

Did you become promiscuous

Yes.

It's a fairly common reaction.

But it was just not like me. I think I was probably just trying to prove to myself that I could be normal. So that was all a bit horrible. So when I came to uni that's when I started getting depressed. And then I tried to kill myself while I was at uni. Then in the end I had to tell someone so I told AC. She was great, I was failing my first semester and she said we can do this if you buckle down now we can really do it and get it done. The university wanted me to leave and start again, they didn't think I could carry on with the year.

Did they know, did anybody else know

Because I was failing, I had to have a letter written by my doctor and then they had a meeting and something happened and the university wanted me to start again the year after. But as far as I know AC stuck up for me and said no. Then she put me in touch with Rape Crisis. I had counselling with them for about a year and a half. They were fantastic. Then I started to work for them afterwards.

You mentioned about your mum, what is your relationship like with your parents.

With my mum she ... I know she loves me and I love her but she can be very old fashioned and that's the thing and just turn a blind eye, it didn't happen just get on with it. And that really bugs the hell out of me.

Is this generally how she deals with things

Yes. Our relationship around this time was affected quite a lot. When I was at university and I tried to kill myself we'd just had Christmas and just had a huge argument and I just got the train back to HW and then I went out and got drunk.

It might sound like a silly question to ask you, you tried to commit suicide but how were you emotionally, what were you going through.

I just felt horrible and I felt ugly, dirty and what was horrible was the fact that my best friend who I'd come to university with, she was a great support to me, she'd just got into a relationship and so my support had just gone. Because she fell head over heels so ...

How did you get along with people at this time, what were your relationships like, any type of relationships.

I trusted people too easily and people took advantage of that. Especially one of the girls that I lived with. She was very evil. I was just either in bed all day or I'd go out and just drink. I didn't really have too many close friends. It wasn't until I had my counselling that I started to be able to ... Because I didn't really come to uni that much. So I didn't really know my classmates very well.

Why didn't you come

I just couldn't get out of bed that's when I was depressed

You weren't really doing your course work

No that's why I was failing. (laughter)

What about your dad.

My dad lives in Australia. But at the time he lived in America. My parents are separated. When it first happened he flew me out to NY and we spent the weekend together there. My dad is the opposite to my mum he can be very airy fairy. 'If you need to talk about anything ...' My dad likes to tell everyone our problems so that annoys me a bit because he goes on about how proud he is of me. And when people ask why, because she came through this awful thing, which I'd rather he not. He's very supportive, he's very interested. After I'd done my dissertation on sexual violence, he was very interested in it.

What was that about particularly

It was on patriarchy and how sexual violence is rooted in patriarchy. I looked at the Old Testament.

He was good for you although he told people

Yes.

He was there for you.

Yes. He really couldn't do a lot because he was so far away. But he was always there.

What about brothers and sisters.

I don't have any.

So you came through university and Rape Crisis was good for you. So how did things start to pick up.

When I started my counselling at Rape Crisis it made me feel better and then I could go out and I wasn't even interested in talking to men. I just didn't care any more, I was just happy in myself. Then I met my fiancé.

Was he at uni

Yes. It worked well because I wasn't being self-destructive.

Had you stopped being self-destructive as you were going on with the counselling.

Yes.

What sort of things did they say to you that helped.

They just let me say what I wanted to, they just let me get angry. Also they would reassure me that my mum's way of doing things was not the right way to do it. Then I'd occasionally go to a group thing they used to do. But that was a bit stressful because a lot of the women there, they had been abused as children and they had severe mental issues and I didn't feel that I fitted in with them because even though I was depressed and I was drinking, I wasn't to the point that some of them had to go to psychiatric hospitals and were on medication. I always refused to take medication. Because I thought if I took them – I need to feel to be able to ... I need to have my feelings to make sure I'm better. And if I can't feel, then I can't get better.

Yes I think sometimes the anti depressants just mask things. And then when do you actually come off them

Well the doctors wanted to give me anti depressants and they wanted to give me sleeping tablets, but I just refused. And I think Rape Crisis that was helpful because the first time I met them they asked me if I took anything and I said no. They said that they didn't like it when the women took medication.

So really it was just 'venting' was it

Yes

Being told that it was absolutely fine how you were feeling, is that right, is that the sort of thing.

Yes.

So you had that for about a year and a half, so when did you start that.

I think it was just after Christmas

So it took you into your third year. So things started to pick up did they

Yes.

Relationships with people

Yes. I got stronger with people who would try and take advantage of me. I got stronger against my family. I just wouldn't take any crap basically, any more. I just got my head down and did my work. Then I worked at Rape Crisis.

So how did that help you

It was really good because I got to meet all different women. I was mostly there for the young girls because a lot of the women there were older and so the point of me being there was that I would understand what it's like for a girl my age who wants to go out and party all the time, but also feels that she can't. So that's what I was there for. They nominated me for the Volunteer of the Year Award, 2005 and I won it.

Is this countrywide

Yes.

Wow, congratulations. What did you have to do for that.

They just nominated me for it. So they have regional ones and then they have the main one. I won the regional one and then I got invited to the award ceremony in London.

And then you won that. That's really good.

Before this horrible experience had you previously had any traumas or sadnesses in your life, when you were younger for instance.

When I was 14 an older man tried to force me to have sex with him but I got away. Then he did force my friend and another girl to have sex with him.

Is this on the same occasion.

It was within a few days. The police got involved and social services got involved but then nothing happened.

Was he a stranger.

He was an older man who had been hanging around with boys who were the same age as us who we knew. So because he was with people we knew ... my friends went off and left me with this man. I just thought that nothing like that would ever happen to me again. Then it did and then obviously when I came to uni and I did start in Criminology I realised that that is actually not that unusual. It's not that strange for it to happen more than once.

Probably slightly different for you because you were drugged the second time because I don't think you would have gone off with them innocently would you particularly. Yes revictimisation is quite common. So did any of that come back to you when this happened again, did it drag up any of this from the past.

The first thing I worried about was that people would think I was lying because people think oh it can't happen twice. Even though the first time nothing happened because I got away

because people think it doesn't happen at all or very much so for it to happen twice ... So I thought that people would think I was lying. But my mum believed me straightaway. She never doubted me.

When did your mum and dad split up.

When I was 10 and then they got back together and then they split up again.

How did all that affect you.

It didn't really bother me, what affected me most was that I was in boarding school and they took me out of boarding school to go and live in --- when I was 12. That's when they got back together and then they split up and I had to come back to England but I couldn't go back to boarding school, I had to go to an ordinary school which was horrible and scary.

Did you get used to it

I don't think I ever got used to it I always thought I always had to try to fit in. I never felt like I fitted in. I always had to try to fit in.

I suppose starting part way through when everybody has already made their friends in the first year must be difficult.

So when you met your boyfriend, how were things then. Was he in --- with you.

Yes he's in ... still now.

Right, you've left him there! But you met him here in uni and then went out together did you.

Yes. I've never met a man like him ever, he's just the most nicest, gentlest person I've ever met. He's really supportive. When I worked at Rape Crisis he would help raise money so he's a really nice person. I think he's just the kind of person I needed.

How did he react when you told him about it

He just listened to me he didn't really react badly. Because some men are like oooooh and get angry. It's like its been done to them! No he took it fine. And so when I first wanted to talk about something, he'd listen but I did most of the talking to my counsellor because I kind of wanted to keep that separate. I just wanted to start having a new beginning.

Do or did you have any religious faith

I used to be a Catholic but now I'd probably say I'm an atheist.

Why did that change do you think

I just think a lot of it is to do with growing up, you have your own ideas and especially when you go to university you open your mind up to more things. You just realise the concept of

God is actually quite ridiculous. How can religion be good if it makes all these bad things happen in the world.

Yes different people have completely different views on it. So you were brought up as a Catholic is that right

Yes

And it changed later when you started to think for yourself.

Have you told anybody else here, you told your lecturer, is there anybody else that you have told.

Another lecturer knows. We talked about it just quite matter of factly not as me needing his help for anything, because we were going to do research together on using the Rape Crisis centre but then I moved to --- and I think he just asked me why I worked there or something. I think he asked me why I was obsessed with sex offenders because I kept doing stuff on them. He just said oh and then he told me about his ex-girlfriend who was raped and how he coped as being a partner.

So you've got another semester in --- so when will you actually be finished.

I'm supposed to finish in July 2008 but my visa is until September.

And then you'd want to go straight on to do some more research would you

Yes I really want to stay in Australia but if I cant stay there ... because I do want to do a Ph.D and stay in I'm going to work for a few years and then do it but if I have to come back I just want to do it straight away.

Is it quite straightforward to apply for a visa to stay.

Yes to be a student it's quite straightforward but it's the money. To do a Ph.D there its \$30,000 a year. So I have to pay five and a half thousand dollars a semester at the moment for my masters. But 30,000 is someone's salary.

What do you think your main priorities are in life now, have they changed at all from what they were before.

Yes. Definitely I think all I used to care about was buying clothes, boys and going out with my friends. I think now I have a lot more interests in social issues and stuff like that. I'm more interested in politics and stuff. I actually care more about other people now. In ... I organised – have you heard of the Reclaim the Night Rally – I organised that in ... the other week. Its loads of women march around It didn't get a mention in the news though, even though the whole of the city had to be closed down and we were escorted by police. The local news decided they would report on a rally in ... which was by motorcyclists raising awareness of knocking people off their motorbikes.

So not a mention at all.

No even though the whole of ... was closed down. It's very traditional, they have real problems with domestic violence in So it's opened my eyes to a lot of things. I think although it was a horrible thing that happened to me but it made me a better person.

Better how

Just that I'm more aware of things that happen in the world.

Have you done anything else along those sorts of lines

Well I volunteered at Rape Crisis. But I was going to go and do more work in ... they don't have rape crisis in ..., they have something similar. I decided that I can get too consumed with it and it can take over. That's why I've stopped studying things to do with sexual violence because it takes over my life and I become obsessed with it. I will do things like the rally and stuff but I've taken a back seat from other stuff. Tasmania is so small as well and my partner plays cricket, apparently they have a lot of trouble in the cricket season with the cricketers raping people. I've been in a situation where if I worked there I would see the victims and I would probably know the perpetrators but I couldn't do anything about it and that would put me in a very very difficult situation. Where I would probably want to kill them.

Is it fairly standard practice is it for the cricketers to just go off and do this

Well it seems to be. I said to my partner if you ever see or hear anything you have to promise me that you will try and stop it and if anything goes to court and you were a witness you've got to go. He's like, yeh, if I see anything yes I will stop it. I just think it would make my life very awkward. So I can protest on what I believe but if its actually work I don't think I can do that any more.

How do you see your social life now.

I am very picky who I'm friends with. Very very picky. Especially when it comes to male friends. I do have a lot of male friends but if I think at all that they are narrow minded about anything then I just cant be bothered with them.

When you say narrow minded what do you mean by that

If they have certain ideas about women or certain ideas ... I cant stand people who are sexist, if they are racist, if they're homophobic, I cant stand anything like that. Anyone that's going to upset me I just get them out of my life. I am very very picky who I'm friends with. Sometimes it probably comes across that I'm being snotty but I'm not I just don't want waste my time. And people who just get me angry I just don't want them in my life.

And emotionally as well, how have you been over the last couple of years

Sometimes I can get very angry in the relationship with my partner. We're friends and there are only a few people that are close to me. But I do sometimes have a few issues with my partner. He's ok. He just lets me get on with it.

Do you have any emotional symptoms from the rape.

I do sometimes still get angry but I was more angry than anything that how dare he think he had the right to do that to me. I don't think I ever really got sad just really pissed off. I don't feel that angry any more I just pity him that he obviously has to drug a girl to get her in bed.

So what do you think actually helped you get through that real crisis period, what was it that kept you going.

Probably my friend C. The girl that came to university with me until she found a boyfriend. Then obviously the Rape Crisis centre and then I think studying helped when I did finally start working, it helped a lot. Especially when I could write essays about it because I found a way of expressing how it wasn't fair. How I believe it's society's fault that women get raped and so I found a way of expressing this. So some of my essays could be a bit angry but one lecturer liked them. I do think they should teach about it in schools.

Why is it that some men think they can just drug somebody, that its ok to do that.

When I look back to when I was in school, because it wasn't that long ago, I can see when I read Sue Lees book and she was talking about the kids in school and I can see how the boys try and keep the girls in line by calling them names and they police girls. And how girls just go along with it and start policing each other. And how we just accept that girls are slags.

There isn't an equivalent term for a man that puts it about. Whatever the term, we're called tarts or slags or sluts or whatever, I don't think it ought to be just a gender term, they are just the same but of course we're not, we don't call them that do we.

We call them man-whores.

OK that's good.

But of course girls don't report it, this is the problem. But of course it comes down to that they feel that they are to blame in some way.

Did you ever feel that you were to blame in any way. When that bar manager said to you what he did, how did it make you feel

I felt stupid that I'd left my drink with them. But I should've known better because you get told all the time not to leave your drink but it's not my fault that he put something in it and I never felt that it was my fault.

So how is everything now with your mum and dad, does it come up at all. Do they speak about it at all.

Yes. Well we don't talk much about my personal experience, but we do talk about the subject. It's something that is a big part of my life, it interests me. On a political level I get interested so I talk about that and I talk to them about the laws that happen. I talk about what party thinks what. Because in ... I do stuff with the SA, they raise awareness of it all the time. If we didn't talk about it we wouldn't have a lot to talk about.

So you are fairly political then with the subject.

Yes.

So what would you like to do, how would you like to change things

I'd be Prime Minister.

And as Prime Minister what would you like to do

Well I would start in the schools. Teach boys and girls that one is not less than the other. Get rid of that whole thing that women are lying. I'd put a lot more money into the Rape Crisis centres. I think judges need to be trained. I think judges are just so out of touch and disgusting. A lot needs to be done the way defence barristers speak to victims. That is one thing that really annoys me. Just some of the things that I've heard judges say are just disgusting.

Is that recently or with the research that you've done in the past

In the research in the past but also as a part of my course at the moment I did ... law. Even the law teacher that we had she would class herself as a feminist but I think part of her legal training where things were ingrained into her how the law treats its rape victims. She saw that one rape wasn't as bad as another rape. Whereas I just think rapes rape it doesn't matter. She believed that if you were out on a date and you were raped by your date it wasn't as bad as being raped by a stranger.

That is surprising really - its an abuse of trust.

So I wrote an essay disagreeing with her she didn't give me a very good mark.

I find it hard now to get on with girls my own age because I just see that a lot of them really don't care about things. Not just girls my own age I don't really get on with people my own age.

Yes I wonder if it is to do with age or just that the experience changes you in such a way that somehow they don't understand or you just don't feel the same anymore and makes you feel apart from others.

But for me a girl in her 20s can never say she is a feminist she must be a lesbian so that's why people just look at me and I say well do you think you're equal and they say yes, but I say but you're not and I'll give them a list of reasons as to why they're not equal. That's all that feminism means, you just want to be equal. I don't hate men. If I hated men I couldn't have a relationship.

So how do you feel about your life now.

I'm very happy now, I think I'm a lot stronger person. I think I've learned a lot.

When did things start to change for you. You had the counselling at what sort of point did things start to get better.

It was when I got into my second year of uni that things started to get really good and I started to do really well and get good marks.

Was that about the time you met your boyfriend.

Yes. Well one thing that annoys me is that people who knew me in the first year said oh he changed your life, he saved you didn't he. I said no he didn't, I did that myself, he was just an added bonus. He didn't do anything to make me better.

I think it can certainly help having somebody that you love and loves you and that sort of thing. It's what most of us look for isn't it.

So what about the future.

I think if I had a daughter this would never happen to her. I think I'd educate her. I would tell her things that my mother never told me because she would never have known them.

And if you had a boy

My partner is such a nice person that if we had a son I don't think they would be chauvinist pig.

Yes the experiences that you have had have made you more empathetic to others which will probably transfer to your children.

The person which raped you and others who are like him, can you explain why they are like that.

I think it could be to do with a lot of hyped up masculinity, he thinks its his right to do what he did. I was dancing in a club so possibly he didn't have any respect for me.

And parents I suppose

Well yes his parents couldn't have taught him very well. Even though I'm from the Wirral and my family are from Liverpool, men there treat women like shit.

Is it there specifically

Well there are 4 women to every man, so men basically do what they want. You see the most beautiful girls with the most ugly men. So he probably thought the way the men there think that they can just do anything to me. And the women there tend to ... it's like a divide and conquer, that's what the men want to do they want to divide them, so they can conquer them. All the girls just backstab each other all the time, they want to fight over boys. So I can see why he thought he could do it.

But to drug you as well ...

Well he'd have to because no-one would want to sleep with him errrrgh

So why did you wish to take part in my research.

Because I think it's important for women who can tell their stories to tell their stories because otherwise no-one's every going to know what happens. I think it's good that people do research and if no-one's going to help researchers then we wont know anything.

Yes we all need support don't we.