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Women and sexual violence, paths to healing: Resistance, Rebellion, Resilience and Recovery

Middlesex University in collaboration with Metanoia Institute
Kimberley Thomas
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Abstract

The purpose of this study is to illuminate the process of recovery for women who have experienced sexual violence at some point in their life span. The study explores the existing literature on trauma-based models of survival from sexual violence and finds that the prevailing view of the impact in the current trauma literature predicts a downward trajectory of distressing trauma-related symptomology. The aim of this research is to expand on the contemporary trauma literature and to elucidate and explore the role of self-protective factors, both in terms of how they might ameliorate the adversities associated with surviving sexual violence and of their function in the process of recovery.

The study examines the naturally occurring antidotes to the trauma model, exploring self-protective concepts such as resilience and post-traumatic growth. These are contrasted and expanded by the less explored stories of women's active fight for survival using resistance strategies aimed at mitigating the impact of sexual violence and securing recovery.

The study employs the methodology of interpretative phenomenological analysis to explore the narratives of six survivors of sexual violence, using semi-structured interviews to discover their routes to healing and recovery. The findings reveal four major themes: The Traumatised Self – 'Worlds falling apart'; Resistance and Survival Strategies; Recovery 'The view from the other side'; and, finally, Rebellion and Transformations.

The findings illustrate a multiplicity of pathways to recovery from sexual violence and illuminate key stages to the process, from the devastation resulting from the impact of the assault through to a sense of recovery, culminating in acts of altruism and social activism. However, it is evident from the research that the recovery process is not linear, but rather should be seen as a complex interrelated array of actions and strategies, created almost entirely from the efforts of the survivors. An additional point of interest emerging from the findings is the potential for the recovery paradigm to consider the co-existence of vulnerabilities and self-protective

strategies as part of a continuum of recovery. This will be of particular significance in the future design of services for women surviving sexual violence.

Introduction Chapter 1

This research study aims to explore women's experiences of sexual violence and in particular how their lives were restored, charting the critical elements involved in their journey towards recovery. The study was inspired by the lives of women I have encountered throughout my professional life as a therapist working with women surviving gender-based violence (GBV). The word 'survivor' is key in this context, as I witnessed women's strength, determination, courage' tenacity and ability to endure and come through moments of terror and decades of torture. Women demonstrated a resolve to not only endure and survive the impact of violence, but shared their stories with a surety and confidence that these experiences had become an element of their life's journey to not only thrive but excel in life.

The aim of this study was to elucidate the myriad of strategies survivors employ through their own agency to secure recovery. The study discovered the enormity and complexity of the task, illustrating that recovery is simultaneously a destination and a process. The participants' journeys of recovery revealed bold efforts, determined will and a belief in their ability to interrupt perpetrators' intentions to attack by employing strategic and a creative array of manoeuvres to resist subjugation, illustrating their capacity and ability to fight for freedom, dignity and liberty.

1.1 Sexual Violence: Definition

Sexual violence is prevalent throughout the world and is considered a form of gender-based violence or violence against women and girls (VAWG):

The World Health Authority (WHO) defines sexual violence as follows:

> Any sexual act, attempt to obtain a sexual act, unwanted
> sexual comments or advances, or acts to traffic, or otherwise
> directed, against a person's sexuality using coercion, by any
> person regardless of their relationship to the victim, in any

setting, including but not limited to home and work. (Jewkes et al., 2002, p.149)

The high incidence of sexual violence is in part recognition of the diversity of the presentation of and acts associated with sexual violence. Sexual violence occurs in private and public spaces, with susceptibility to sexual violence especially for females being present throughout the life span, from infancy through to childhood, adolescence, adulthood and old age (Kelly, 1988). The various forms of sexual violence are presented here to illustrate the diversity of circumstances and situations associated with sexual violence (Krug et al 2002):

- ❖ Rape within marriage
- ❖ Rape by strangers
- ❖ Sexual slavery
- ❖ Multiple perpetrator rape
- ❖ Sexual violence by youth gangs
- ❖ Flashing and obscene phone calls
- ❖ Technology-assisted sexual violence
- ❖ Systematic rape during armed conflict
- ❖ Unwanted sexual advances or sexual harassment, including demanding sex in return for favours
- ❖ Sexual exploitation (coercion and exploitation in the sex industry)
- ❖ Sexual abuse of mentally or physically disabled people
- ❖ Sexual abuse of children
- ❖ Forced marriage or cohabitation, including the marriage of children
- ❖ Denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases
- ❖ Forced abortion
- ❖ Trafficking for purposes of forced prostitution
- ❖ Forced exposure to pornography
- ❖ Violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity

1.2 Prevalence

During the past three decades in the UK, there has been considerable change in the criminal justice system, with the implementation of significant legislation that has criminalised rape in marriage. The 2003 Sexual Offences Act, which clarified the law, gave 'consent' a legal definition in England and Wales. Furthermore, new legislation has ensured the law stays relevant and responds to societal changes. An example of this is the amendments to the Sexual Offences Act criminalising grooming by an adult of a minor. However, despite these efforts to criminalise sexual violence, the UK continues to be challenged by an ever increasing escalation in the prevalence of sexual violence. The following current headline figures from the Ministry of Justice and Home Office (2013) highlight the stark reality of levels of sexual violence in the UK.

- ❖ 85,000 women and 12,000 men are raped in England and Wales every year, an average of one rape (of adults) every hour
- ❖ Across England and Wales, over 470,000 incidents of sexual assault occur each year; 404,000 are estimated to be on females
- ❖ Nearly half a million adults are sexually assaulted in England and Wales every year
- ❖ One in five women aged 16 to 59 has experienced some form of sexual violence since the age of 16
- ❖ Only 15% of those who experience sexual violence choose to report the offence to the police
- ❖ Approximately 90% of those who are raped know the perpetrator prior to the offence

Further research reveals a disturbing picture of sexual violence experienced by children:

- ❖ One in five young women report having experienced childhood sexual abuse (Radford, Corral, Bradley and Fisher, 2013)
- ❖ 31% of young women aged 18 to 24 report have experienced sexual abuse in childhood (Bentley, et al: NSPCC, 2016)

- ❖ In 2012-13, 22,654 sexual offences against under 18s were reported to police in England and Wales, with four out of five cases involving girls (Bentley, et al: NSPCC, 2016)
- ❖ Women with histories of maltreatment by a carer are at higher risk of experiencing further victimisation, especially intimate partner violence (Radford et al, 2013)

Behind these statistics are the lives of woman and girls affected by experiences of sexual violence, creating a shadow on their lives that extends from childhood into adulthood, with the potential to be a presence that extends beyond and into future generations.

1.3 Effects of Sexual Violence

The impact of sexual violence is known to be extremely damaging, creating physical, psychological, emotional, behavioural, spiritual and interpersonal disturbance in its wake. Sexual violence is associated with poor mental health wellbeing, such as depression, PTSD, self-harm, suicide ideation/attempts, and obsessional and compulsive behaviours (Nurse 2006; Chivers-Wilson, 2006; Drauker & Martsolf, 2010). Increased risky behaviours, such as smoking, drug and alcohol intake and eating disorders are also associated with being a survivor of sexual violence (Nurse 2006). Health effects include sexually transmitted diseases, poor pregnancy outcomes and chronic gynaecological problems, leading to long-term poor health outcomes, such as obesity, chronic heart disease, cancer and other chronic diseases (Nurse 2006). Beyond this inventory of symptoms are the compromises to self-integrity, the loss of self-esteem associated with shame and blame, and the loss of rights and freedoms due to accommodating trauma responses, leading to a distorted life of limitations and restrictions on capacity, agency and action (Stark, 2007).

1.4 Aims of this Study

There is a rich history of literature on the impact of sexual violence that provides a detailed audit of associated symptomology, emphasising impact and significance that potentially lasts a lifetime. In contrast, the positive psychology movement has

strived to move away from the trauma model, suggesting there is a gap between the response of devastation and protective factors. Resiliency and the capacity of individuals to withstand and survive despite situations associated with extreme adversity are often cited as significant qualities. This capacity is forged from personalities with qualities such as intelligence, optimism, flexibility, creativity and humour. The resiliency trait is further assisted by individual and community connections and often secured through religious faith. Contemporary studies have demonstrated that the skills associated with resiliency can be taught and can function to protect against current and future adversity (Masten, 2001, 2010, 2014). Technological advances have transformed the field of resiliency study through epigenetics and the identification of gene expression that is known to protect traumatic responses (Lemary-Chalfant, 2010). Other theorists have followed an entirely different path away from resilience, based on the presumption that there is life beyond trauma through the presence of post-traumatic growth (PTG). The emphasis is based on the human capacity to not only withstand adversity and trauma, but to use such experiences to strengthen and reinforce the life force, resulting in a gain in positive attributes, such as greater appreciation of life, greater empathy and more intimate connections with people around them.

This study aims to identify the gap in existing research, focusing on survivors' agency and capacity to withstand and resist the intention of the perpetrator to subjugate and diminish. The resistance took the form of bold acts of defiance directed towards the perpetrator during assaults and to avoid future attacks. The acts of defiance transformed into a rebellious mode that carried them from surviving to thriving. The suggestion emerging from the narratives of the participants was the multifaceted journey of recovery that is not located in discreet pathways. Instead, it meanders, creating an entirely unique pathway, integrating facets of resiliency, PTG and resistance, and with a few of the participants, simultaneously residing with a continual presence of the traumatic response.

1.5 Methodology

I have approached the study from an ontological position as a critical realist based on the premise that due to social constructs of knowledge, we can only gain partial access to knowledge. This is supported by my epistemological perspective as a

contextualist, which assumes the view that knowledge emerges from contexts influenced by a number of factors, including the researcher's position. Furthermore, assuming there are no absolute truths means truth can always be considered correct given the specific context (Braun and Clarke, 2013). The study employs interpretive phenomenological analysis (IPA), as prescribed by Smith et al. (2009), as the research method.

1.6 Structure of the Thesis

The following structure for the thesis has been adopted:

- ❖ Literature review detailing the impact of sexual violence, historical development of studies associated with sexual violence, historical development of resiliency and associated studies, historical development of PTG and related studies, overview of resistance and studies, conceptual overview of recovery;

- ❖ Outline of Methodology and Epistemology are discussed. Outline of IPA and its appropriateness for this research study, rationalisation for IPA, critique and limitations of the method, overview of the role of reflexively, introduction to participants and ethical considerations, analysis of data using IPA;

- ❖ Findings describing four major themes and associated minor themes;

- ❖ Discussion of related concepts connected to the themes and existing relevant literature and theory, limitations of the research;

- ❖ Reflexivity: charting a doctoral journey;

- ❖ Future directions and implications for practice.

Literature Review Chapter 2

2.1 Introduction to Literature Review

There is a vast body of literature related to the concepts of trauma, sexual violence, resiliency, resistance, post-traumatic growth and recovery. The themes transcend influences from a number of academic domains, including the biological sciences, education, social studies, philosophy, psychology, psychotherapy and politics. Given the limited space of this literature review, only a sample of this vast range can be included. However, I have endeavoured to maintain a narrative with the literature review that correlates and elucidates the aims and findings of this study.

Numerous studies have illustrated the impact of sexual violence on child development and the resulting life span trajectory of poor health on adult functioning (Van der Kolk, 1996; Herman, 1992/2001; Nurse, 2006; Drauker & Martsolf, 2010). Similarly, there is a plethora of research focused on the impact of adultonset sexual violence and the global repercussions on the self (Herman 1992/2001; Foa & Rothbaum, 1998; Nurse, 2006; Courtois & Ford, 2009; Chen et al. 2010; Drauker & Martsolf, 2010; Ullman, 2010, Cue-Davis, 2011; Sanderson, 2013). An estimated 50% of women are likely to develop Post-Traumatic Stress Disorder (PTSD) as a result of experiences of sexual violence (Chivers-Wilson, 2006). It is an interesting question given this headline statistic what happens to the missing 50% of this victim population. What is the story for this cohort of individuals? Is their absence of PTSD rates due to failures within the diagnostic frame of PTSD with survivors not meeting clinical symptom thresholds? Can we assume there is a natural immunity for some despite exposure to adversity and, if so, can the contributory factors be identified? The research question aims to explore and understand this phenomenon.

A central theme for the enquiry will be exploring the role of protective factors such as resiliency and post-traumatic growth as aids to women's recovery from experiences of sexual violence. The exploration will build on understanding this natural reserve and capacity for recovery to encompass a far less documented area of discussion, that of women's agency and conscious actions to ensure both their survival and recovery. The role of proactive strategies employing acts of resistance

determined by survivors' acts of courage, tenacity and strengths will extend the understanding of recovery.

The paper outlines the impact of sexual violence and the potential trajectory throughout the life span. A historical review of the history of trauma studies is provided, along with a reflection on contemporary clinical conceptualisations, and the diagnostic frames of PTSD and Complex Traumatic Stress (CTS) are discussed. An aim of the paper will be to chronicle the paradigm shift in trauma recovery perspectives that has been influenced by the positive psychology movement and includes historical and research studies on the following themes: resiliency, post-traumatic growth (PTG) and resistance leading to innovation in contemporary recovery models. The conclusion will aim to detail how this study addresses the current gaps in the trauma recovery literature.

2.2 Sexual Violence in Context

2.2.1 Health Consequences of Sexual violence

The consequences of sexual violence are immense and have implications for the physical, psychological and sexual health of survivors. Research consistently reveals higher rates of chronic physical health problems, increased rates of physical disability (Golding, 1994; Frayne et al., 1999 Drauker & Martsolf, 2010), a higher incidence of cancer, gynaecological problems, heart disease, respiratory disease, gastrointestinal problems and irritable bowel syndrome (Resnick et al., 1997; Drauker & Martsolf, 2010), increased rates of unintended pregnancies and terminations (Gazmararian et al., 2000) and higher rates of sexually transmitted infections and HIV arising from sexual violence. Higher rates of depression, anxiety, self-harm and suicide have also been reported, with research showing that women with depression are six times more likely to have experienced severe combined abuse than non-depressed women. Alongside depression and anxiety, studies have identified other consequences, including continuing fear, loss of self-worth and confidence, self-blame, disbelief and obsessive-compulsive disorder. The pervasive impact of sexual violence on women's mental health is recognised by the Department of Health strategy on women's mental health, *Into the Mainstream,* which provides evidence of the high numbers of survivors of sexual violence

accessing mental health services. This is reported to be 50% or higher. The following table highlights the key 10 impacts of sexual violence identified in an international literature review conducted by Westmarland et al. (2012).

Table 1: Impact of sexual violence

Key impact of sexual violence	Key studies/research
Loss of control, sense of self, mental health. Higher levels of perceived control over recovery process (empowerment) = lower rates of depression, distress and post-traumatic stress	Frazier et al., 2011; Walsh and Bruce, 2011.
Fear and phobias, including of childbirth/labour and vaginal examination	Chen et al., 2010; Ullman and Filipas, 2001; Magee, 1999
Eating disorders Early disclosure and screening = more effective treatment	Faravelli et al., 2004; Chen et al., 2010; Fischer et al., 2010; Capitaine et al., 2011.
Alcohol consumption – dependence; increased risk of repeat victimisation	Kendeler et al., 2000; Najdowski, & Ullman, 2009. Lown et al., 2011; Copeland et al., 2011
Self-harm	Maniglio, 2011; Campbell et al., 2007; Itzin, 2006;
Substance use as coping	Asgeirsdottir et al., 2011; Hayatbaksh et al., 2009; Booth et al., 2011
Panic attacks, panic disorder, anxiety disorders	Resnick, 1993; Ullman and Filipas, 2001; Goodwin et al., 2005.
Depression	WHO, 2000; Zimmerman et al., 2003; Heim et al., 2010; Chen et al., 2010;

	Machado et al., 2011.
Suicidal thoughts – up to four times more likely to attempt suicide	Kilpatrick et al., 1997; Chen et al., 2010;
Self-blame = lower self-esteem and self-worth and greater psychological distress	Katz and Burt, 1988; Miller et al., 2010; Ullman et al., 2007; Abdullah et al., 2011.

2.2.2 History of understanding of sexual violence and trauma

Humans have been experiencing traumatic events throughout the history of our existence and have chronicled the impact with numerous references, cited in religious texts and literature, of the impact of traumatic incidents. Homer's Iliad and Samuel Pepys commentary on the Black Death and Great Fire of London of 1666 are just two such examples providing an illuminating narrative on the effects and ongoing distress resulting from traumatic experiences (Van der Kolk et al, 1996; Wastell, 2005).

The roots of the study of trauma are entwined with the history of the development of psychiatry and the internal debates on defining trauma based on an assumption of pathological symptomology, madness or malingering (Van der Kolk et al, 1996). However, the work of psychologist Briquet in 1859 was the first to link women's symptoms of 'hysteria' with incidences of childhood trauma (Lewis-Herman, 1992/2001; Van der Kolk et al, 1996; Wastell, 2005). Following Briquet was Charcot with his showcasing of women in hypnotic trances recreating hysterical symptoms. Although amounting to disdainful acts of exploitation, nevertheless, Charcot's work is essential in connecting hysterical symptoms with women's experiences of traumatic events (Herman, 1992/2001; Van der Kolk et al, 1996; Wastell, 2005). The linking of hysterical symptoms and traumatic experiences evolved further with the French psychologist Pierre Janet, who discerned that traumatic memories are split and dissociated from the psyche, and destined to continue (Van der Kolk et al, 1996; Wastell, 2005). Freud's work evolved from the work of Charcot and Janet and

advanced understanding of the emergence of trauma-related symptoms by asserting that individuals with hysteria 'suffer from reminiscences' (Breuer and Freud, 1893-95, quoted in Wastell, 2005, p. 7). Freud theorised that the toxicity of trauma was so terrible that it left an emotionally charged residue in the psyche that became encased in an altered state of consciousness (Wastell, 2005). The significance of Freud's contribution to understanding trauma as a result of sexual violence was his seminal paper 'Aetiology of Hysteria Seduction Theory' (1896), where he asserted that the reason for hysterical symptoms in his female patients was due to experiences of childhood sexual abuse (Herman, 1992/2001; Van der Kolk et al, 1996). Freud later recanted this theory due to an overwhelming negative response in Victorian Europe; instead he argued that these were merely unconscious fantasises and part of normal psychological development (Herman, 1992/2001; Van der Kolk et al, 1996).

2.2.3 Sexual Violence and Trauma in the 20th Century

The 20th Century has been referred to as the century of the mega death (Bloom & Farragher 2013), with the destruction caused by two world wars, as well as wars in Vietnam, Korea, Iraq, Israel and Ireland, along with the advent of nuclear weapons and terrorist warfare. The Vietnam War is of particular significance to the study of trauma, as the number deaths of soldiers from suicide outweighed those killed in combat. Exploring soldiers' and veterans' responses to the trauma of war have been key in the development of diagnostic conceptualisations to understand the impact of violence against women and girls.

Violence against women moved out of the closet of the domestic and private domain and into the public's consciousness through the efforts of the resurgence of the women's liberation movement during the 1970s. Survivors of violence began disclosing their experiences of gender-based violence. During this period, feminist, activists and academics from diverse background, such as sociology, law, psychology and philosophy began discussing the issue of male violence (Herman 1992/2001). From these discussions, an increased awareness of the prevalence and impact of violence against women and girls emerged and evolved into service developments such as the Rape Crisis Centres.

Ground-breaking work by psychiatrist Ann Burgess and sociologist Lynda Holmstrom (1974) in their study of rape victims involving 92 women and 37 children, followed over the course of a year. Burgess and Holmstrom observed a series of psychological, emotional and physical responses following rape, and they coined the phrase Rape Trauma Syndrome to describe the following five stages of recovery: (1) acute, (2) the outward adjustment stage, (3) the underground, (4) the reorganisation phase, and (5) the final stage of renormalisation (Burgess & Holmstrom, 1974). The concept of Rape Trauma Syndrome made a significant impact on furthering understanding of the impact of rape and was instrumental in driving change in the legal system and support services.

2.2.4 Post-Traumatic Stress Disorder

The 150 years of trauma study was largely focused on men and, in particular, their responses to war (Van der Kolk et al, 1996). However, leading psychological and social theorists such as Terr (1990), Kempe and Kempe (1978, quoted in Van der Kolk et al, 1996), Herman (1981) and Burgess and Holmstrom (1974) linked and furthered the understanding of trauma caused by child maltreatment, child sexual abuse, domestic violence and sexual assault/rape (Herman, 1992/2001; Van der Kolk et al, 1996). This emerging theory base became critical in the development of the diagnostic criteria for PTSD, which was first introduced in the Diagnostic and Statistical Manual of Mental Disorders III (DSM-III) in 1980 (cited in Van der Kolk et al, 1996). This new clinical conceptualisation of PTSD was initially classified as an anxiety disorder and aimed to integrate the following syndromes: battered baby syndrome, rape trauma syndrome, battered woman syndrome and the Vietnam veteran's syndrome (van der Kolk et al, 1996).

PTSD as referenced in the current *DSM-5* (2013) identifies qualifying gatekeeper stressors that are determined as being life threatening or causing serious harm and, secondly, the exposure must be direct or indirect, such as that experienced by the emergency services (DSM-5, 2013). The cluster of symptoms associated with PTSD is as follows: intrusive symptoms, avoidance, alterations in cognitions and mood and alterations in arousal and reactivity (DSMV, 13).

The current version of PTSD specifically cites sexual violence as meeting the criteria for PTSD. There have been numerous studies examining the correlation of PTSD with incidences of rape. In a longitudinal study, 94% of victims presented with symptomology associated with PTSD two weeks post rape; after three months, 47% of victims continued to present with PTSD symptoms (Rothbaum, et al, 1992). A further extensive study conducted by Dean Kilpatrick et al. (1992) in the US investigated females' experiences of rape, identified 31% of female victims of rape developing PTSD (Kilpatrick et al., 1992). Others have quoted upwards of 50% of victims of rape meeting the diagnostic criteria for PTSD (Chivers-Wilson, 2006). Sexual violence has a far greater incidence of PTSD than other forms of trauma, and researchers suggest this is due to the associations with perceived threat to life (Kilpatrick et al., 1992; Chivers-Wilson, 2006).

There has been criticism levelled at the diagnostic frame of PTSD from a number of sources; however, especially scathing has been the critiques from feminists. In the following extract, Burstow (2003) encapsulates the overall criticism of PTSD claiming:

> … what is more fundamental, PTSD is a grab bag of context less symptoms, divorced from the complexities of people's lives and the social constructs which give rise to them. As such, the diagnosis individualizes social problems and pathologizes traumatised people. Burstow (2003, p.4)

2.2.5 Complex Traumatic Stress Disorder

Although a useful conceptualisation, for a number of practitioners, the diagnostic frame of PTSD is not quite sufficient to capture the array and depth of experiences and impact associated with interpersonal violence. Herman(1992), in her ground-breaking work, referred to the limitations of PTSD in relation to experiences of interpersonal violence and introduced the concept of the disorder of extreme stress not otherwise specified (DESNOS). This according to Herman presents a more comprehensive, complex and cohesive diagnostic frame to accommodate the particular nuances of interpersonal violence (Herman, 1992/2001). Contemporary theorists have developed the concept of complex traumatic stress disorder (CTSD), which expands the definition of PTSD to include an array of symptoms associated

with multiple, prolonged and repeated exposure to trauma from individuals close to the victim and are associated with life threatening and horrific experiences. CTSD describes the spectrum of symptoms related to experiences of captivity, entrapment and inescapable abuse. These include the following: (1) alterations in emotional regulation, (2) alterations in somatic experiences, (3) alterations in relationships, (4) alterations in perception of the perpetrator, (5) alterations in consciousness, and (6) alterations in systems of meaning (Herman, 1992/2001; Roth, 1997; Courtois & Ford, 2009, 2013).

2.2.6 Neuroscience

The advent of neuroscience and developments of technology have ensured the evolution of the study of trauma, as seen in the work of theorists such as Panskeep (2005) and Damasio (2006). The identification of the brain stem, amygdala and hippocampus and their role in traumatic responses has revolutionised understanding of the trauma path and generated a range of effective therapeutic interventions.

2.3 Recovery, Resilience and Resistance

As theorists were formulating the deleterious impact of traumatic events, simultaneously a paradigm shift was happening in the world of psychiatry and psychology, led by Martin Seligman in his inaugural speech as the president of the American Psychological Association. He asserted that so much of psychiatrists' attention is focused on dysfunction, with insufficient consideration of the human potential for strength and recovery. Seligman commented: 'Psychology is not just the study of weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best within ourselves' (Seligman, 1998, p.1).This seismic shift in emphasis established the discipline of Positive Psychology, bringing together previous work of the salutegenics movement and incorporating the work of Abraham Maslow. Positive psychology incorporates a range of strengths-based disciplines (Rapp, 2012), including theories on strengths-based practice, resiliency, post-traumatic growth and, more recently, resistance studies. The understanding gained from these concepts, is that they form a self-protective layer with the potential to change

and influence the trajectory of trauma and long-term outcome (Seligman, 2006; Rapp, 2012). This section will provide a brief overview of the historical development of the concepts of resiliency, post-traumatic growth, resistance and recovery theory, with attention to studies that show how these approaches have influenced the lives of survivors.

2.3.1 Resiliency

Resiliency as a concept has both deluded and captivated the world of psychology and other disciplines for some time, presenting a challenge to understanding why and how some individuals are able to withstand vulnerability and adversity. Resiliency is a strength-based theory and whilst it is vital to consider its potential for transformation, there needs to be a proportionate expectation that it is not necessarily a panacea for totally eradicating the deleterious impact of trauma. However, the fact remains that only between 30% and 57% of survivors of sexual violence experience PTSD. So, from reviewing resiliency factors, what can we gain from understanding the role resiliency plays in recovery processes.

2.3.2 Historical development

First wave resiliency studies

According to Richardson (2002), the historical development of resiliency can be viewed as a series of waves: the first wave of resiliency studies represents the paradigm shift from looking at risk factors associated with adverse environments to a more expansive view and consideration of individual characteristics and qualities that protect individuals from adversity (Richardson, 2002; Agaibi & Wilson, 2005; O'Dougherty Wright et al., 2013; Masten, 2014).

Studies associated with the first wave of resiliency research focused on children's ability to withstand adverse environments. Leading these was a classic longitudinal study by Werner et al. (1971, 1977, 1982, 1992) of 698 children born in 1955 on the Hawaiian island of Kauai. The study followed a group of children from adverse backgrounds facing the challenges of extreme poverty, parental mental ill health, parental conflict and parental low educational attainment. The study comprised repeated tests and evaluations throughout the subjects' childhood, adolescence

and into midlife. The study evidenced that for the vast majority of individuals involved in the study, the early deprivation had no discernible impact on their lives, with the majority becoming successful, well-balanced individuals (Werner & Smith, 1982, 1992).

Pioneering studies conducted by Garmezy et al. (1984) explored the development of children with schizophrenic parents. The study found the majority of children showed no signs of mental ill health and developed into warm, competent and well-adjusted adults. The final classic study of note was undertaken by the educationalist Rutter (1987, 1990), investigating multiple socio-environmental risk environments, found no correlation between early disadvantage and optimal functioning in adulthood. Rutter's invaluable contribution is based on his observation that resiliency is not just the result of personality traits but is a more complex interaction of personality coherence, family coherence and social support (Rutter 1987, 1990).

Collectively, these eminent studies identified common denominators linked to the personality characteristics of the children, such as being achievement orientated (Werner & Smith 1992), being adaptable to change (Werner & Smith 1992; Rutter, 1985), having critical-thinking skills and problem-solving skills (Garmezy 1985), having a positive outlook (Garmezy 1985), being self-disciplined (Garmezy 1985), having good communication skills (Werner & Smith 1992); having high self-esteem (Garmezy, 1985; Werner & Smith 1992), being robust (Werner & Smith 1992) and having a sense of humour (Garmezy, 1985; Rutter, 1985). This collective range of social skills ensured individuals were able to engage others in support, which ensured they developed secure and close attachments to friends, which become a critical protective factor (Garmezy,1985; Rutter, 1985; Werner & Smith, 1992).

Second Wave Resiliency Studies

The first wave of research studies on resiliency identified key personality characteristics and commented on the vital importance of stable family environments, attachments to key supportive individuals and safe community cohesion (O'Dougherty Wright et al., 2013; Masten, 2014). For the second wave of researchers, the focus shifted to understanding the process involved in the development of resiliency and the interplay between different variables (O'Dougherty Wright et al., 2013; Masten, 2014). The theoretical assumption of the second wave integrates a complex gathering of differing disciplines, including biological, social and cultural variables, which are dynamically involved in the process of resiliency.

The exception became the rule with Masten's (2001) study and phrase of 'ordinary magic', based on the assumption that it is not necessarily exceptionally gifted children who are able to negotiate childhood challenges and adversity, but rather it is the norm (Masten, 2001, 2014). Masten (2001) stated that key resources, such as a healthy brain and a positive community environment that provides access to good schools are the essential requirements to promote positive adaptation to stressors and challenges. Masten's perspective continues to influence current thinking within preventative education models intent on resourcing children to withstand obstacles and successful negotiate challenges. The theorist Bonanno (2004, 2005) extended this view of the ordinariness of resilience, shifting the gaze from children to adult onset traumatic events. Bonanno, in researching responses to bereavement and the 911 terrorist attacks in America concluded that resilient individuals when confronted with life threatening situations or the loss of someone close are able to retain the stability of a healthy psychological and physical functional response (Bonanno, 2004, 2005). Bonanno asserts that a healthy and stable adaptation should be an expected trajectory associated with adversity and adds that this positive outcome persists over time (Bonanno, 2004, 2005).

Third Wave Resiliency Studies

The integration of knowledge and understanding evolved from the first two waves of resiliency research has crystallised into a third wave, with a focus on the realisation and application of actions to promote resiliency (O'Dougherty Wright et al., 2013; Masten, 2014). The emphasis for the third wave is aimed at prevention through

identifying, for example, high risk youth populations and introducing actions and strategies to mitigate risk and bolster protective factors. The premise for interventions is based on the understanding that protective factors can be learnt and developed at particular critical stages of children's and young people's development (Seligman, 2006; Masten & Cicchetti, 2010). One such well researched and successful programme is the Penn Resiliency Programme, a 20-year project developed in collaboration with Martin Seligman that provides strategies to enhance children's competencies in the following areas: problem-solving skills, decision making, negotiation skills, the development of emotional intelligence, assertiveness skills and relaxation techniques (Seligman, 2006).

Fourth Wave

The most recent wave of resiliency research explores the interplay between behaviour, neurobiology and genetics (Lemary-Chalfant, 2010; O'Dougherty Wright et al., 2013; Masten, 2014). Advances in technology such as neuro imaging have extended understanding of the impact on brain development resulting from trauma and neurobiological adaptation and techniques to ameliorate impact through neural plasticity (Van der Kolk, 1996; Rothschild, 2000; Ogden, 2006; Siegel, 2007). Developments in technology have enhanced understanding of the role of genetics in determining responses to trauma and influencing levels of resiliency. The genome is no longer considered a static entity, but we now know it has a dynamic nature, interacting with and influenced by the environment. A key development in combating depression associated with trauma has been the identification of the gene 5-HTT, often referred to as the resilience gene, associated with regulating the stress hormone, serotonin, a key chemical involved in promoting wellbeing and protecting against depression following trauma (Yehuda et al, 2006). The burgeoning field of epigenetics will play a crucial role in the development of prevention programmes and ensuring resources are meaningfully targeted at high-risk populations and individuals.

2.3.3 Resiliency Definition

There is a continual debate in terms of defining resilience as the parameters of understanding of resilience have expanded, with contributors presenting a variety of perspectives derived from the disciplines of psychiatry, developmental psychologists, neuroscientists and epigenetics, for example. The notion of resilience has often been referred to as 'the absence of something rather than something' (Shalev and Errera, 2008, p 152). Resilience continues to raise questions about where it is located, how it is created and whether it can it be considered the absence of or the opposite to PTSD. A useful definition from Agaibi and Wilson (2005) presents resilience as:

> the ability to adapt and cope successfully despite threatening or challenging situations … resistance is sustained competency in response to demands that tax coping resources. (Agaibi and Wilson, 2005, p.198)

Previous understandings of resilience have referred to it as an 'all-or-none phenomena' (Harvey, 2007, p.15). This assumption that one is either resilient or not has been refuted, with the broadening of the conceptualisation of resilience to accommodate the clinical reality of survivors experiencing concurrent symptomology along with wellbeing (Harvey 2007). This view of resilience as a multidimensional phenomenon and as an active process, meaning individuals are able to experience impairment in one area of functionality, but alongside this experience, strengths, assets and resources that can be accessed to ensure stability and recovery (Harvey 2007).

2.4.1 Resistance

Resistance in psychotherapeutic terms has a distinct meaning and is considered an element of the intrapsychic defence structures that are tasked with blocking threatening unconscious material or employed as a tactic to create distance in psychotherapeutic engagement (Wade, 1997; Profitt, 2000; Afuape, 2011). This interpretation of resistance emphasises its pathological origins, with the therapist intent on targeting, breaking down and overcoming such resistance (Profitt, 2000; Afuape, 2011). However, the burgeoning influence of a strengths-based perspective considers acts of resistance as a key determinant of self-protective strategies employed by survivors of trauma to withstand adverse environments (Wade, 1997; Profitt, 2000; Anderson, 2010; Afuape, 2011). The development

psychologists Werner and Smith (1977, 1992) initially used the term stress-resistant children to describe the capacity of children in their study to successfully adapt and not succumb to adversity (Werner and Smith, 1977, 1982). The likes of Rutter and Garmezy continued the trend of recognising resistance as an essential element in children's self-protective armament to withstand adversity.

2.4.2 Proactive Resistance in Gender Violence Contexts

Popular stereotypes of women sexually assaulted or those who endure domestic violence are that they are in some way responsible or involved in their own victimisation. Theories have emerged such as Walker's (1980) theory of learned helplessness posit that women in domestic violence situations eventually stop fighting back and surrender to victimisation, a process Walker terms the battered woman syndrome (Walker, 2009). Similarly, there are predominant scripts and myths surrounding women and sexual violence, with presentations of a typical 'victim' arising through her own carelessness or intention, allowing herself to be raped (Kelly, 1988; Jordan, 2008; Bohner et al., 2009; Frith, 2009; Westmorland, 2015).

There have been a number of notable contributions from writers refuting women's passivity during interpersonal violence. One such theory is the survivor theory posited by Gondolf and Fisher (1988), which describes women's agency in responding to domestic violence. This theory suggests that women's efforts to escape violent environments are sabotaged by external pressures and the lack of available support and resources available to leave (Gondolf & Fisher, 1988). Theorists exploring domestic violence have noted the different forms that resistance takes, from the creation of safety zones presented by Stark (2007), where women actively make preparations to leave, and concepts such as edgework formulated by Rajah (2007), which detail the careful calculation women in abusive environments negotiate between safety and risky resistance strategies to defy perpetrators' domination. Johnson (2008) has further elaborated on women's resistance to domestic violence through violent resistance which, at its extreme, ends in women killing their abusive partner in order to escape dominance and control (Johnson, 2008).

Resistance studies related to sexual violence have tended to primarily focus on self-defence strategies employed during the actual rape or rape avoidance tactics to prevent sexual assault (Ullman, 2007; Cermele, 2010). Several studies have highlighted the effectiveness of verbal and physical retaliation to stop and prevent sexual assault, with researchers concluding and advocating that self-defence programmes are valuable. Although the authors present the effectiveness of physical resistance to prevent rape, there is still a challenge in this message and the risk of perpetuating stereotypes of women's lack of physical retaliation as evidence of compliance and consent. Resistance in this context is reduced merely to physicality, whilst other authors have opened this discourse to include other active forms of resistance.

Kelly (1988), in her extensive study of women experiencing sexual violence, chronicled the myriad of ways that women resist perpetrators. The quality of resistance Kelly argued was one of proactive engagement to assert power and control intended to deny the perpetrator total domination and submission (Kelly 1988). In this study, Kelly details women's descriptions of resisting physically during assaults through processes such as dissociation, depersonalization and denial. Kelly argues these processes are not merely passive defence mechanisms but intentional psychic manoeuvres engaged by the survivor to distance and insulate themselves from the rape attack and subsequent emotional impact. There is an argument obviously for how much conscious control one has over psychic defence strategies, but Kelly cites a number of survivors who have intentionally sought out the perpetrator, planned and actualised revenge attacks (Kelly, 1988). Jordan's (2005, 2008) compelling study of the survivors of a serial rapist agrees with Kelly's assertion of women's resistance by presenting an array of tactics women employed to ensure their survival during the rape. In the study women described feigning unconsciousness to minimise the physical attack; others used unexpected divisionary tactics by trying to engage the perpetrator in conversation, using charm to disarm and quoting from the bible. Other survivors referred to mental resistance and forcing themselves to psychically disengage and remove themselves from the scene; for a number of the survivors, this was not just a defensive movement but a conscious effort to compartmentalise what was happening at the time to give them

space to focus attention on remembering details of the perpetrator for when they reported to the police (Jordan, 2005, 2008).

When resistance is linked to violence, the usual implication is one of a physical, combative mode. If this is absent, the assumption is that there was no resistance (Wade, 1997). However, this presumption has been challenged by the work of Wade (1997), who presents a critical re-evaluation and interpretation of women's resistance to interpersonal violence. Wade proposes that as humans, we are motivated in oppressive environments to restore and maintain dignity. The underlying premise of this assertion is that small acts of deliberate resistance secure women's survival under threat and in the face of totalitarianism, as in domestic violence situations, women are highly motivated to restore their dignity (Wade, 1997). For Wade, resistance is defined as follows:

> any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression, or the conditions that make such acts possible … Further any attempt to imagine or establish a life based on respect and equality…. Any effort to redress the harm caused by violence or other forms of oppression represents a de facto form of resistance. (Wade, 1997, p. 25)

Wade asserts perpetrators' actions are concealed in mutualising language that hides the perpetrators' aggression and intention of harm, whilst responsibility is wrongfully held by the victim (Wade, 2007). The basis of these reactions has been incorporated into Wade's clinical model, response based therapy, which aims to liberate victim mentality and emphasises strength and resistance (Wade, 2007).

The work of Anderson (2006, 2010) has elaborated on the theme of resistance, with her study exploring the experiences of survivors of incest, analysing participants' narratives on the engagement of diverse strategies to prevent victimisation. The protective strategies, Anderson concludes, were organised into three main themes related to resistance, efforts to prevent powerlessness, efforts to not be silenced and finally efforts at not becoming isolated (Anderson, 2010). For Anderson, these acts of resistance culminated in resilience, which became a protective influence throughout their lives (Anderson, 2010).

2.5.1 Post-traumatic Growth

2.5.2 Historical Development

The famous comment by German philosopher, Friedrich Nietzsche, 'That which does not kill us, makes us stronger' (quoted in Joseph, 2011 p. ix) alludes to the character of post-traumatic growth (PTG), which is that, beyond recovery and resilience, there is the presence of another dynamic influencing positive and transformative growth following traumatic events.

The recognition of an alternative positive trajectory to that of devastation following severe emotional and psychological stressful events is not new. Frankel (1946) made sense of his experience of detainment in a concentration camp and the necessity of finding meaning in the most horrendous of situations (Frankel, 1946). Maslow, referring to the hierarchy of needs, suggested that tragedy may well form part of the self-actualisation process (Maslow, 1954/`1970). There was particular interest in growth phenomena during the 1990s, with a notable contribution made by O'Leary and Ickovics' (1995) research into women's health following traumatic events and proposed there are three possibilities, surviving, recovering and thriving. Those who merely survive never regain previous levels of wellbeing and functioning, whilst those recovering return to their previous position of health status prior to the event. However, the third state of thriver refers to an enhanced level of functioning, the capacity to flourish and go beyond purely surviving following traumatic events and adversity (O'Leary and Ickovics, 1995).

The work of Tedeschi and Calhoun (1996, 2006) built on previous work related to personal growth post trauma, and they coined the phrase Post-Traumatic Growth (PTG). This theory posits that alongside the recognizable accounts of trauma responses, including severe emotional and psychological distress, devastation and the development of PTSD, there is also an alternative trajectory of growth and positive change following highly stressful and challenging life crises (Tedeschi & Calhoun, 1996, 2006). Tedeschi and Calhoun's model of PTG is based on accounts from individuals on their perception of beneficial outcomes that arise following adversity that superseded previous levels of functioning (Tedeschi & Calhoun, 1996, 2006). The authors, in an effort to capture the essence of PTG, developed a

21- questionnaire, the Posttraumatic Growth Inventory (PTGI; (Tedeschi & Calhoun, 1996), which identifies five significant domains of self associated with the transformative qualities of PTG. These are: personal strength, new possibilities, relating to others, appreciation of life and spiritual change (Tedeschi & Calhoun, 1996, 2006). The authors link PTG to Janoff-Bulman's model of shattered assumptions and the loss of perception of the world as; safe, benevolent and the self as worthy (Janoff-Bulman, 1992). The recovery process involves rebuilding new cognitions aimed at restoring order and meaning in life (Janoff-Bulman 1992). Interestingly, Tedeschi and Calhoun suggest PTG is facilitated by a process of positive rumination eventually leading to transformative growth.

Research by Joseph and Linley (2005, 2008) presents a variation of PTG, with the development of the organismic valuing theory. Rooted in person-centred theory, Joseph and Linley posit as a result of trauma the ensuing chaos and breakdown of the self. This provides a natural catalyst for the development of post-traumatic growth. The authors conclude post-traumatic stress and post-traumatic growth are intrinsically linked, with individuals naturally orientated to adjust and move towards promoting and restoring psychological functioning and wellbeing (Joseph & Linley, 2005, 2008, Joseph, 2009).

Following decades of research into PTG and its association with life-altering conditions and events. A review of studies by Linley and Joseph (2004) concluded that PTG is reported by between 30% and 70% of survivors with experiences of medical problems, such as heart attacks, cancer, brain injury, spinal cord injury, HIV/ AIDS, natural disasters, vehicle accidents, interpersonal violence (CSA, sexual assault, domestic violence) and significant bereavement. Linley and Joseph concluded that there are personality characteristics associated with levels of PTG, such as being optimistic, extravert, solution focused, accepting and display positive emotions and consequently individuals tend to have supportive and positive social networks. Typically those displaying obvious PTG are young, educated and affiliated to a higher social economic group (Linley & Joseph, 2004; Joseph, 2009).

2.5.3 Research into PTG and Sexual Violence

One of the first studies evidencing positive changes linked to experiences of sexual assault was conducted by Veronen and Kilpatrick (1983). This identified a number of positive life changes following sexual assault, such as life appreciation, accessing psychosocial support, consciousness raising responses and recognition of other forms of oppression in their lives, increased assertiveness with a challenge and rejection of the stereotypical images of passive downtrodden women which became a catalyst for positive change. Burt and Katz's (1987) survey of 113 rape survivors, exploring women's growth following rape, found a number of striking results. In the sample, half of the women reported some form of positive change, while a further 25% described moderate to major positive changes. Typical responses included positive changes in self experienced through increased trust in relationships, greater empathy and experiencing greater meaning in life. A further 30% reported becoming involved in political and social action. The longitudinal study by Frazier et al. (2001) following sexual assault survivors over a 12-month period discovered those reporting positive changes during the initial two-week period post assault influenced ongoing levels of distress. The gains continued for a year after sexual assault, with lower levels of PTSD symptoms and depression. Frazier et al. (2006) conducted a large study of 135 rape survivors surveyed with an average of 16 years post assault. As a result of their experiences, survivors reported the following life improvements: 78% reported increased empathy for others, 60%, increased assertiveness, and 60%, a greater ability to recognise their strengths; 56% described an increase in appreciation of life and a further 47% felt a heightened spiritual wellbeing. The authors observed that the positive impact seemed to increase with time following the sexual assault (Frazier et al., 2006).

A study by Lev-Wiesel et al. (2004) investigated the influence of the relationship with the perpetrator in child sexual abuse survivors and corresponding levels of PTG. Interestingly, the study revelled a higher level of PTG was associated with survivors when the perpetrator was a family member. Other research has uncovered intriguing findings, identifying particular ethnic groups and communities associated with greater levels of PTG. Ullman's study (2013) identified women from black minority ethnic (BME) communities, older women and those less educated showed greater levels of PTG. This corresponds with studies completed by Bryant-Davies et al. (2011) exploring African American's women's levels of PTG and

religiosity. The authors concluded the protective nature of religiosity is linked to accessing social support and connections associated with attendance at church. Interestingly, this study also indicated a contra finding, citing how survivors displaying high levels of religious coping seemed to lose faith, which correlated to lower levels of PTG and greater levels of PTSD and depression (Bryant-Davies et al., 2011).

2.6 The Process of Recovery

2.6.1 Historical Development

The term recovery has multiple meanings and is hugely influenced by context. For practitioners framed within the medical model, the concept of recovery is evaluated against symptom reduction and management, as the agreed outcomes, denoting resolution and recovery (Foa & Rothbaum, 1998; Courtois & Ford, 2009, 2013; Afuape, 2011; Andresen et al., 2011). This is contrasted by service users' informed understanding of recovery, which emphasises personal growth, strengths, hope, abilities and the potential for transformation as key markers for recovery (Deegan, 1996; Shepherd et al., 2008; Afuape, 2011; Andresen et al., 2011; Slade, 2013). Authors have noted the shift in perspective, with recovery previously regarded as the exception is now considered an expectation (Andresen et al., 2011).

The mental health recovery movement has its origins in the 1970s within the setting of other civil rights movements. The aim of the movement was to liberate individuals with mental health issues by restoring their dignity and ensuring inclusion (Deegan, 1996; Andresen et al., 2011). The intention of the movement was to create an alternative to the medical treatment model, with its emphasis on dysfunction, pathology, deficits and dependency (Deegan, 1996; Davidson & Roe, 2007; Andresen et al., 2011). There was an insistence that mental health services diversify from dependency on pharmacological interventions to broaden and incorporate talking therapies and advocacy programmes to protect and promote service users rights (Deegan, 1996; Davidson & Roe, 2007; Andresen et al., 2011). The service user movement called for treatment perspectives to be delivered based on the principles of empowerment, self-determination, self-management and hope (Deegan, 1996; Davidson & Roe, 2007; Andresen et al., 2011). The service

user movement has criticised the use of terminology such as recovery as it reinforces a model of illness and pathology (Afuape, 2011).

2.6.2 Contemporary Conceptualisations of Recovery Processes

The narratives of service users have informed a new era in conceptualisations of recovery. Andreson, Oades and Caputi (2011) have devised a recovery model based on extensive interviews and consultations with service users. According to the authors, the process of recovery is contained in five stages, as follows: moratorium, awareness, preparation, rebuilding and growth. The first stage, moratorium, is characterised by the individual's denial, confusion, sense of hopelessness and powerlessness. Awareness begins the process of recognition that recovery is a possibility. Preparation involves appreciating strengths and focuses attention on the development of recovery skills. By the rebuilding stage, the essential elements of recovery are focused on taking back control and responsibility for maintaining wellbeing. The final stage of growth represents the evolution of a positive sense of self, a resilient persona, who is able to embrace the challenges of the future and strives for continual growth.

The second key model providing an insight into recovery has been developed by Glover (2012), who lives with mental health issues and describes herself as a thriver. Glover's succinct five-star model aims to move from the clinically driven recovery as an end destination outcome to a more personally derived journey and process of recovery underpinned by learning. Glover identifies the following themes in the recovery process; these are not considered polarities or a movement from one to the other, but rather as a continuum of experience. The five stages for Glover are as follows: from hopelessness and despair to hope; from others' responsibility and control to personal control and responsibility; passive sense of self to active sense of self; from alienation to discovery; and finally from disconnectedness to connectedness (Glover, 2012).

2.6.3 Conceptualisations of Sexual Violence Recovery Processes

Herman's (1992/2001) ground-breaking work with survivors of interpersonal violence resulted in the development of a threestage treatment model of safety, remembrance/ mourning and reconnection, a pathway if followed resulting, according to Herman, in resolution. For her, the challenges of recovery are never entirely concluded; there remains an oscillation between full functionality, wellbeing and a revisiting of the trauma effect. The process of reconnection is firstly experienced as an inward directed knowing, acceptance and control of the self, a process of letting go of the victimised self and the emergence of liberation and a newly discovered sense of pride and compassion. The process of reconnection now extends to others and the forging of meaningful relationships, the loss of dysfunctional relationships and embarking on a new community and social pursuits, as Herman describes it: '… having encountered the fear of death, she knows how to celebrate life' (2001, p. 213).

The work of Spermon, Darlington and Gibney (2013) in their exploration of the lives of seven women with complex traumatic stress disorders and histories of childhood trauma is revealing. The authors' first person accounts of recovery extend the notion of recovery beyond the reduction of symptoms and acceptable ranges of functionality. The study discovered the following five dimensions of recovery: self-discovery, separation and connection, coping with choice, managing overwhelming emotions, and therapist bonding/ internalising relational dynamics. An extensive study by Draucker et al. (2009) exploring recovery with 51 reports featuring accounts of survivors of sexual violence exposed the following four domains associated with healing: (a) managing memories, (b) relating, resulting in affirmation of important relationships, (c) seeking safety, (d) restoring self. Draucker et al. identified a number of requisite actions to securing recovery, including actions to assert control and relationships within the personal and professional sphere that do not blame or shame (Draucker et al., 2009).

2.7 Conclusion and Locating this Study

Currently the literature is compartmentalised into discreet domains of influence, with the binary separation between the medical model and pathological disease model versus the strengths-based protective factors camp. There are even further divisions between the strengths-based approach with a silo approach and a presumption of the dominance of resilience and post-traumatic growth, with a gap in the literature connecting these two domains as a sequence of events. The work of resistance continues to lie somewhat segregated from the main debate in trauma and remains to be considered as a hindrance to the recovery process rather than an essential facet.

This study will aim to create flow between these different narratives, suggesting a synergy between trauma impact and the multiplicity of pathways to recovery without an over emphasis on the role of any one of the elements. I assert that it is essential to consider the impact of trauma on survivors' lives and consider ways to reduce and manage symptoms. Although the concept of 'ordinary magic' presents an alluring concept for survivors of sexual violence, this has to be developed through attention to creating an ideal environment to nurture its presence. The presumptions of clients' strengths, resources and acknowledgment of active resistance should be a key factor weaved into therapeutic work from the onset and considered as forming the core asserts securing recovery.

Chapter 3 Methodology

3.1   Introduction to Methodology

The aim of this chapter is to rationalise why I selected interpretative phenomenological analysis (IPA) as the research method to answer the research question: How do women describe their survival strategies for recovery from experiences of sexual violence?

The chapter is organised in two parts. The first section provides an overview of my epistemological position, a review of qualitative research and an initial theoretical background to IPA. This is followed by a rationale of why IPA is the most useful research method for this study in comparison to other research methodologies.

3.2   Section A: Research Design

3.2.1   Ontological and Epistemology Position

Ontology refers to the relationship between us as humans and the world; it defines how we understand reality as an entirely separate entity to us as humans. Various approaches in ontology range on a continuum from where reality is considered as devoid and independent of human ways of knowing, which is referred to as realism. The realist position assumes there is only one version of the truth that can be known through the application of scientific rationales and research methods. At the other end of the ontology spectrum, known as relativism, the assumption is that reality can only be considered through human interpretation and knowledge (Braun & Clarke, 2013). Relativism rejects notions of universality and assumes there is a multiplicity in different versions of truth. My ontological position resides between these two extreme points, as a critical realist, with an appreciation that a level of knowledge exists independently of our existence, but due to social constructs of knowledge, we can only ever gain partial access to this knowledge. This position resonates well with the selection of IPA as a research method.

Epistemology refers to the theory of knowledge defined by its level of validity and trustworthiness (Braun & Clarke, 2013). In keeping with my ontological critical realist position I adhere to the middle locus provided by contextualism. This position assumes there is no one realty but rather knowledge is determined by the context,

with a realist caveat of appreciating truth as it applies to the specific context (Braun & Clarke, 2013).

3.2.2 Qualitative Methodology

A qualitative methodology was selected as opposed to a quantitative approach, as the intention of this study was to ensure the integrity of survivors' voices was conveyed as richly and as authentically as possible (Braun and Clarke, 2013). The aim was to capture the nuanced meanings and understandings from the participants of their lived experiences and unique insider perspectives gained from surviving sexual violence (Braun and Clarke, 2013). Qualitative design methods are intentionally grounded in the subjective experience of participants and are able to hold, as Braun and Clarke describe it, the complexities of 'our own humanness' (Braun and Clarke, 2013, p.36) and consider participants' wider frame of reference formed from personal experiences of culture, history and systems of meaning. This is an essential requirement for this study as the reality of sexual violence is not confined to the individual but transverses various social domains, including the political sphere.

The qualities of qualitative research are compatible with my professional background as a psychotherapist, where the influence of the therapist is recognised and acknowledged in all therapeutic interventions. This entails a process of self-reflection to ensure a consistent awareness of the development of the transferential matrix, which is key to the therapeutic process. Qualitative research requires a similar level of reflection and transparency through the process of reflexivity, which is considered a valid research tool and essential as a quality marker (Langdridge, 2007).

3.2.3 Method: Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) was selected as the most appropriate research methodology given the parameters of this study. IPA was developed primarily by the UK psychologist, Johnathan Smith, at Birkbeck University during the 1990s. IPA described by Smith et al. is concerned with the 'detailed examination of the lived experience' (2009, p.32).

IPA is influenced by four significant phenomenology philosophers: Husserl, Heidegger, Merleau-Ponty and Sartre. Husserl's theories played a significant role in IPA theory by providing a rationale that appreciates that experience needs to be explored within its own unique context (Smith et al., 2009; Finlay, 2011). Husserl's theory base adds further with the contribution of intentionality as a description to acknowledge an individual is consistently consciously aware of something (Langdridge, 2007; Smith et al., 2009; Finlay, 2011). The work of the philosopher, Martin Heidegger, ensured that experience and events are not able to be 'bracketed off' but need to be considered intersubjectively. As Langdridge describes it, 'all people, philosophers included, are inseparable from the world they inhabit' (Langdridge, 2007 p.27). Merleau-Ponty's illuminating work brings essential qualities and insights to the theory, presenting the notion of a holistic attitude and consideration for the embodied nature of human experience, emphasising the relevance, presence and power of the body as a key component of consciousness and experience (Merleau-Ponty, 1962; Smith et al., 2009; Finlay, 2011). Finally, the influence of Sartre to IPA theory provides a context to understand that we are always becoming ourselves, a process influenced by both the presence and absence of others (Langdridge, 2007; Smith et al., 2009; Finlay, 2011).

The theoretical assumptions underpinning IPA are guided by the following three key principles of hermeneutics and Heidegger's understanding of phenomenology as essentially an interpretative process, incorporating the hermeneutic circle of moving into and out of the data, generating a variety of perspectives and changing perceptions (Smith et al., 2009). Ideography concludes the trilogy with a focus on finite detail and ensuring depth is provided to the analysis (Smith et al., 2009).

Smith describes the theory underpinning IPA as derived from a number of theoretical assumptions. First is the reflection on personal experiences related to the examination of the subjective experience. The implication that the system of meaning is understood from the significance the individual attributes to it, viewed within a multidimensional perspective connected to the embodied and cognitive experience (Smith et al., 2009). Smith captures the hermeneutic cycle and accounts for the insider role of the researcher with consideration for their influence and contribution to the research environment. This dual interpretive process, referred to as double hermeneutics, refers to the process of the researcher making

sense of participants making sense of their world (Smith et al., 2009; Finlay, 2011; Braun & Clarke, 2013). The final tenet of IPA is the detailed attention and focus of each case across the data set to highlight similarities and differences, thus generating patterns of meaning (Smith et al., 2009).

3.2.4 Why IPA

IPA was developed by a psychologist with a remit to develop a specialist research methodology that could be applied to psychology and general health studies. Braun and Clarke emphasise IPA's strengths using the following criteria: IPA's clarity regarding the human condition, and the connection with psychological concepts and theories whilst retaining a focus on individual experience (Braun and Clarke, 2013). Additionally, IPA has a holistic attitude and ability to include narratives that describe embodiment, emotion, cognition, language and culture essential elements to fully elucidate participants' experiences of sexual violence, which cannot be separated or understood outside of the cultural and societal context that influences meaning (Finlay, 2011). The bottom-up approach of IPA will be useful to enable themes to naturally emerge, generated exclusively by participants' narratives (Smith et al., 2009; Finlay, 2011; Braun & Clarke, 2013).

3.2.5 Limitations of IPA

Several authors have highlighted the challenges and limitations of IPA. Parker, (2005) sets out the following criticism of IPA: its connection to mainstream psychology, use of small sample sizes and failure to acknowledge outside contexts and introverted focus, which can therefore be considered as lacking substance and sophistication (Parker, 2005). Other researchers have commented on IPA's lack of apparent depth and richness in analysis when compared to other research methods (Braun & Clarke, 2013). Willig (2008) cites a number of criticisms of IPA. Firstly, it's over reliance on and use of language to adequately convey the description and meaning of experiences. According to Willig, IPA relies on participants' capacity for introspection and ability to communicate and express feelings and emotions. IPA offers merely a description that lacks explanation or causality (Willig, 2008). A fundamental criticism levelled at IPA is the use of cognition, which is contrary to and incompatible with the phenomenological position as it assumes a Cartesian conceptualisation of subject and object distinction (Langdridge, 2007; Willig 2008).

However, I was able to rationalise and accommodate the compromise that IPA presents with its attention to cognitions. Smith differentiates the use of the term cognition as a distinct departure from the mainstream psychological account and potential predisposition towards a Cartesian reductionist's measurements of behavioural responses (Smith, 2009). Smith presents a more expansive view of the term cognition, as not merely confined to psychological process but as an intricate and complex way that individual's make sense and meaning of their world. For Smith cognitions involve the following processes: fantasy, remembering, reflecting, making judgments, coming to conclusions and represents the significance in experiences (Smith, 2009). Smith describes IPA's relationship with cognitions as:

> … 'cognitions occurs within the informal, intuitive domain of reflective activity in the natural attitude. It is dynamic, multi-dimensional, affective embodied, and intricately connected with our engagement in the world' (Smith, 2009, p.191).

This account of cognitions reconciles the dilemma of the term and fits with the expectations of the study to really hear participant's accounts in depth and enables a holistic view of their experience of sexual violence. This allows for multiple meanings of the truth to be explored and permits access to women's thought process and how they make sense of their experiences.

3.2.6 Comparison with other approaches

There are a number of research methods that could have been compatible with the aims of this study, namely, grounded theory, discourse analysis and narrative enquiry.

Grounded theory was an obvious contender, even Smith (2009) acknowledges the affinity between IPA and grounded theory. As Willig (2008) comments, there are a number of similarities, for example, the analysis of individual cases to generate a whole picture, the use of categories to highlight meaning and a cyclical process involving constant comparison with the data (Willig, 2008). However, despite similarities, there are substantial differences. For example, grounded theory was developed to investigate social rather than psychological process, and IPA is concerned with small purposive samples to generate in-depth perspectives, and is therefore more committed to the quality of experience, allowing for creativity and freedom in the approach (Willig, 2008). Finally, there are numerous versions of grounded theory, with numerous divisions and varying interpretations of

applications within them. In contrast, IPA is the more appealing option, as there is only one version (Willig, 2008).

Discourse analysis (DA) was considered as a realistic option for this study due to its detailed examination of patterns of meaning identified in the text (Braun and Clarke, 2013). However, the reliance on language and DA's assumption that reality is constructed by language presents rather a reductionist perspective. This might limit the consideration of the holistic and embodied experience of sexual violence. The over reliance on language could challenge meaning and fail to fully elucidate participants' experiences.

Feminist research was an obvious contender for this study given its emphasis on women's subjugation and wider oppressive influences. Furthermore, feminist research's commitment to resistance, agency and emancipation to create social change certainly fulfils this research project's macro agenda (Ramazanoglu and Holland, 2002). Feminist research is committed to giving a voice to women. It considers power dynamics and places the researcher in relationship and alongside participants. However, despite this compelling argument, there is a personal consideration. I work within a feminist agency, so there is both an expectation and a familiarity with pursuing this route. The aim of the research is to really hear women's voices without a political agenda aimed at mobilising against patriarchy. The challenge and emancipation will be held within women's stories of resistance. Personally, I aimed to stretch my research capability and be challenged by employing a different research methodology. I am confident that IPA will enable social commentary on sexual violence and do justice to preserving the authenticity of women's voices.

Part B: 3.3 Research Design: Method

The study employed a qualitative research design to explore the multifaceted components of recovery for women following experiences of sexual violence. A purposive sample of participants was used, in keeping with IPA's requirements to include a small and homogenous sample. A semi-structured interview process was employed and all interviews were recorded. The interviews were transcribed verbatim and analysed following IPA standard processes.

3.4   Participants

IPA's commitment to an idiographic approach requires a commitment to ensure a small sample size is used to access a rich and detailed description of the experience. Smith suggests a sample size of between five and ten participants for a doctoral research project is ideal; six participants were involved in this study (Smith et al., 2009). Crucial for an IPA research project is a purposive homogenous sample to provide a detailed exploration of the phenomena under investigation (Willig, 2008; Smith et al., 2009, Braun and Clarke, 2013). For this study, the participants were required to be female and have experienced sexual violence.

3.4.1 Recruitment

Participants were recruited from clients that had previously accessed WGN's counselling service. WGN employs the nationally recognised mental health service evaluation system, Clinical Outcomes in Routine Evaluation (CORE), which assess clients' pre and post therapy scores to review clinical changes and improvements in the following domains of self: the most problematic areas of life, levels of risk, symptom manifestation and areas of functionality. The database allows identification to be determined by presenting issues, so those with experiences of sexual violence could be selected. Clients demonstrating positive therapeutic outcomes were selected to ensure the safety and protection of clients' wellbeing from re-traumatisation and to meet the research question criteria, which required participants to have a degree of identification with the concept of recovery. The final essential criteria were to ensure clients had ceased using WGN's services from six months to a year previously.

All clients at WGN are contacted post therapy and offered the opportunity for feedback on their experiences of services or to participate in WGN's service users' advisory group. The service involvement forums are a vibrant space for directing service developments at WGN and are active in contributing to consultations and research projects. Clients are contacted by post, email or text, depending on the communication preference agreed at the start of the therapeutic contract. Information on this research project was distributed with an invitation for an expression of interest to participate in the study via a stamped addressed envelope..

Responses were initially slow, and the process of advertising was repeated several times before there was sufficient take-up.

3.4.2 Inclusion and Exclusion Criteria

Participants in the research project were required to identify as having an experience of sexual violence during some point of their life. It was essential for participants to define their experience as sexual violence, as due to the complexities of sexual violence, some women will have normalised their experiences and do not readily identify with the terminology.

To ensure participants' safety, it was essential for the experience to be in the past and not a current ongoing situation. Participants were also required to have a sufficient level of recovery from their experiences. These measures were in place to protect participants and limit the possibility of re-traumatising and creating distress to participants involved with the research process.

A broad spectrum of ages was specified for the recruitment, from 18 to 65 years. The cohort of participants was all female as a key feature of the study was to explore women's responses to recovery. The aim of the study was to identify and expose narratives of meaning and illuminate survivors' proactive engagements in resisting assault and coping strategies to ensure survival and recovery.

Exclusion criteria

Clients still accessing services at WGN were excluded from the study to protect their safety. The study required participants to have concluded WGN's services for a minimum interval of six months. This was agreed with the senior clinical team as an optimal period of time, representing sufficient time having elapsed post therapy so as to not disrupt therapeutic gains while being still close to the end of therapy for participants to access and be able to reflect on their recovery processes.

3.4.3 Introduction to participants

Participant characteristics and demographics

Participant	Age	Experience	Ethnicity

Badra	41	CSA	Pakistani
Carla	53	CSA	Mixed parentage
Dusty	57	CSA and adult rape	Black Caribbean
Nella	24	Adult rape	White UK
Raja	31	Adult rape	Asian Hindu
Savannah	37	CSA	European

3.5   Ethics

The consideration of ethical mindedness is a central tenet of this research project and is congruent with my practice as a therapist to work to a central guiding principle and ethos. I am guided and adhere to the ethical framework of the British Association of Counselling and Psychotherapy, following the key principles of non-maleficence, beneficence, autonomy and fidelity (BACP, 2010). Additionally, the research adheres to the British Psychological Societies' code of ethics and conduct, which are informed by the principles of respect, competence, responsibility and integrity (BPS, 2009). An additional layer of ethical guidance is contained in WGN's clinical polices related to a commitment to safeguarding and confidentially. The final deliberation regarding ethical positioning was to ensure themes related to diversity and equality were considered and to provide an inclusive, culturally sensitive and appropriate attitude to the participants and the study.

3.5.1 Ethical Approval

Ethical approval for the research project was granted by WGN's management committee, which has responsibility for governance of the organisation, and its advisory board, representing ex-service users. The ethics board considered the application for the study and agreed that adequate safety measures were in place to protect the interests and wellbeing of all potential participants. The board agreed the study complies with WGN's clinical policies and code of ethics. Furthermore, there was agreement that the aim of the study had a progressive attitude and would

have a positive impact on the development of client services and a wider influence on the lives of survivors.

3.5.2 Ethical guidelines (adapted from Willig, 2008, p. 19)

Informed consent

Informed consent covers two essential ethical principles: respect for autonomy and protection of vulnerable persons. I ensured participants understood the purpose of the research and emphasised that all involvement was voluntary. At the beginning of the interviews, participants were fully informed as to the nature of the research and their right to be in control of the interview process, with examples being provided of how they could intervene through the following actions: slowing down the pace of the interview or having the right to not respond to particular questions. Throughout the interview, consent was revisited to ensure a continual active process of consent and engagement occurred. Please see Appendix A: Participants information sheet and appendix B: Consent form.

No Deception

I was open and honest about the aims of the research from the first contact and ensured no information was withheld that may have caused distress to the participants.

Right to Withdraw

Participants were informed throughout the research process of their right to withdraw from the study at any stage and were not obliged to provide a reason or explanation. Participants were reassured that any decision they made to withdraw from the study would not affect any future involvement or access to WGN's services.

Debriefing

Considerable effort was directed at ensuring participants were aware of the potential powerful feelings the interview process may evoke and that there was a system for debriefing in place with one of the clinical mangers from WGN and a resource list of other external support agencies.

Confidentiality

Participants were informed of their right to anonymity and reassured of the research study's compliance with WGN's data protection policy and procedure.

To ensure confidentiality, all transcripts were stored anonymously and were password protected. All data will be destroyed within one year of post research completion. Participants have consented to extracts of their interview to be included in the research, with the stipulation that all identifying material is to be omitted. Participants were reminded of WGN's safeguarding protocol, which details the limits of confidentiality and my professional responsibility for third-party sharing of all safeguarding concerns.

Protection of participants

An overriding concern at the onset of the study was to protect the welfare of participants during the interview process, with a commitment to ensure distress was minimised. The following considerations were implemented to protect and promote participants' best interests:

- Consideration of not re-traumatising participants, with questions phrased to focus on the process of recovery and exploration of self-protective factors rather than disclosure of actual details of events.
- To inform participants of my clinical background to reassure participants that I would be able to respond and manage their distress.
- Following the interview, allowing time to de-brief and ensure they were in a safe place to leave.

3.6   Data collection

Six participants were interviewed for this study, in keeping with the suggestion by Smith et al. of between four and ten participants being optimal for doctoral projects (2009). IPA recommends a purposive homogenous participants sample to ensure variance between participants is minimised, enabling the phenomena to assume a central position and focus (Smith et al., 2009). To fulfil this requirement, all participants were female, aged from 18 to 65, had experienced sexual violence and had accessed counselling not less than six months previously.

3.6.1 Semi-structured interviews

The study employed in-depth semi-structured interviews, described by Smith as 'a conversation with a purpose' (Smith et al., 2009, p.57) with the intention of facilitating participants, as Smith puts it, to 'tell their own stories in their own words' (Smith et al., 2009, p.57). For an example of the interview questions please see appendix C.

It was essential to ensure the environment of the interviews provided a safe and comfortable space for participants. The interviews ranged between 60 and 90 minutes in length and were recorded. The interviews were transcribed verbatim to initiate the analysis process through immersion and familiarisation with participants' narratives.

3.7 Data Analysis

The data was analysed using the IPA method outlined in *Interpretative Phenomenological Analysis* (Smith et al., 2009). The IPA process of analysis is described as an iterative and inductive cycle (Smith et al., 2009). This involves moving from detailed description of the text to interpretation, from looking at the particular lived experience to the shared (Smith et al., 2009). The process of analysis consists of the following six stages.

Step 1: Reading and re-reading

The IPA literature makes repeated reference to the importance of immersing oneself in the data (Smith et al., 2009). Transcribing the interviews provided a useful opportunity to really hear participants' stories. This was followed by re-reading the transcript whilst listening to the interview, creating a further in depth immersion with the participants' narratives. This process was repeated with all the participants' transcripts, generating a familiarity and an enhanced sense of knowing the participants' lived experience of surviving and recovering from sexual violence.

Step 2: Initial noting

The purpose of this stage was to remain open minded and note initial responses to the text, noticing anything that generated interest, described by Smith as free textual analysis (Smith et al., 2009).

As Smith et al. (2009) suggests, the transcripts were inserted into a table, with the right hand column used for notes. The notes were differentiated into three distinct modes to enable identification and to distinguish different styles of communication and other considerations aimed at metabolising the text. Each aspect was assigned a different colour to illuminate meaning. Firstly, descriptive comments (highlighted in purple) focused on the lived world and meanings of the participants (Braun and Clarke, 2013). Secondly, linguistic comments (highlighted in green) focused on participants' use and style of communication and considered how participants described their experiences. This was not purely confined to words. Observations included attention to linguistic style, such as participants' use of sighs, laughter and pauses (Smith et al., 2009). The third and final element of initial noting focused on forming conceptual comments (highlighted in blue), based on interpretations derived from my professional knowledge. As Smith et al. (2009) describe it, this stage of the analysis takes on an interpretive and enquiring format. Alongside this process, as suggested by Smith et al. (2009), I used free association to gain a three-dimensional picture of the data formed from reflections on my feelings, sensations and thoughts generated by the text (Smith et al., 2009).

Step 3: Development of emergent themes

The focus of this stage was to reduce the volume of detail contained in the data emanating from the transcript and text. My notes became the primary focus and were reduced to discreet chunks of text whilst simultaneously holding the whole transcript in mind (Smith et al., 2009). The resultant emergent themes were intended to capture what was important in the comments attached to a specific part of the transcript, creating what Smith describes as a 'concise and pithy statement' (2009, p.92) that emerged from the integration of the participants' narratives and

my interpretative reflections. For an example of stages two and three of the analysis process, please see Appendix E.

Although, this process was initially disconcerting, as the transcripts became fragmented, I appreciated this process of reorganising the data as an essential element of the hermeneutic circle (Smith et al., 2009).

Step 4: Searching for connections across emergent themes

Emergent themes were listed chronologically and considered in relation to each other, leading to the formation of clusters of conceptually related themes. The cluster of themes were ascribed a descriptive label, which aimed to capture the essence of the theme. For an example of step 4 of the analysis process, please see Appendix F.

Step 5: Moving to the next case

This process was repeated for each subsequent transcript. In an attempt to work within the ideographic nature of IPA and preserve the uniqueness of each transcript, I attempted to bracket prior thoughts and insights gathered from the previous transcripts. This enabled for curiosity and offered an element of surprise from the text. A summary table was developed, which identified the emerging themes for all participants (Willig, 2008). For an example of step 5 of the analysis process, please see Appendix G.

Step 6: Looking for patterns across all cases

Summary tables were developed for the six transcripts, and these were placed together for observation and comparison. This process focused on recognising emerging patterns between themes and highlighting potential themes based on the frequency in which they appeared throughout the transcripts. This became an iterative process of going back and forth to the original transcripts and amending and reformulating themes to ensure they adequately reflected and captured the essence of the identified patterns.

A final table was constructed identifying the main theme and associated minor themes correlated with each participant alongside a corresponding reference and

quote from the transcript. For an example of stage six of the analysis process, please see Appendix H.

3.8   Quality and Validity

A commitment to quality for any practitioner is a guiding principle to work within a framework of quality markers, as it ensures the key principles of quality and care are captured and incorporated.

Yardley (2000) provides four basic principles to ensure quality and validity is contained in research within a comprehensive framework. The first principle is sensitivity to context, which refers to an awareness of the socio-cultural environment of the study. Sexual violence cannot be understood outside of the sociocultural environment that it exists within, so the study will aim to ensure this aspect is considered and integrated throughout the research process.

Sensitivity to context means committing to protecting the wellbeing of participants and promoting their best interests. Consideration and sensitivity was essential for this study given the potential vulnerability of the participants revisiting painful and distressing experiences. A variant on sensitivity was to ensure the primacy of participant's stories. This is an ethical position, to preserve and promote the integrity and prominence of participants' voice throughout the research, untainted by other influences, including my biases and assumptions.

Yardley's second principle is one of maintaining commitment and rigor. Smith describes the investment and commitment to the welfare of participants throughout the interview process. This provides a safe, supportive, empathic space that is closely attuned to really listening to participants. A similar investment and attention to detail was maintained during the research data collection and analysis process, reinforcing the consideration of rigour in this research (Smith et al., 2009). Furthermore, the research aims to provide depth and breadth in its analysis, and evidence a level of methodological competence and skill (Braun and Clarke, 2013).

Transparency and coherency form the third principle of Yardley's quality criteria. This is a reference once more to research integrity and ensuring transparency at every stage of the research process. This is demonstrated through a comprehensive and detailed description of all actions and process to ensure clarity

and transparency (Smith et al., 2009; Braun and Clarke, 2013). Reflexivity is vital to this process, illuminating the researcher's processes and biases (Braun and Clarke, 2013). Coherency refers to the goodness of fit between the research question and the method employed to analyse the data. Secondly, coherency considers the continuity in interpretation of data and the application of hermeneutic principles and understanding as per the theoretical underpinnings associated with IPA (Smith et al., 2009). It was essential to attend to coherency throughout the research process.

Yardley's fourth and final quality criterion focuses on impact and importance. This is an assertion regarding the relevance of the research and application to improve impact and enhance understanding. The research aims to create relevance as it gives voice to a much neglected aspect of survivors' recovery following experiences of sexual violence. The research highlights the proactive stance taken by women to ensure their survival before, during and after sexual violence in an effort to counter and refute the stereotypical images and narrative of women's passivity. The research intention is not necessarily to generate policy initiatives but rather to influence a strengths-based approach, with particular reference for therapist to understand resistance strategies employed by survivors . This shift in emphasis will greatly affect working with survivors and reinforcing clients' strengths and assets to enhance self-esteem and self protection.

3.8.1. Reflexivity

The intention of this research is to promote the voice and preserve the integrity of participants making meaning of the experiences and processes of recovery. I am keenly aware of the potential for my presence to have influenced the research field. This is inevitable in any form of interaction between two people; however, considering the emotive subject, added to the likelihood of thoughts, feelings, and sensations being evoked during the research. There are parallel processes to reflexivity in therapy. As therapists, we use skills to reflect on our internal world and consider the influence of our past relationships and what might be evoked in the presence of the other, so the process of introspection is familiar (Etherington, 2007). My ontological position, one of critical realism, dictates a more connected, less objective standpoint, and appreciates that my values attitudes are part of me and therefore will be evident during the research process.

Reflexivity applies a process of 'bending back' or 'turning back' to generate an awareness of self (Braun and Clarke, 2013, p.303). This, of course, needs to be held and considered in relation to the research, offer illumination and not be confused with a therapeutic reflective process. Etherington (2007) makes an interesting point linking the incorporation of reflexivity as a tool to aid the ethical position of the research. Etherington suggests that when considering the power dynamics within research, reflexivity ensures equality and balance between the researcher and the researched. Furthermore, Etherington asserts the value of transparency concerning our knowledge, beliefs and values, which, if overlooked, might create a shadow in the research field and influence the outcome. This requires a shift from the privileged position of objectivity to one of accountability assuming a more central role within the research. As Etherington describes it: 'Researchers have to emerge from the secure barrier of anonymity and own up to their involvement' (2007, p.612).

I am wary of seemingly confessing my vested interests in this research, but as Langdridge suggests, there are various points to consider regarding motivation and investment in the research study and room for appropriate disclosure (Langdridge, 2007; Etherington, 2007). A central factor is declaring and understanding my position as an insider to this research subject. I consider my life to be fortunate without direct experiences of sexual violence; however, I have been touched by the presence of sexual violence, in childhood friendships and among close family, friends and colleagues, which has affected my life vicariously. My professional life has been immersed in working with women with experiences of all forms of gendered violence, with sexual violence leading in frequency. This most definitely places me in an insider position: I appreciate the restricted view this presents and acknowledge my empathetic leanings towards survivors. This may, in fact, influence my ability to take up a position of empathy of suspicion as this is a counterintuitive response; my challenge was to retain sufficient movement away from the participants, and perhaps a useful vantage point to have aimed for was the space between the inside and outside. To retain a flexible empathic stance to ensure exploration enables the uncomfortable to be imagined, spoken and tolerated, such as the notion of women's role as aggressors.

Findings Chapter 4

4.1 Findings Overview

The six interviews were analysed using IPA and led to the development of the following four major themes:

- ❖ The Traumatised Self – 'World's falling apart'
- ❖ Survival and Resistance Strategies
- ❖ The View from the Other Side - Recovery
- ❖ Transformations and the Legacy of Rebellion

A table identifying the four major themes and associated sub themes is presented on page 53.

The exploration of these major themes and associated subthemes will be illustrated through the words of the participants, with verbatim extracts forming the basis of this chapter.

The descriptions from the six participants represent the reality of their experiences and process of recovery from sexual violence. We can, of course, make valid inferences from these participants' descriptions of their journey to recovery; however, this must be mitigated with a cautionary note as the narratives are not intended to be representative of the processes of recovery for all survivors of sexual violence. What will be considered are the nuanced qualities, characteristics and motivations of the participants involved in the study, along with the limited parameters of the research field that influenced the questions asked and the process of analysis with my subjective handling of the data, as well as the decisions and choices on what was included and excluded in this section.

I have sought to provide an original testimony of participants' accounts of their experiences, but I have modified the text in the extracts to enhance readability by removing linguistic mannerisms, such as repetitive 'ems' and sighs, except when they were an illustrative aspect of the extract. A series of dots (ellipsis) before an extract indicates prior dialogue to the extract. Information that might reveal

participants' identity has been minimised and aliases were used to preserve their anonymity.

Table 2: Major and superordinate themes

Major Themes	Superordinate Themes
The Traumatised Self – 'Worlds falling apart'	• The embodied trauma • Shame and blame • Secrets, disclosure, invisibility and isolation • Loss • Resisting and acts of defiance
Resistance and Survival Strategies	• Anger and revenge • Flight responses • Negative coping strategies and self-harm • Positive coping strategies and spirituality • Resiliency characteristics
Recovery – The View from the Other Side	• Understanding recovery • Resistance and self-esteem • Role of therapy in recovery and breaking the silence • Acceptance • Spirituality and the quest for meaning
Rebellion and Transformations	• Post-traumatic growth • New identities • Rebellion and social activism • Future directions

4.2 The Traumatised Self – 'World's falling apart'

This is the beginning of the recovery timeline charting events and experiences during the actual experience of sexual violence and the ensuing legacy of the impact. The subthemes convey the participants' accounts of the global traumatic impact of sexual violence, illustrating extensive consequences beyond the mere manifestation of symptoms. Although it is not a direct counter-response to mitigate the reality of the abuse, we can observe the emergence of an opposing narrative and participants' active resistance to sexual violence. Through this, we gain an insight into the tactics and strategies employed by participants to interrupt, stop and prevent the perpetrator's ability to commit acts of sexual violence.

4.2.1 The embodied trauma

All six participants made reference to this obvious subtheme given the prominence of the body as the site for acts of aggression and violence acted out during assaults. Furthermore, a number of participants referred to the enduring legacy of trauma being located and contained in somatic form.

Savannah provides a sense of the overwhelming impact of sexual violence. We have a clear sense from this extract of the penetrative nature of the effect and how this endures throughout time, with the emphasis on Savannah's reference to 'always', giving a sense of the inescapable timelessness and trapped nature of sexual violence.

> … And I know it had an impact because of the way I carried my body
> all of those years, it was always right inside me … (p.2, lines 69-67)

In this following extract, Dusty refers to the significance and primacy of the somatic memories. It is interesting the way Dusty describes the communication with her body, seeming to regard it as a separate entity. There is no further elaboration on what might be being communicated; however, we can surmise that the somatic features of trauma have greater prominence than cognitive or emotional responses.

> … of course I thought about it and it's interesting because I think for
> me most of the memories were what my body was communicating to

me as opposed to what I was thinking or what I was feeling. (p.6, lines 177-179)

The embodied experience for two other participants, Raja and Carla, is expressed in somatic formation as debilitating skin conditions. The skin has often been perceived in psychological literature as the body's container. Following this, the violation and attack of the body during sexual assault penetrates the body boundary; the psychic wound for these two participants becomes etched into their bodies, which they regard as vulnerable, out of control and letting them down.

Raja makes a direct reference to her body feeling out of control, and conveys a sense of dread and the omnipresence of her body failing, which is experienced so acutely that she describes herself as dying. This is even more significant given that Raja was threatened with acid attack by her partner. There is something quite prophetic in her description, and it connects with the unfortunate reality of the killing of ex-partners when they leave abusive relationships.

> …my body just became out of control. I had a series of rashes and severe eczema that became infected. I thought I was dying from the outside, that my body was breaking down; the itching was terrible, it made me feel dirty; the slightest thing would mean I would have a flare up that would last for days. (p.3, lines 70-73)

The following excerpt from Carla vividly describes the impact of skin conditions. Carla's use of language is key, with the use of 'plagued' and distorted face conveying the reality of the grossness of her experience. Carla conveys a visceral sense of the devastation and sense of revulsion of the abuse.

> … 'From childhood I had terrible problems with my skin … it plagued my childhood with a huge itchy wells all over my body and a distorted face. (p.2, lines 72-74)

There is something quite palpable being conveyed in both of these extracts regarding skin conditions, that they are in some way betrayed by the body, which cannot contain them and, furthermore, the grossness of the abuse is contaminating

and has literally got right under their skin. We can appreciate how exposing this must be. There is nowhere to hide; it has extended into the public arena.

4.2.2 Shame and blame

The experience of shame is a common response to sexual violence and abuse. The shame is connected to the internal embodied experience and associated with the loss of honour. Inevitably, the feeling of shame becomes partnered with the cognitive negative self-appraisal of blame influenced by the societal script perpetuated by rape myths, which places responsibility for sexual violence with victims.

The subtheme of shame and blame was significant for five of the participants, and was linked to them being silenced, which prevented the disclosure of abuse and violence.

This is poignantly described by Dusty in the following extract;

> … but I think it was the shame of it. It was not being able to tell anybody because I was ashamed because I really questioned why I didn't fight and things like that. (p.10, lines 231-295)

We can hear Savannah's self-contempt in this following extract and a clear resentment of the passive position she assumed during the abuse, betrayed by the presumption of her agency and the decision not to fight back.

> … I blame her for that, for just lying there letting it happen, not fighting back. (p.4, line 103)

Dusty and Savannah experienced CSA before they were 10 years old, and both refer to a sense of powerlessness but are also aware of a sense of agency that was not acted upon, and, as a consequence, results in a palpable sense of self-condemnation for not fighting back.

In contrast, Nella has a very cognitive rationalisation and is aware she is not responsible for the rape and is able to defend this position by referring to authorities and others. However, despite this, she experiences a profound sense of embarrassment and the embodied experience of feeling ashamed. Particularly

wounding for Nella was the exposure of her sexuality to her family and the altered perception she imagined that her father might have of her from the perceived loss of virtue and innocence.

> … I didn't so much feel ashamed, I just felt so embarrassed. I used to cringe at the way they described my body, you know, vagina and stuff. And just the thought of my Dad knowing that I had sex. I don't know, that felt really odd, I was no longer his little girl, I was no longer innocent. (p.2, lines 38-41)

4.2.3 Secrets, disclosure, invisibility and isolation

This theme was identified by five participants as a significant challenge and represents interconnected themes related to the burden of secrecy and non-disclosures of sexual violence due to feelings of shame, leading to a retreat from others, further compounding the sense of isolation.

The notion of secrecy was a significant theme for participants. This was particular relevant for participants with experiences of childhood sexual violence. Secrets are an essential tactic employed by perpetrators of CSA to ensure victims' compliance. Promoting the abuse as a special relationship functions to prevent detection.

The diminished self, one that is controlled by abuse, is also reflected by Carla, who provides a very telling description of the enormity of holding secrets and the wider influence this had on changing the very nature of her character. We really gain an insight from Carla's description of how the burden of secrets escalates and generates a withdrawal from others, resulting in an overwhelming sense of aloneness.

> … Yea, what happened to me ruined huge parts of my childhood. I had to live with the burden of a huge secret, which meant that I had to be secretive. From an early age, I learnt to lie. This caused me untold problems throughout my childhood and into my teens. The lies and secrecy also left me very alone; yeah, that was the biggest thing, feeling alone. (p.2, lines 57-61)

Non-disclosure of abuse is a significant feature of all forms of sexual violence. The act of telling is influenced by factors related to the perpetrator's use of force, threats and coercion tactics ensuring silence. This is reinforced by the societal response of victim blaming.

In the following extract, Dusty describes why she did not disclose.

> … but as I said, I just couldn't find the words, I didn't know what to say, how to explain it all … (p.7, lines 192-193)

We gain an insight from this extract of the enormity of not disclosing the abuse. The search for the right words is actually the search for meaning from these events and the burden of how she will be able to explain and therefore justify what has happened. The reoccurring theme of responsibility intertwined with shame reappears in this extract.

A feature of abuse for many is the sense of feeling invisible. This is not just a physical sense of not being there. It has a profound impact on the sense of presence and is linked to being noticed and feelings of self-worth.

The following extract from Savannah portrays this sense of diminished self to the point of invisibility.

> ... I mean, it didn't matter if I was there or not; I spent most of my childhood like a ghost, invisible. The only time I mattered was when my mum was attacking me or the abuser. Even then, he abused me in way that made me feel invisible, without eye contact. (p.4, lines 93-97)

Savannah provides a poignant description of her sense of invisibility. The comparison of herself with a ghost implies an out-of-this-world existence. This is not an example of de-personalisation and de-realisation stemming from traumatic clinical presentation but rather that she is not seen, held or valued by the 'other'. We can hear the brutality of Savannah's world and how she is objectified and reduced to an entity purely for abuse, dehumanising and diminishing her very existence.

4.2.4 Loss

The sense of loss is a recognised aspect of sexual violence; it is the act of taking without consent that creates a void. This absence can be experienced on a very profound level of questioning humanity and their role and place of safety in the world. All six participants felt a profound sense of loss. The accounts of loss included the self, which had to adapt to survive, and the recognition of the formation of an identity formed and influenced by childhood experiences of abuse. For adult onset survivors it was the loss of career, personal potential and significant relationships. The sense of loss extended into an existential loss of feeling of safety and faith in the world.

In this extract Dusty refers to the loss of aspects of her childhood with the reoccurring theme of aloneness and recognition of the loss of creativity.

> … But in terms of the impact it had, I felt as a child, totally devastated really isolated alone. You know and it really took my creativity away from me. (p.3-4, lines 93-95)

The use of the word 'creativity' and 'totally' conjures up quite a deprived childhood, with no space or opportunity to experience the usual childhood features of play, imagination, adventure, fun, joy, freedom and friendships. Childhood has become totally eclipsed by the experience of abuse.

Loss for Carla was experienced as the loss of a loving family member. She refers to the betrayal by the perpetrator, her grandfather, in this powerful extract.

> You know, they call them perpe-trators and that's it, a traitor, that's what he is. He betrayed us; he should have been a dad and granddad. Instead, he was this horrible, sleazy, frightening menace. (p.4, lines 116- 118)

We really gain an insight into Carla's sense of betrayal by her grandfather. She obviously had an idealised sense of the characteristics of a benevolent grandfather, and the reality of her grandfather as this belligerent character is in stark contrast to this.

Raja describes the total disorientation and loss of self following an adult experience of violence.

> … I lost who I was; for some time, I didn't know what I liked, disliked;
> it was like, who am I? Somehow, I had lost her. (p.3, lines 69-70)

In the following extract Raja provides an insight into the impact of internal loss. She describes the profundity of losing joy and interests. We really get a sense of the closed-down world of just surviving that consumes life energy. Raja conveys a sense of exhaustion and the process of becoming so depleted that she can no longer function at work. This surrendered collapsed state signifies a period where she becomes overwhelmed by the perpetrator and is only able to manage a restricted life.

> I lost who I was, lost joy from previous interests and lost all my
> energy just trying to keep up with what was happening at home….
> Yeah, in the end I just couldn't keep it all going, and being in a high
> energy job with no energy, I lost my job. (p.3, lines 71-73)

Nella provides the bleak reality for some survivors and the snowballing impact of a series of betrayals and losses. The disappointments are initiated with the criminal justice process and a sense of being denied justice and moves to an existential crisis, generating a loss sense of safety with herself and the world generally.

> Loss of trust; it was really everywhere and with everyone. In the end,
> I couldn't trust the police, cos I even doubted myself; yes, during that
> time, the world become a much bigger scary place, and I felt so small
> and lost. (p.2, 42-46)

4.2.5 Resisting and simple acts of defiance

This subtheme relates to acts of resistance and defiance. It is placed with the major theme of the diminished self because it represents the period when the sexual violence is happening. It also has a role in determining participants' onward movement towards recovery. Although not a direct antidote to the devastation and impact of traumatic events, the wider significance is that it challenges stereotypical images of women' and children's passivity to sexual violence. All of the six

participants described activity directed towards the perpetrator to limit access, to fight back and stop the violence.

The prevalent view of CSA is of children's powerlessness. We assume vulnerability, based on their small physical size, lack of strength and inability to withstand the will and intrusion of perpetrators. However, the following accounts describe the ingenious ways that children develop diversionary tactics to limit perpetrators' access.

In the following extract, Dusty describes in an almost casual common-sense manner the way she thwarted the activities of the perpetrator. Dusty describes how, through implicit actions, she managed to mobilise the protection of others and hence limit the perpetrator's access to her. These preventative measures resulted in the abuse stopping.

> … well no mainly I would just go and be with other people because I knew that if I'm not there, then he couldn't come and take me from other people because it was all kind of secret how it was done anyway. If I was not there, it couldn't happen and even if he did come looking for me, I would be with somebody else and I knew that; I would make sure that I wouldn't go and that's probably how it stopped. (p.6, lines 161-165)

A note of caution is sounded in assuming the role of children's agency to stop the abuse as this places responsibility and even blame with the child determining the continuation of the abuse. However, we can also appreciate the following account from Carla describing her efforts to prevent further abuse.

> When I was about 14, I said no to my granddad and it stopped. (p.5-6, lines 189-190)

However, this was no easy feat, and Carla goes on to describe how this act of defiance had to be reinforced over a number of years.

> …so I had to really try and make sure that I was never around him alone … or I would engage him in one of his glory stories so that he would get distracted by his own magnificence. (p.6, lines 191-194)

This extract conveys once again the conscious efforts of children to withstand the brutality of abuse. Savannah describes how she chose not to engage with her mother's emotional abuse.

> It meant that I could exist. Her words were meant to crush, hurt and humiliate me; this way they fell away from me. I guess it was my way of saying. I choose not to listen to you … she didn't know that her words meant nothing; they went right through me. (p. 4-5, lines 109-117)

In adult experiences of rape, the criminal narrative often alludes to the victim's passivity during the assault as evidence of consent to a mutual sexual act. In the following powerful extract from Nella, we gain an insight into her mind set during the actual event and witness the conscious act of absolute defiance and resistance as she describes not giving into the rapist.

> When it happened, I just thought, yea right, you can have my body fine … but I will keep myself away from you, you're not having me, I didn't look at him or make one sound. I made sure I did not give him anything. (p.3, lines 68-71)

Here we have an example of Raja fighting back in her adult experience of living with an abusive and violent partner.

> So I suppose I fought back kind of thing. Yes, I did not give up easily and I would certainly answer back and refuse to go along with what he was saying and I did try to make a stand. I wouldn't talk to him, try to ignore him, he would try to make an argument or be nice and I would just freeze him out. (p.6, lines 160-167)

Raja initially seems to doubt her ability to fight back, but we can hear the more she describes events, the more she connects with her agency and ability to fight back.

4.3 Resistance and Survival Strategies

This major theme portrays participants' journeys to healing and recovery. The content of this subtheme relates to the period following the end of the sexual violence. The aftermath is obvious, and a number of the subthemes evidence this with the development of negative coping mechanisms. However, we also witness the beginnings of another form of energy, not one that entirely neutralises the devastation resulting from traumatic events. However, a number of subthemes illustrate the emergence of a survivor's personality characteristics and the development of strategies and qualities to manage the impact and legacy of sexual violence.

4.3.1 Anger and revenge

This subtheme acknowledged participants' sense of indignation, anger and rage stemming from their experiences of sexual violence. Anger was expected; however, what was unexpected was four participants' descriptions of deliberate acts of retaliation and revenge against the perpetrator, creating their own form of restorative justice. This subtheme is positioned here to denote its role and relationship with the previous major theme and subtheme denoting acts of resistance.

Anger was experienced by participants as an effective tool for managing and coping with their experiences. We can see how Carla describes the proactive benefits of her anger in this extract.

> … I've always been able to be angry and I think this helped me. I have never been one to be diminished by others and fought back hard. (p.4, lines 148-149)

However, this is followed in the text by another perspective from Carla, when she comments:

> …Yeah by getting angry and defending myself, I had no choice. (p.4, lines 152)

We can appreciate that Carla feels threatened and under attack, with anger

changing from a creative energy to cope but is also employed as a defensive strategy to withstand attack. In the interview, the final statement is mumbled as she comments, 'I had no choice'. We can hear the vulnerability in this extract, conveying a resigned fatalist attitude.

For a number of participants, there was a sense of self-agency of seeking justice through acts of retribution. Participants were aware that a wrong had been committed and sought ways to exact retribution.

Badra describes a direct hostile action towards the perpetrator which is not without consequence as we also hear the ambivalence and guilt.

> …I used to take his money, and I used to think, yeah, you bastard, you're gonna pay for this. I used to have fantasies about how I would hurt him; it kinda kept me going. When I think about it, I used to feel really bad but I think that's when I got used to standing up for myself, like no one is going to take me for a mug. (p.7, lines 253-258)

Badra recognises the exploitation, with 'the payment', one can surmise, referring to a moral, higher sense of retribution. This obviously cannot be attained so she has no other choice but to extract payback in monetary terms, an act which conflicts with her moral code, but the positioning is resolved and justified as a form of self-preservation.

The final account from Nella connects the sense of righteous anger and retribution as she describes her motivation for pursuing the perpetrator through the CJP.

> I was so angry for so long. It was anger that took me to the police and into court. I just wanted to make sure that he was held responsible, that everyone knew that this was the person who hurt me and ruined my life. Why should my hurt be on the inside? I wanted it to be out there and for him to be exposed. (p.4, lines 101-104)

In the following extract, Carla provides an insight into the longevity of hostility and resentment towards her abuser.

…I know I kept the anger and resentment towards him throughout his life. I would smile and plot horrible revenge … I minimised all interaction with him and mainly withdrew my love. As he aged, I felt triumphant, that this once powerful and menacing man was reduced by age; this was my revenge. (p.6, lines 198-211)

4.3.2 Flight responses

This was an interesting theme, and for four of the participants it accounts for a significant element of their survival experience. Flight responses were experienced on a continuum of feeling estranged from self, resembling dissociative episodes, to active creative leaps of imagination with the construction of an entire fantasy world.

The following extract from Nella captures the experience of de-personalisation and de-realisation, a typical presentation resulting from traumatic events. An additional feature of trauma survival is the disruption to the meaning of time. We can hear Nella as she struggles to locate herself in relation to time, and the pertinent sense of abandonment is omnipresent as she makes repeated references to feeling empty.

For weeks and months I felt on the outside of my life. I just couldn't connect, I would lose whole days, lost to a weird emptiness; there were no ordinary markers of time; it was so empty like being in a trance. (p.5, lines 120-122)

In this following account from Dusty, there is a mystery and vagueness to where or what this fantasy place is. For many, this would be disconcerting, but we can see the escape to this fantasy location represents a respite from her mind. This is someone who was quite ingenious in physically avoiding the abuse, but here we also glimpse her need to escape from the terror held in her mind. We can see the emphasis on counting as a tangible distraction, but perhaps it assumes an additional significance and keeps her in rhythm with time. Dusty seems to be unfazed by this old coping mechanism and still employs it as a strategy in her current life.

> … I used to create this fantasy in my mind, and I would always be somewhere and I don't even know where I was; it was just good to be somewhere else except in my mind, and one of the things that I did a lot and that is still with me today is that I counted a lot. I counted everything. (p.4 lines 110-114)

This final extract from Carla presents a vivid account of the extremity of escapism through the creation of an imaginary world that she becomes totally immersed in. It is interesting to note Carla's sense of agency and ability to fully control this internal environment, where she is the star of the show. We can sense the mourning at the loss of the imaginary family and the disappointment as Carla is abandoned to reality.

> … I compensated with this by creating a whole imaginary family with a mum, dad, brothers and sisters, we were wealthy, happy and loving … I used to make up whole scenarios; it was like a giant daydream with me acting all the parts, I loved my imaginary world … I felt really sad when I reached about 10 or 11 and I couldn't recreate it. (p.2, lines 62-71)

4.3.3 Negative coping strategies and self-harm

There are strong associations of self-harming behaviour connected with experiences of sexual violence. The self-attacking behaviours originate in feelings of shame, anger, contempt, disgust and self-hatred, with the aggression directed at the self. However, for others, there is a strong motivation to reclaim ownership of their bodies.

Some form of self-harm was a feature for all participants, manifesting in problematic eating on a spectrum from excess to deprivation. Other participants reported alcohol and drug addictions, and two participants described self-inflicted extreme physical attacks on themselves, with the potential to threaten life.

This following account from Badra provides an insight into the life and death struggle, where self-agency is momentarily lost and surrendered to fate. The loss of agency is further illustrated by Badra's reference to being haunted by an invisible,

almost demonic force intent on causing harm.

> … one time I tried to jump off the roof of my hostel. I just stood at the
> edge of the roof and thought if I just count to 50 and fall off or if I
> don't I'm meant to live and I didn't get to count to 50 ... but something
> was there just grabbing me, so that was the negative side. (p.6, lines
> 204-208)

The recurring theme of life and death struggles is played out by Carla, who describes a game of Russian roulette with her life to prevent a sense of invisibility and to feel alive. However, there is another element driving Carla's self-harming behaviour, and we hear how she feels bereft of love and attention, and a driving influence on the creation of the compensatory idealised fantasy life.

> I also took a number of overdoses during my teens. I'm not sure that
> I necessarily wanted to die. I just wanted to see how alive I was … I
> felt invisible so much of the time and just not as special as I felt I
> should be and loved in the way that I wanted. (p.5, lines 165-187)

We are aware of Carla's ability to generate huge creative energy and initiate a complete fantasy world. Here she describes how the intrusion of her fantasy world played out in reality, with potentially deadly consequences.

> I even pretended that I had a ruptured appendix and underwent
> surgery … that's the place that this went to, when I was 17 years old.
> (p.5, lines 165-187)

4.3.4 Positive Survival Strategies and Spirituality

Five of the participants indicated that pursuits such as spiritual rituals, exercise, affirmations and personal development influenced their journey to recovery.

The following extract from Raja illustrates the value and solace gained from spirituality.

> Maybe also because my levels of anxiety and I do think that I have been
> through so much that was shocking to my system and was so hurtful and I'm

still hurting. Doing the holistic work makes me feel calmer and more healing and wholesome. That's really helped me   (p.9 line 251-253)

4.3.5 Resiliency characteristics

Resiliency has long been associated with survival traits linked to overcoming adversity and considered a fundamental self-protective mechanism. Resiliency traits are known to exist on a spectrum from personality types, environmental influences and genetic predisposition. Whatever their origin, resiliency factors have the potential to disrupt and even neutralise the toxicity of trauma impact, restoring balance and wellbeing to the individual.

This subtheme related to four of the features of participants' personalities and identities that contributed to their survival. Participants described recognisable resiliency personality traits, whilst others located resiliency characteristics within an inherited cultural context.

In this excerpt, Dusty identifies herself as resilient and describes key traits. Dusty is able to refute others' assessment of herself as strong, instead viewing that as being resilient. It's interesting that Dusty is not able to recognise her own agency and strengths but rather acquiesces to a resiliency position, almost a natural phenomenon outside of her own agency, where she is able to bounce back. Later we hear in the extract more agency as Dusty describes her positive self-talk to reframe and contextualise her situation as temporary, exhibiting a hopeful and optimistic outlook on life.

> I think I'm extremely, people say, strong, but I think of myself as being resilient. I think those experience have made me, you know, I bounce back from situations. I talk to myself and gee myself up with, you can get through this it won't be forever. Yeah, I'm always hopeful. (p.13, line 377-381)

Several of the participants referred to having a humorous personality, again a key predictor for individuals being able to withstand adversity. In this extract, Badra provides a key insight into how humour enabled her to remain positive about life but also helped others.

> …one of my coping things was to be funny and to make people smile and be happy, and that carried on throughout my life. I have this tendency, natural way when things are tense to say something that would lighten the situation and make people laugh. (p.3, lines 85-89)

However, there is also a cautionary note to this as Badra describes it as a coping mechanism and it may therefore not be an entirely natural personality characteristic but one that has been formed and developed as a coping strategy, to ameliorate distress for herself and perhaps fulfil the expectations of others.

A significant resource for participants was the connection to their cultural heritage, which provided powerful and explicit scripts of being in the world and enduring challenges. For others, there was an implicit sense of cultural connection that provided sanctuary and inspiration to withstand adversity.

In this extract from Badra, we are provided with an insight into the collective ancestral testimony of a people's endurance through a powerful family script.

> … my mum has taught me to stand with a straight back, that I'm Pakistani and we don't show weakness; we are protected by God and more than that we come from the mountains in Pakistan where they are fighters. All of the women are tall because we don't cower to anybody, we are all fighters; my mum told us loads of stories about how we fought and triumphed … yea, that was always important to me growing up and having to defend myself from racism and abuse. (p.9, lines 303-310)

In the extract, we are invited to take an insight into the cultural heritage, but one wonders if Badra is also conveying a pressure to conform and comply with cultural expectations. We are unsure if Badra feels that she is protected by god and that the lack of choice to show no weakness and fight is an inevitable mantra designed to defend against attack.

Here, Carla describes links to her heritage and finds the resolve and commitment to fight back.

> … that strong Ashanti fighting spirt from my ancestors gives me
> courage and a fighting edge, a belief in myself … a nation built on
> pride and courage, yea, all that that speaks to me … when I connect
> to that lineage, I feel incredibly powerful and determined. It's an inner
> built resilience that's been gifted to me by my dad but also by my
> mum and her Irish working class roots. Again, a people that is not
> afraid to fight and stand up for their rights. (p.8, lines 286-297)

We may also need to question whether, within this extract, the cultural pride and the qualities associated with her ancestral line negate ownership of her own fighting abilities and determination, as if in some way they are separate from her and acquired passively through heritage.

Two of the participants did not identify with the concept of resiliency. It is interesting to note that both viewed resiliency as a negative passive process; both assumed recovery was made through definite and deliberate acts.

In this following extract from Nella, we have a palpable sense of her anger at the terminology of resiliency, which she almost equates with weakness. Nella is determined to take ownership of her agency and ability to confront the perpetrator.

> I don't think resiliency comes into it. I don't like that term, it's like so
> Pollyanna-ish, and we all skip off happily in to the future. That's not
> life, certainly not mine, I made myself do things, channel my energy
> into challenging the rapist, going up against the system, that was all
> me, not some resiliency trip. (p.6, lines 149-152)

4.4 The View from the Other Side – Recovery

There is huge range of literature focused on the concept of recovery, with growing speculation on the exact nature and trajectory of recovery modes. Recovery can be considered from a medical perspective and determined by the absence of symptoms. This is in contrast to an understanding gained from mental health service users, which empathises the personal journey of recovery and extends understanding of the development of new meaning and purpose with a return to wellbeing.

This major theme was perceived by the participants as a further evolved stage beyond just surviving. All participants understood recovery to be a process and were able to articulate the definitive markers that signified they had reached a particular point in their healing. However, it was surprising to note that the process of recovery was experienced by participants as an ongoing process and not necessarily a concluded end destination. This was illustrated by participants' ongoing challenge of symptom management alongside optimal functionality of all domains of self and the experience of healthy wellbeing.

4.4.1 Understanding recovery

The subtheme 'understanding recovery' was the perception of all six participants as they described this definitive stage in their life of thriving. For many, it was a sense of wholeness and of achieving a balance in life where previous traumas remained from the past.

In the following extract, Carla captures the gift of being present and the relief gained from the reduction in symptoms, contrasted with the intrusion of distressing symptoms.

> Yeah, it's not until you do something like this that you have that backward glance to see the old self that I realise the road I have travelled and what I have gained. I feel more content with my life now, the decisions I have made … I don't have all that other stuff

banging into my life like the flashbacks, the depression, the feeling less than others, the doubts, yeah, all that has gone … (p.9, lines 320-325)

Savannah portrays a series of powerful insights into her process of recovery. In the following excerpt, Savanah conveys the overwhelming sense of emptiness and how her ability to feel life is blocked due to a sense of depletion. The 'running' comment may well be a reference to her flight mode and a return to the themes of running away but actually never fully escaping as the deadness follows her. Savannah's recovery is experienced as movement away from the void through self-love.

…I wonder why I came to exhaustion because I was never alive because I was always running on empty because I never had what I now have, that contentment from self-love. (p.9, lines 240-241)

The experience of recovery can be considered as cyclical without a narrowly defined end destination; but it is a continual process of expansion and constriction, a movement from wellbeing to vulnerability back to wellbeing and so forth. The following extract by Raja illustrates this process.

… I wouldn't say I have recovered I would say I'm recovering, that sometimes I think I'm there, I'm over it, and something trips it and I'm back there again. But the length of time not feeling good is becoming less. (p.8, lines 199-201)

A number of the participants cited the relevance of time as a marker for recovery. This may be due to the timeless nature of trauma, so that time becomes quite a pivotal feature of recovery. In this extract, Savannah conveys the relevance of a sense of future.

You can't look at the future with a wounded part of you; I'm only just starting to project myself into the future. (p.6, lines 158-159)

Trauma undoubtedly generates a sense of chaos and an ensuing loss of control and powerlessness. Participants revelled in the movement towards stability, characterised by regaining control and personal agency and autonomy.

The following description from Nella epitomises this process. Nella describes the descent into being out of control, conveying the enormity and totality of infiltration by the rapist followed by the experience of the criminal justice process (CJP), where everything was submitted to the will of others. In this passage, we can hear the resentment at the invasion by the 'other'. This is only reconciled when she is reunited with herself through the reconnection with her strength, which enables a recovery of her lost self.

> I spent so long feeling out of control from the rapist and the court process, both of them felt like a violent intrusion. My life, my body was not my own … now I have got my life back literally … I feel stronger and in charge of my life … I'm back to myself again … (p.7, lines 212 -215)

An interesting variation on the theme of recovery was presented by three of the participants.

The notion of the concept of recovery was challenged by one participant, who disputed the use of the term, as it conjured up a medical model of illness. In the following extract, Carla rejects the notion of recovery, and we can feel the underlying tension of her feelings towards the medical recovery model and how it eclipses the reality of her experience and negates the criminal activities of the perpetrator.

> … that's interesting, recovery; I never considered that I was ill and needed to recover. I'm not being flippant but I actually do believe that. What happened to me was a crime. I didn't catch an illness. (p.6, lines 215-216)

The challenge of the ongoing struggle for recovery is presented in this extract from Savannah, who conveys the ambiguity in the term recovery and provides an insight into the task of reconciling her demons and facing the reality of the ongoing battle.

> … I think now it's fairer to say there is no way to recover, that it's always there; I'm embracing it more, I'm coming to terms with it more rather than saying, I must recover; otherwise it's putting pressure or

making it too visible … So it's embracing all that; at least I don't turn to the wine or pretend that it's not still here. (p.7, lines 188-193)

4.4.2 Resistance and self-esteem

There is a substantial body of literature related to self-agency as an essential ingredient for the recovery process. For four of the participants, there was an active surge towards recovery, with descriptions of a determined and focused effort.

> … There was a point where I had to make a decision to just go along with the downward slide or put effort into getting my life back on track. It's like ending a romance, and you're obsessed with playing sad songs; this was like that in reverse, I played upbeat tunes like dog days are over … to inspire me and keep my courage going. I read stories about people overcoming tragedy, like Mandela's story and Lucky. I linked to loads of blogs on surviving rape; yeah, it helped to keep the vision going that I would come through this. (Nella, p.9, lines 244-250)

> … I know that stuff from your past can erode your self-confidence, I've seen it happen to others. I have always ensured that I kept my self-respect, and self-worth intact. I had to make sure I felt good about myself, tried to surround myself with people who were good for me and done lots to reinforce my self-pride. (Carla, p.7, line 264-268)

> … I have had to make sure I was solid, that I had boundaries and that I trusted myself. My self-esteem was vital to my recovery. I knew if I was to survive that I had to work on the area that had been most damaged by the abuse, my self-esteem. I had to make sure that I fixed the broken parts and reinforced the rest by being strong-willed. (Badra, p.9, lines 311-15)

4..4.3 Role of therapy in recovery and breaking the silence

The subtheme of exploring participants' experience of therapy was a significant element in the road to recovery. Participants described the process of therapy in terms of breaking the silence and the relief from unburdening secrets. For others, it

was focused on tools for symptom management and the inspiration for hope.

The majority of participants referred to the importance of disclosing their experiences in a safe and confidential space as the most significant gift of therapy.

This is illustrated in the following extract from Carla. With a reference to 'stuff', is this purely a play on words and a global description given the parameters of the research interview or does it represent something more sinister in that still it cannot directly be identified, named or spoken about?

> Every week I felt great leaving that stuff behind, I no longer had to
> carry it, there was no secret to hold anymore … that was liberating …
> as the months went on I felt lifted, lighter. (p.1, lines 32-36)

With Nella's description, we gain a sense of the vital role of therapy as a medium for exploration and confrontation of the unspeakable.

> … sure it was talking about the really painful things, the stuff you
> can't even share with your closest friends that you keep hidden even
> from yourself. Just that was a relief that she understood and stayed
> calm. (p.8, lines 223-225)

Continuing with the theme of breaking the silence, Carla presents a vivid picture of this value of breaking silence. In this extract, we can appreciate how vital the cognitive restoration and integration of trauma memories that have been denied or lost are, enabling the emergence of the true self to be revealed.

> … she safely encouraged me to go further, telling her what had
> happened. I remembered things, experiences, words, thoughts and
> actions, from my childhood that seemed lost. It was like constructing
> a huge puzzle with pieces falling into place. The story of my life
> unfolding and deepening. (p2, lines 37-39)

In this following excerpt from Raja, we have a sense of the usefulness of the therapeutic space in enabling the cathartic movement of toxic emotions such as anger being discharged.

…Being able to vent and get the anger, the disappointment the energy of it all out of me. Certainly that has helped me to de-stress' (p.8 line 202-207)

In this following extract from Nella, she conveys a sense of impending doom and the trapped state of the trauma response, with therapy providing not only respite but a tangible and definite escape route. However, the most significant gift of therapy for Nella was the sense of hope.

But more than that she gave me definite tools like mindfulness, and it felt like she handed me a ladder with rungs that were solid and held me, that got me out of that hole … She also gave me a confidence in her and hope, yea, so much hope that I would get through this … laughs, yea and I have … (p.8, lines 225-229)

The therapeutic encounter provided the opportunity for participants to validate their experiences of sexual violence, and gain insights and understanding about the process of trauma was beneficial, as the following extract from Carla illustrates.

…What was key for me was understanding the mechanics of the trauma cycle, yeah, my therapist was really so good at not being patronising, but provided really useful information and links to other sources so that I was fully able to appreciate the impact of trauma. I think for me, this was key, the psychoeducational aspect. (p.1, line 23-28)

4.4.4 Acceptance

Acceptance is considered a key element of the recovery process and describes the movement from denial to embracing the reality of the traumatic event. This is such a profound concept that, during the last 20 years, models of therapeutic engagement have been developed that are dedicated to the process, such as Acceptance and Commitment Therapy.

The subtheme 'acceptance' was a key concept for all participants in their recovery process and was described in terms of forgiveness, peace, letting go and moving on. The focus for acceptance tended to be directed towards the self.

A number of participants referred to how problematic life was when holding onto the pain and distress of trauma, and that a vital process of their recovery was 'letting things go'. This is described by Carla in the following extract and begins with a light-hearted rendition of the Disney children's song, which may indicate that childlike qualities of flexibility and adaptability are useful for moving on. Carla identifies letting go as an asset to create movement; that without this process, you can remain stuck, locked in time and space with the trauma. Carla obviously makes a conscious decision to mobilise and maybe refers to the bigger theme of being held back by trauma and having to rally against this by ensuring agency and moving out of the nullifying trauma vortex.

> [sings] … let it go let it go … I think that's how you get out of those tight places. You have to be able to let things go, to just get on with life. I don't want to live in the past and keep all that pain alive. I always want to be moving forward; otherwise it holds you back. (p.8, lines 283-286)

The concept of forgiveness was interesting as it was not directed at the perpetrators. For most, it was experienced as an inward process, demonstrating self-empathy and compassion. This following extract from Raja describes a conscious decision to avoid and neutralise the self-recriminations that threatened to undermine her recovery.

> Yeah, recovering is about me forgiving myself. Just not giving myself a hard time with I shoulda done this, could've done that, should have left him sooner, and on and on with rantings like that. I see now all that thinking just keeps me back there, and it doesn't change anything, so to protect myself, I don't go there anymore' (p.9, lines 250-254)

For others, the self-protective function of acceptance is apparent, as demonstrated in this extract from Nella.

> I do know I can't stay in that place, so angry, so bitter, with why me? So yeah I have to live with this now like anything terrible that you

can't explain, just have to find it in yourself to live with it otherwise it

will consume you.' (p.8, lines 233-235)

In contrast, a surprise in the research findings was the number of participants who denied forgiveness to the perpetrator; most stayed resolute in their anger, disgust and even hatred. The following extracts from Carla and Nella typify participants' responses. Carla stated:

… the truth is I can never forget or forgive him, I still have the hot

hatred for what he did and that he got away with it. If I ever forgive

him, it means I consent and I never did … he took something from

me; it was never freely given. (p.6, lines 214-216)

The extract below from Nella is interesting as we can hear how there is a grand narrative of acceptance of what has happened, but this is not how Nella sees forgiveness. Nella describes why her anger towards the perpetrator was key to enduring the trial and aftermath. Despite the passing of time, the endurance of disdain remains.

…. It's hard to forgive and put aside all that has happened to you,

the anger, the hurt, the resentment. I think I needed all my anger to

get through this; it kept me sane and I don't want to feel guilty

because I can't take the higher road and forgive him. I know people

say turn the other cheek but really he doesn't deserve it; I have

contempt for him. (p.8, lines 238-243)

4.4.5 Spirituality and the quest for meaning

The subtheme 'spirituality' represented the five participants' understanding of the recovery and healing processes. For all of the participants, spirituality was experienced in a more abstract way and through connection with the divine rather than organised religion.

For some, there was recognition that the impact of trauma had attacked and compromised their sense of spirituality, as Dusty describes:

.... just kind of recognising that things happened to me on all of those levels many years ago, and if I was going to heal and recover from those experiences, I was going to attend to my recovery on all of those levels, mind, body and spirit. (p.2, lines 56-59)

Spirituality provided a link to facilitating participants to become their true core identity and authentic self, as described by Dusty in the following extract:

... I love who am I today, and I do have a lot of spirituality in my life today and I believe in the same way that my creativity was taken away, my spirit was broken ... and likewise to engage with spiritual activities that just make me feel so much more better and so much more who I am. (p.5, lines 134-139)

For others, there has been a recent connection with spirituality as a direct result of their experiences and practices at WGN, which participants experienced as beneficial, as this extract from Nella highlights:

I have really connected with practices such as mindfulness, which have really been a gateway into exploring spirituality ... I have worked with the goddess cards, and I feel a connection with the philosophy of the goddesses. It speaks to my womanness, and that's been important, getting back my feminine energy. (p.9, lines 245-248)

For Carla, spirituality was connected to a cultural dimension, and ancestral heritage was a guide and source of inspiration.

The unity with the ancestors has given me strength and courage. I don't pray directly, I just honour them and that makes me feel strong, potent and blessed. (p.8, lines 311-312)

4.5 Transformations

This major theme sees the participants' journeys of moving beyond recovery, signaling another stage in their life, characterised by traits compatible with post-traumatic growth. In relation to all participants' experiences and process of recovery, they referred to a renewed sense of self, with fundamental changes to personality, view of life, career choices, relationships and a future-focused outlook. However, one of the surprising elements of this theme was the descriptions of participants moving into social activism. There was a direct correlation with the experiences of the five participants and a drive to push a politico-social agenda of change, disrupting and challenging existing social norms related to gender inequality.

4.5.1 Post-traumatic growth

For the last 20 years, studies on traumatic experience have evolved to consider alternative possibilities linked to recovery. The phenomenon of post-traumatic growth suggests that, contrary to expectations, individuals not only survive and recover from traumatic experiences but are in some way transformed, resulting in personal growth.

The theme 'post-traumatic growth' was experienced to a lesser and greater extent by all participants, who spoke passionately about a renewed appreciation of the gift of life emerging from their experiences. The following extracts illustrate participants' sense of deeper knowing and enhanced awareness that were gifted by their experiences.

Dusty articulates this phenomenon and relays how her experiences have placed her in a unique insider position of knowing and sharing her insights to help others from a place of knowledge and wisdom.

> I've actually thought, and this probably sounds weird, but some of the
> negative experiences in my life, had they not happened, I would not
> have been the person that I am now. I really appreciate who I am
> now and like, for instance, the work that I do. I do it because I know

that I've got something to offer, you know, whether it's children and young people that I have worked with, whether it's other professionals that I am sharing my knowledge and expertise with. I know that I can speak from that place of knowing … So I definitely would not be who I am ... it's interesting that people always come to me with problems, with issues, questions and concerns, and I think because I've had to learn about things, resolve things and find ways of coping for myself, that I don't know, but maybe I've got this store of something within me, whether it's the experience or the wisdom that's come from that … why do people come to me and … I think it's wisdom, knowledge and knowing. (p.12-13, lines 361- 376)

This point of insider knowing is also conveyed by Carla, who also works with children.

… I feel that I can connect and understand others' hurt in perhaps a different way to people who have never experienced abuse. Yeah, I think it definitely gives you an insight into others' suffering, and, you know, I feel grateful for that. (p.9, lines 336-338)

In the following extract, again the reoccurring theme of compassion for others and a sense of strength is conveyed by Badra.

Yeah I think those experiences in the past have defined who I am. I'm stronger because of them and I'm more compassionate … I don't think it's an accident that my life has been about and will always be about helping to heal women. (p.9, lines 332-334)

For others, there was a personally felt experience of appreciation for life. The two following extracts describe this process.

At my lowest point, I held onto the mantra that whatever doesn't kill you makes you stronger. At the time, I didn't really believe it, but you know over time, I actually do. Of course, I would rather have not gone through that, but I have to say it's also brought positive changes to my life. (Raja, p.8, lines 217-218)

In this following extract from Nella, we hear the contradiction and irony that the most challenging experience of her life provides the gift of an enlightened awareness about her life and an enhanced sense of appreciation.

> … It's interesting, but out of the worst time of my life, I have come away with a different respect and understanding about life. I don't take it for granted in the way that I did. (p.9, lines 270-271)

4.5.2 New identities

The theme 'new identities' emerged to describe the transformation and changes in personality experienced by participants and fits with the post-traumatic growth experience, creating a fundamental change in life perspective. Perhaps it can be considered the recovery journey and the movement from victim to survivor to thriver.

Here Dusty describes the journey of transformation through the stages of being victim to a survivor and the final destination of a thriver, characterised as a sense of pride.

> ... I've grown, I feel fulfilled, I feel as if I never really thought of myself as a survivor, and I know I've moved from being a victim to a thriver … and when I think about myself now, I feel as I have made it and that I am a thriver. I feel really proud about what I have done in my life achievements. (p.13, lines 400-406)

Here Savannah describes in quite vivid terms the change of self that has occurred, using the metaphor that her clothes no longer fit.

> It's there and effectively self-love, the interesting thing I'm aiming to look forward. I've done so much in my work that I'm at the point that even my clothes don't fit me … like all my clothes before were not presenting the real me … really I'm giving them all away … I mean I will be left with nothing … that's beautiful it's like shedding an old skin … I can see that there has been such a massive shift … I'm exploring my female energy because before I was very much male energy' (p.9 Line 194 -223)

For others like Nella, there has been a renewed sense of self determination and awareness of strength. We can feel the surprise for Nella, a hint of uncomfortableness at the new self emerging. It is interesting to note how Nella refers to becoming more vocal, given that a significant feature of her actual assault was intentionally remaining silent, and one is left to speculate about her use of language and ability to fight back. Again, is this in relation to her lack of ability to fight off the attacker?

> I've learnt something about me during this. I always thought of myself as a bit of an air head party girl. What I didn't expect was how I'm able to fight back, yeah, I've changed in surprising, scary and positive ways … I know my strengths … I don't think I put up with things in quite the same way, I'm a lot more vocal. Everything at one time felt so closed in, so closed down, now I realise there are just so many things open to me, choices that I just didn't see before; despite what's happened, I'm excited about life again' (p.10, lines 278-281)

In this extract, Carla is able to accept herself and who she is. We can feel the joy for Carla as she recognises she is finally herself and is contented.

> I've always been so driven, I had to be that way. Actually, now I think I can ease up a bit. I think I'm able to give to myself more, care for myself, accept who I am, and love me. Wow, that's quite huge, it's taken a long time but, yeah, I am at that place of really being me. (p.9, lines 350-353)

In this extract, Badra describes the distance travelled in her process of recovery and that what started as a more abstract aspirational affirmation has become an integrated reality.

> …How far I've come and how much of my life has changed. I forgot to say that there was really a big part writing affirmations on the wall that I chose to love myself, and even though I didn't believe them, I can now honestly say, yea, I do choose to love and accept myself ... I'm very blessed that's what I feel. (p.10, lines 362-368)

The following extract from Dusty describes the process of integration and restoration of her true self.

> …I always find myself coming back to a thought that goes like, um, there was a time when I did not know who I was and who I was becoming and who I was going to be, and I am still becoming, but I really like who I am now, and so that holds me in good stead for who I am going to become if that makes sense … I feel very solid in the world right now, and as I said, there was a time that I didn't feel like this. (p.1, line 37-42)

> Who I am has taken a long time, but, yea, I am at that place of really being me. … I have been able to move through those different parts of my life and come out of it this other end; you know, I feel integrated now, I feel whole, I don't feel that there are bits of me all over the place. I feel wholesome … like I am one piece, one person, one love. p.14, lines 408-413)

4.5.3 Rebellion and social activism

The subtheme 'rebellion and social activism' is an interesting subject and represented the experiences of five of the participants. The term 'rebellion' referred to the recognition in clients' narratives of the challenges they described around gender inequality. For some, this was experienced as the development of feminist politics and the rhetoric of social activism. For others, it was feminism with a small 'f', fighting convention and not tolerating sexist language and actions.

This following extract from Carla typifies the connection between experiences of abuse and political identity and social activism. Perhaps this is a telling feature for those who have experienced early victimisation and the need to defend and strive against injustice. There is a strong moral stance that Carla assumes in all of the campaigns she aligns with from an early age.

> I think my early experiences have informed my politics. I really can't stand discrimination, and even as a teenager, I was politically aware and active, joining marches, anti-racism, CND and animal liberation

front … So, yeah, strong social and political convictions have always
been important. (p.8 282-286)

Nella also illustrates in this following excerpt how her world view was challenged
and changed by her experiences. This description is very significant as Nella
recognises and aligns herself with other women survivors. The experiences for
Nella have created fundamental changes to her relationships, and we can hear the
loss. Nella conveys an almost counterbalance to the loss as she describes the
change, expansion and gains in other areas of her life.

> Yeah, my whole outlook has changed on life and how I view other
> women. I used to think the stuff that happened to women was
> because they didn't keep themselves safe or they were dumb for
> putting up with DV. I didn't really get how difficult it is for women in
> those situations … Yeah, I have lost friendships and relationships
> have had to change, as seriously I just cannot tolerate sexist jokes or
> the way that women get put down. (p.11, lines 314- 318)

There is a consistency with Carla and the thread of social activism that is evident in
all areas of her life. We can see the fighting spirit of Carla as the campaigning shifts
to contemporary issues, but Carla remains resolute in defence of the victimised.

> … I believe in social change coming from the grass roots level and
> that youth are the next generation and are going to be essential to
> make change a reality. So I have put a lot of energy into school
> activities with the girls to ensure they are really informed about
> women's rights and what's happening on the global stage … I want
> my girls to be challenged to think about sexism and think about
> breaking out of the mould like Misty Copeland'. (p.9, lines 340-345)

Another point to note is that five of the participants showed signs of altruism and
were involved in or had career ambitions to work with victims or survivors.

> … I already have. I've joined WGN's service user group and I'm
> going to support other women, sure, but I want to be involved in
> changing things, you know people's attitudes. So what happened to

me gets to mean something … I've just done some filming with a project that is calling for change on street sexual harassment. Yeah, I want to move in different directions now. I still don't think about a career and doing boring 9-5 is just not where I'm at, but I do want to do something that challenges the status quo. I've even thought about taking up counselling at some time in the future. (Nella, p.11, lines 324-327)

The final extract from Badra epitomises the journey of the 'wounded healer' to the roots of social activism. Badra portrays a compelling rationale of her personalised route and the momentum from career choice of working in DV to social activism and forming a national campaign and movement working to end male violence.

The one thing that I couldn't stand to see was injustice. It wasn't just because of my experience but also because I had witnessed a lot of violence growing up … so if I saw a woman who was vulnerable, it used to really upset me and I would always speak out and say something and that just kinda grew into working in domestic violence in a refuge where I was working with South Asian women … and that led me to campaigning … to support women with no recourse to public funds…. I planned to start a campaign to get all the women who helped me get to where I am and all the women that I knew who were not in the sector, you know outside of the sector, get them tighter, to say no to male violence …. And especially when I found out how big it was, how widespread it was; it wasn't just me on my own, it wasn't just my friends in the hostel, it just wasn't these certain groups of women, it was so many different women, but it just meant that I had to get all the strong women I knew and the not-so-strong women that I knew and women of colour coming together, so I started Million Women Rise. (p.9, lines 315-336)

4.5.4 Future directions

The subtheme related to future directions aims to capture the forward focus for five of the participants. This represented the richness of participants' descriptions of seeing potential, of embracing life's possibilities and having a restored sense of

hope and optimism for a positive future.

In this extract from Carla, we gain an insight into the change she has gone through and the transformation of a more positive future. Carla conveys a bleak, burdened and limited former life, but this is contrasted with the more expansive and positive future prospects.

> I am in a really different space in my life. I know that stuff from my past was draining, a real burden that I carried on a day to day; as I said before, I do feel lighter, and for years, life was just about an endurance to the end holding on; now that's changed. There is an anticipation and excitement about the future. (p.10, lines 360-364)

The following extract from Nella presents an interesting picture of the role of hope in recovery. At times she was unable to appreciate its existence and this was obviously held in mind by her therapist who kept it there as a reminder, for inspiration. We can hear the relief from Nella as she captures and acknowledges the presence of hope. Nella asserts that not only has the trauma passed but there is a sense of freedom as she describes embracing the ambiguity of not knowing exactly about her future path; she seems open to possibilities and potential.

> … Yeah my therapist was always talking about one day, one day it won't be here in the same way, one day you won't feel like that and sure it's happened. All that pain, distress, turmoil is not with me every day … I forget about it and sometimes I have to consciously remember it, that's great, eh, it means I've got my life back, that feels beautiful. More than that … I didn't feel that I was going to make it, so to be positive about the future, really I just never thought this was possible. I feel positive about life, I finally feel that I have a future and I'm not even scared that I don't know what this is. (p.11, lines 329-335)

This final extract from Savannah describes the sense of liberation and the excitement and anticipation of a new life unfolding. We can speculate that the journey to fulfilment has not been reached, but for Savannah the vision of potential and possibilities is more evident and the life that meets her new expectations is

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closer to reality.

> I will explore that a bit more, and I think I have ignored that child who has been driving things all the way and maybe she's a bit more tired now … I realise I can stay with the flow and maybe embrace a bit more of a softer side, like learning to play, embracing the unknown; my childhood was so rigid. There is a new life waiting for me now, a new career path, one that fits me more. Yeah, I feel encouraged to live again. Yeah, there is a big rainbow of choices; then it feels exciting, yeah, food for thought. (p.11-12, lines 314-321).

Discussion Chapter 5

5.1 Introduction

This chapter will provide a summary of the findings in relation to the research question and aims. Discussion of the findings will consider pertinent meanings and explore interesting and contradictory themes emerging from the findings and contextualise them in relation to the wider literature. The strengths and limitations of the research process will be reviewed and a brief reflexive exploration of the impact of the study on myself as the researcher will be provided.

5.1.1 Overview of the Research

The overall aim of this research project was to explore the different ways that survivors of sexual violence describe their journey to recovery. The research method employed a semi-structured interview process using Interpretative Phenomenological Analysis to interpret the findings.

The research question is:

How do women describe their survival strategies for recovery from experiences of sexual violence?

The openness of the interview questions was intended to ensure the direction and interpretation of the questions were initiated and elaborated through participants' understandings. Elements of participants' narratives were expected, such as the descriptions of the impact, the longevity of symptomology and the ensuing legacy on wellbeing. This obviously fits with the abundance of existing trauma literature and the repeated references to the resultant global devastation caused by sexual violence (Van der Kolk, 1996; Lewis Herman, 1992/2001; Foa & Rothbaum, 1998; Cloitre et al., 2006; Sanderson, 2013; Frewen & Lanius, 2015). However, there were also unexpected surprises in the research findings, with a number of participants expressing hatred and a lack of forgiveness of the perpetrator. Whilst post-traumatic growth (PTG) is recognised by theorists as a potential alternative reality of the other side of trauma, this research illuminated an unexpected nature and extent of this phenomenon. The reach of post-trauma growth exceeded participants' internal processes with expected changes, such as increased capacity

for empathy and altruism. Several of the participants were driven to operate on a more expansive platform and inspired to involve themselves in social activism and political campaigning movements working towards ending violence against women and girls.

5.1.2 Discussion of Themes

Rather than providing a repetition of the findings chapter, the focus throughout this chapter is on considering the significant theoretical themes that have permeated the analysis in relation to the wider literature. Four overarching themes will be explored: the Embodied Self, the Fragmented Self, Restoration of the Self and the New Self Emerging.

5.2.1 The Embodied Self

There was a collective acknowledgment from participants emphasising the role and impact of sexual violence experienced in their bodies. Critical to exploration of sexual violence is the focus on the predominance of the body. This exploration needs to ensure a layered deconstruction, which elucidates the meaning and relevance of the body to extend exploration beyond the moment of impact of sexual violence but trace the echoes left in the wake of the attack. For a number of the participants, the meaning of sexual violence was derived from physical sensation and formed the link to other areas of self, facilitating the profundity of understanding and expression at an emotional, psychological and spiritual level.

5.2.2 The body in embodiment

To contextualise the primacy of the body in sexual violence, the work of Merleau-Ponty and theory of embodiment provides a salient illumination. Inspired by Gestalt psychology, Merleau-Ponty's book, *The Phenomenology of Perception* (1962) is concerned with refuting Cartesian dualism, which likens the body to a mechanical separate entity divorced from the mind. Merleau-Ponty provides an alternative perspective and in a bold statement comments: 'I am my body' (Merleau-Ponty, 1962, p.198). This assertion implies the body has a consciousness that cannot be

separated from the world and experience. The embodied world for Merleau-Ponty represents a holistic view of the body in relation to the world not purely as an object but as a vehicle to connect and communicate with the world (Smith et al., 2009). The concept of embodiment has been built on by the contemporary philosopher Ann Cahill (2001) exploring the experience of rape. Cahill suggests that the body is central and not peripheral to the subject's subjectivity or being (Cahill, 2001). Susan Brison, a philosophy professor and a survivor of rape, describes her shifting attitude towards her body; 'that I had a different relationship to my body. My body was now perceived as an enemy … and as a site of increased vulnerability' (quoted in Cahill, 2001, p.130). Furthermore, Cahill describes rape as follows 'as a particular sexual bodily attack on an embodied subject, rape constitutes a fundamental and sexually specific undermining of that person's subjective integrity' (Cahill, 2001 p.115). This is a crucial point to consider as it provides a context to appreciate the enduring legacy through time and the profundity of the experience of sexual violence as a violation of the individual's personhood.

Cahill (2001) explores rape and intersubjectivity and the existence of physical separation between individuals determined by the skin, which she suggests represents a key space of 'where I end and you begin' (Cahill, 2002 p.131). The work of notable psychoanalysts such as Nicola Diamond (2013) refers to the skin matrix. In her ground-breaking book, *Between Skins* (2013), she describes the influence of the brain-body connection and how disturbances in relations, including experiences of loss, trauma and attachment, can impact the structure of the skin matrix. The vulnerability and visibility of the self encoded in the skin was experienced by two of the participants in this study, who are suffering from ongoing debilitating skin conditions, We can hear accounts from Carla and Raja of how the trauma really 'got under their skin' and the distress created by the display of their internal distress publically, a process described by Anziue (1989), where he likens the skin to a colander. When it breaks down, it fails as both a boundary and containment (Anziue 1989, quoted in Diamond, 2013).

5.2.3 Embodiment and the time continuum

The disturbance of the time continuum is a particular concern for survivors of sexual violence, with the endurance of the attack and ensuring trauma response carried into the future via flashbacks, reliving, fragmentation and various forms of intrusive recall (Van der Kolk, 1996; Foa & Rothbaum, 1998; Frewen & Lanius, 2015). A particular challenge for survivors is the time perception of others and the pressure for survivors to compartmentalise events as in the past and to be able to get over and move on with life (Cahill, 2001; Brison, 2002). For participants in this research like Savannah, the descriptions of her experiences are presented with a timeless and enduring quality that places experience as current and in the present. Phenomenologist Martin Heidegger provides a rationale in his remarkable book, *Being and Time* (1962). In this text, Heidegger explores the meaning of time and proclaims that our experience of time is crucial to our capacity to exist (Heidegger, 1962; Langdridge, 2007; Finlay 2011). The temporality (past, present and future) of consciousness is further explored by Merleau-Ponty (1945/62), who makes the assertion that the body takes control of time and as he describes it, 'creates time instead of submitting to it' (Merleau-Ponty, 1962, p.240). Brison (2002) describes the disconcerting challenges of engaging with time. In this account we can perceive the disruption of time and her place within it, when she writes:

> … All that is left is the present, but one that has no meaning, or has, at most, only the shifting sense of a floating indexical, the dot of a 'now' that would go for a walk, if only it knew where to go. (Brison, 2002, p.104)

5.2.4 The embodiment of shame

A shared experience for the participants was an overriding sense of shame. Shame is an intrinsic element linked to experiences of sexual violence. The level of violation and intrusion by the perpetrator is an act of objectification and is intrinsically dehumanising, resulting in a loss of value, worth and, ultimately, dignity (Gilbert, 2005; Herman, 2007; Sanderson 2015, Frewen & Lanius, 2015). The process of shaming is a veiled grooming tactic employed by perpetrators to compromise victims' sense of self by ensuring they feel complicit in their

victimisation and thus secures their silence (Sanderson 2010; Sanderson 2013; Sanderson 2015). The sense of shame arises from a perceived moral transgression generating an intense state of complete internal disapproval compounded by feelings of disgust and contempt (Frewen & Lanius, 2015). Trauma theorists Cloitre et al. (2006), who specialise in working with child sexual abuse, suggest shame is linked to the fear response and is a consequence of a perceived submission and failure in a threatening situation. The apparent surrender is experienced as weakness, inducing a shame response (Cloitre et al., 2006). We can quite clearly hear this presumption of weakness in Savannah's account and her descriptions of being abused and just lying there and not fighting back. The assumed passivity for Savanah causes her to regard herself with contempt. Cloitre et al. (2006) suggest that shame becomes internalised and associated with the self as inferior, the self as bad, the self as annihilated and the self as identified with the perpetrator (Cloitre et al., 2006; Herman, 2007). Once shame has been identified with and embedded into the persona, it generates a further twist and a presumption of blame for the actions of the other Herman, 1992/2001; Tangey & Dearing, 2002; Gilbert, 2005; Herman, 2007; Cloitre et al., 2006; Sanderson 2015).

Shame is intrinsically linked to a sense of responsibility and elicits feelings of blame. Dusty's and Savannah's accounts communicate a sense of responsibility for the sexual violence. This can be partially understood as an identification with the aggressor as a defensive strategy in an attempt to redress the sense of powerlessness and lack of control by assuming agency and responsibility for the attack (Herman, 1992/ 2001, 2007; Sanderson, 2012; 2015). The identification of survivors as a protagonist creates a boomerang effect and acts to reinforce the sense of shame. The internalised landscape is, however, only one facet of the issue of blame. Perhaps more relevant is the external environment, which directs attention to women's apparent culpability for acts of sexual violence.

There has always been and continues to be a justice gap in terms of rates of disclosure of sexual violence and numbers of convictions (Cue Davis, 2011; Kelly et al., 2005). The reasoning for high attrition rates is linked to where responsibility is held, namely with the victims. The process of victim blaming is not a haphazard process, but forms part of an elaborate web of sanctions and strategies to blame

the victim and exonerate the perpetrator. This attitude is reinforced through societal portrayals of the blameworthiness of victims, promoted in the perpetuation of rape myths, which disguise and manipulate the reality of sexual violence (Bohner et al. 2009; Ullman, 2010). Thus, the negative self-concept of the victim is complete, a damaged sense of the self-immortalised. As Sartre observes, our understanding of ourselves is through the perceptions others have of us. He declares: 'By the mere appearance of the Other, I am put in the position of appraising judgment on myself as on an object ... I recognize that I *am* as the Other sees me' (Sartre, 1956, p.222).

5.3.1 The Diminished Self/ The Fragmented self – Injuries that bruise the self

The descriptions from all the participants revealed a deeply impacted sense of self, one that had been eroded and impacted by the trauma of sexual violence and has consumed decades of recovery. There are numerous references within the clinical literature testifying to the changes occurring in selfhood, personality and identify resulting from trauma. The term 'fragmented self' will be used as a clinical metaphor to best capture the experience of devastation described by participants.

5.3.2. Destruction of the self

Perhaps as a first point, we may need to remind ourselves of why sexual violence is such an atrocious act. The philosopher Michael Foucault caused a heated debate when he controversially suggested that rape should not be considered a sex crime but one of violence, implying there is no difference between rape and a punch in the face (Cahill, 2001; Hendersont, 2007). Certainly, for participants involved in this study there was obviously profound longevity attached to their experiences. A number of trauma specialists have presented a rationale to explain the phenomenon of trauma. The work of the acclaimed trauma psychologist, John P. Wilson (2006), presents a comprehensive view of the impact of trauma on the self, which he refers to as the post-traumatic self. He comments: 'In varying degrees, psychological trauma rattles the organism and disturbs the equilibrium of the self' (Wilson, 2006, p.11). Wilson identifies the most salient elements of the self to be impacted as personality factors, self-structure, identity and ego process,

systems of meaning and ideology (Wilson 2006). The fallout, according to Wilson (2006), reverberates throughout the sense of self, producing disruptions extending into various domains impacting the self in terms of coherency, continuity, connection and autonomy, and penetrating beyond the self, influencing questions related to divinity and spirituality (Wilson, 2006). The totally of the trauma radically undermines and fractures the basic architecture of the self. From this view of the self, we can appreciate the abyss created by trauma and its potential for annihilation and capacity to extinguish life (Wilson, 2006). Janoff Bulman (1992) and Frye and Shafer (1977) provide additional insight into impacts related specifically to sexual violence, suggesting that the self is constructed from domains consisting of physical, emotional, psychological and intellectual space, with the body in a central position. The violation and invasion of the body during sexual violence is accordingly to deny the woman's existence not just as a person but also as an object: 'Whether it is the rapist's intention or not, being raped conveys for the woman the message that she is a being without respect, that she is not a person' (Frye & Shafer, 1977, pp.341-42). Interaction loses the 'I' through the relational dynamics referred to by Buber (2000), treating the 'I' as an 'it' (Buber, 2000). We can appreciate the facets of the diminished self clearly with Savannah's vivid depictions of the perpetrator not looking at her during the sexual assaults, her childhood one of such invisibility that the sense of emptiness is experienced so acutely she describes herself as a ghost. Herman (1992/2001) provides a context to understand this process when she comments:

> The language of the self becomes a language of abomination. Survivors routinely describe themselves as outside the compact of ordinary human relations, as supernatural creatures or non-human life forms. (2001 p. 105)

5.3.3 Loss

Sexual violence in its attempt to invade and humiliate, and its contempt for a victim's autonomy and dignity, undermines and violates a belief in the divine natural order of things, casting doubt on someone's very existence. This, according to Lewis Herman, leads to a profound sense of loss (Kelly, 1988; Herman 1992/2001; van der Kolk 1996; Sanderson, 2015). As Herman

(1992/2001) reminds us, traumatic events undermine expectations of the world and trust in relationships:

> Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation. (Herman. 1992/2001, p.51)

The lack of safety in the world was a recurring theme for a number of the participants, emanating from their experiences and manifesting itself in a mistrust of family relationships and extending into a broader global narrative and a questioning of most things. Carla epitomises the breakdown of trust with reference to her acute perceived sense of disloyalty by her grandfather and personalisation of the term 'perpetrator', the emphasis on the word 'traitor', interpreted from 'perpetrator', reinforcing the abject sense of betrayal. The experience of trauma ensures a deep sense of aloneness or, as Herman (1992) describes it, a sense of abandonment, a disconnection from major systems and expected levels of care and protection. This is poignantly conveyed by Nella as she describes her loss of faith in the state's ability to mediate and implement justice, the failure of which creates an existential crisis and its associated anxiety, which casts a wide spectrum of doubt, rendering her feeling small and diminished.

Herman (1992/2001) describes how overwhelming life can be when there is no system of support or intervention, creating a sense of alienation and disconnection. For Raja, the experience is so profound that she loses herself. The self-state described by Raja with her expression of feeling exhausted and empty has been well documented in the clinical literature. Wilson (2006) refers to this as the empty/inert self, characterised by presentations such as feeling depleted of energy, loss of interest, withdrawn, depressed, despairing and a loss of meaning in the world. As Frankl (1988) describes it, this is a vacuum state of existence, void of the capacity for the creation of meaning, an abyss of trauma, a black hole. The extracts from Dusty and her references to a loss of childhood are described poignantly by writers such as Shengold (1989) as 'soul murder' to denote the wilful intention of adults to inflict harm on children. The shattered self, fragmented by the traumatic experience has no choice but to surrender and accommodate elements of the abuse (Shengold, 1989; Sanderson, 2010). The separation from the authenticated

self is completed, as we hear from Carla, whose personality bends and forms around the perpetrator's need for secrecy. In the alienation of the self and the movement inwards, and the retreat from the protection from others, she has no choice but to take on the demands and identify with the distortions to her character and become secretive. The process is well documented within the clinical literature, where distortions to the self are referred to as false self, false identity and alien self (Winicott, 1960; Fonagy et al., 2002; Mollon, 2002). Driving the disappearance of the self is the overwhelming experience of toxic shame, which cannot be processed (Fonagay et al, 2002; Mollon, 2002,). The victim's identity is internalised, borne from the identification with the blame and shame. The self-image, one of a worthless bad person, becomes the predominate identity, potentially influencing self-perception and relationships across the life span of the self (Herman, 1992/2001; Cloitre et al., 2006; Wilson, 2006; Anderson, 2010). However, there is a functional point to the fragmentation of the personality. The failure to integrate knowledge, memories and emotional states is useful in terms of providing sanctuary, a retreat from reality, preventing complete annihilation and permitting the capacity to live and function (Herman, 1992/2001; Van der Kolk, 1996; Wilson, 2006; Sanderson, 2010). The further splintering of the self within a continuum of dissociation, according to Herman, suggests functions to 'alter an unbearable reality' (Foa & Davidson, 1992 p.217). Children with experiences of abuse become adept at developing a 'dissociative virtuosity' (Herman, 2001, p.102). Dusty describes the process, with her inner sanctuary providing escape to unknown realms, the destination immaterial, the process of escape essential. The creative leap imagined by Carla of escaping to a complex fantasy world of friends and family is not an uncommon childhood pursuit. The work of Taylor (1999) suggests there is an advantage to children developing imagery characters, which functions as a source of comfort and is useful for developing personal competency and overcoming fears, and is part of children's repertoire for coping (Taylor, 1999). Anderson's (2010) work exploring the dynamics of children's survival strategies in violent and abusive environments validates this viewpoint, claiming the positive role provided by the children's fantasy world forming part of the self-protective factors is designed to withstand and generate resistance in an abusive environment (Anderson, 2010).

5.4.1 The Restoration of Self – Aids to Recovery and the Journey to Wholeness

Despite the image of the fragmented self and the portrayal of the broken, shattered self, in parallel there is a functioning self that provides consistency, coherence and continuity of self. Despite efforts to diminish it, there is a capacity to retain formation, to persist and remain intact (Kelly, 1988; Wade, 1997; Anderson, 2012). Certainly, the stories from the participants illustrate a determined effort, employing tactics and strategies of defiance, resistance, revenge and anger. Participants described intergenerational scripts of resilience that provided a template and the confidence to withstand and endure traumatic environments.

The following discussion aims to chronicle participants' narratives of anger, revenge, resistance and resilience as forces that are actively brought together by the participants to ensure their survival and secure recovery.

5.4.2 Anger and revenge

The restoration of self for the participants was a battle to restore self-esteem and respect. It was the antithesis of the destructive experience of sexual violence, which had consumed pride, dignity and stability, and left in its wake, destruction, powerlessness and helplessness. Interestingly, most of the participants eluded to an energy, a momentum that moved the powerlessness and helplessness to an activated stage of potency and transformation.

The commonly experienced catalyst for this transformation was anger appearing in a variety of guises, from indignation to resentment to acts of revenge. The trauma literature is prolific with references to anger as a contagion, thought to be a disruptive and maladaptive influence on the individual (Van der Kolk, 1996, Cloitre et al., 2006; Briere & Scott, 2006; Courtois & Ford, 2013; Sanderson, 2013). Anger is considered a facet of traumas presentations and forms part of the hyperarousal symptom attached to PTSD (Van der Kolk, 1996, Foa & Rothbaum, 1998; Briere & Scott, 2006; Cloitre et al., 2006; Frewen & Lanius, 2015). Within feminist discourse, there is still debate and controversy on the adaptive verses maladaptive perspectives on anger (Thomas et al., 2012; Hooks, 2000). Whilst anger is considered the root dynamic driving interpersonal violence, the response both

therapeutically and judicially is directed at its control through anger management classes (Parker-Hill, 2009).

Certainly, we heard from participants' narratives and the implosion of angry states motivating extreme and potentially life-threatening self-harming behaviour, as experienced by both Carla and Badra. In this instance, self-harming behaviour can be understood from the classic interpretation of the acting out of the life and death instinct. Contemporary writers understand the cognitive role of anger as motivation for self-harming behaviour as expressions of self-loathing and self-derogation, and from a philosophical determinate, it is linked to biblical notions of punishment and atonement (Babiker and Arnold, 1997; Klonsky, 2007; Edmonson et al., 2016).

Despite the challenges of anger and its potential to create havoc, there are theorists presenting an alternative version, recognising anger's potential as a force for good. Accordingly, the influence of anger is considered as an active agent to restore justice and respect (Thomas et al., 1998; Thomas et al., 2012).

As writers such as Parker-Hill (2009) comment:

> Rage is a defence while anger is a pure emotion, a subtle and benign energy that provides the necessary impetus and motivation to protect an individual across their physical emotional intellectual and spiritual aspects of experiencing. (Parker-Hill, 2009, p.35)

The basis of Parker-Hill's argument is built on the premise that once an individual's boundary has been violated, the first response is one of fear, closely followed by anger, as Parker-Hill asserts 'anger drives out fear' (Parker-Hill, 2009, p.46). Furthermore, the absence of anger in individuals experiencing exploitation creates further vulnerability whilst anger becomes the motivating dynamic influencing the quest for solutions aimed at generating change (Parker-Hill 2009). This is further elaborated by Tangney and Dearing with the suggestion that 'anger is an emotion of potency, anger enables a shamed person to regain some sense of agency and control' (2002 p.93). We can see this clearly echoed in Carla's description of anger, which she describes as an active defence to protect her from not being diminished by her experiences. It is also worth noting that the energy of anger for Nella was more essential to her recovery than was the notion of resilience. Nella's narrative

emphasised anger as her source of agency, propelling her to seek legal redress and justice.

Forgiveness was a central theme for all participants in this study; an interesting revelation was that not one of them felt able to forgive the perpetrator. For Savanah, whose brother had committed suicide, the act had made her resolute in not forgiving him, suggesting that he had got away and she had been left holding all this 'stuff'. From Herman to Deepak, there is an expectation that the path to true healing is through forgiveness. To not do so is considered weak and creates an almost infantile 'stuckness' that must be transcended to secure recovery or enlightenment (Herman1992/2001; Chopra, 1994). The participants in this study were comfortable with their lack of forgiveness; it was not necessarily formed from anger as it seemed cooler, more controlled, a source of strength and connected with their survival.

However, a significant and surprising finding from participants' narratives was the enduring sense of revenge aimed at perpetrators. Three participants relayed specific instances when they had exacted revenge attacks, specifically Badra and Carla, who mounted focused and sustained acts of vengeance. Although a surprise discovery in this study, there are a number of studies corroborating the role of revenge in survivors' stories. A study by Orth et al. (2006) exploring revenge in a sample of 174 victims of violent crime, identified revenge as a significant feature of participants' responses to crime. However, this was conflated by the researchers and linked to symptomology associated with PTSD, with the revenge response seemingly abating over time (Orth et al., 2006). Indeed, there is a growing representation in the trauma literature of the phenomenon of revenge, as described by Linden, the German psychiatrist (2003), who coined the phrase post-traumatic embitterment disorder (PTED). Linden asserts the most significant challenge for survivors is the attack and violation of belief systems and values, creating pervasive feelings of injustice and embitterment (Linden, 2003). There is also a school of thought that considers revenge as rooted in our primal instinct, an attempt for reciprocity, a desire to get even, an act of retaliation for injury, loss or shame, and an effort to transform shame into pride (Stainton, 2006).

These final rationalisations provide almost an apology for revengeful behaviour. Perhaps there needs to be an alternative consideration that contextualises acts of retaliation as integral to the spectrum of behaviours associated with recovery strategies, designed to make a statement of noncompliance to abuse (Kelly, 1988). Viewed within this framework, we can understand the concept of retaliation as an active enterprise to engage in behaviours aimed at integrity and restoring self.

5.4.3 Resistance

The positive psychology movement has greatly influenced the interpretation and understanding of individuals' adaptations to trauma contextualised from a strengths-based perspective. So looking at the attempts of Badra and Carla to exact revenge, from this perspective one can appreciate this as acts of active resistance evidencing women's tenacity and persistent efforts to thwart, reduce and limit both the actions and impact of the perpetrator (Kelly, 1988; Wade, 1997; Anderson 2010). This compelling interpretation of behaviour as acts of resistance are intended to restore dignity, re-establish inner resources and move towards a restoration of wholeness (Kelly, 1988; Wade, 1997; Anderson 2010). An additional layer with a bigger picture perspective views these acts of resistance as being aimed at restoring control to ensure they actively deny perpetrators' insistence and intention to subjugate, control and inflict powerlessness (Kelly, 1988; Anderson, 2010).

Viewed within this framework, we can appreciate Dusty's tactics of avoiding the abuser by ensuing she's not alone with the perpetrator, or Carla and her efforts to distract the perpetrator as effective strategies in eliminating and limiting access and opportunities for perpetrators to assault. This behaviour has been described by Anderson (2010) as spontaneous protective reactions, enabling children to survive and withstand abusive environments. These acts of resistance and successful attempts to prevent sexual assault for writers such as Cermele (2010) represent a direct challenge to the assumed rape scripts, interrupting the actions of perpetrators, which has the potential to restore self-efficacy and, overall, reduces the shame and blame cycle (Anderson, 2010; Cermele, 2010).

When considering acts of resistance, as McCaughey (1997) and Lamb, (1999) reminds us, victimisation and agency are not mutually exclusive, but can occur simultaneously. The supposed passivity of a surrendered victim belies the active intention of women's resistance to rape. We hear this clearly in Nella's account, where she makes a conscious effort to deny the perpetrator any form of interaction, keeping herself private and hidden. This strategy is commonly employed by women during sexual assault, described by Jordan (2008) as an 'inner strength, a capacity to resist and a will to survive' (Jordan, 2008 p.24). The overlap between submission and empowerment is key within these scenarios, and women's active mental agility to retreat to the safety of their minds through dissociation is a key feature of survival tactics (Kelly, 1988; Jordan, 2008; Herman, 2007). The intention is not only to ensure survival but to present a challenge to the perpetrator and a refusal to submit to total control and domination (Kelly, 1988; Jordan, 2008).

In Savannah's account of 'disappearing' during verbal assaults by her mother, we can feel the determined effort to create an interpersonal space, which restricts access, limits impact and functions as a protective buffer in her self-defence armament. However, within a trauma framework, this is understood rather passively as a pathological formation, described in terms of episodes of de-realisation, de-personalisation or dissociation. The meaningful functionality obscured by apparent dysfunction and the psychic capabilities of children to survive damaging and dangerous environments is somehow lost in translation (Herman, 2007; Jordan, 2008; Anderson, 2010).

5.4.4 Resiliency

There is much controversy amongst theorists regarding resilience in terms of an accurate definition or source of its origins, whether transmuted culturally or biologically or as an adjunct and a natural element of the recovery process. However, away from this theoretical debate, participants described and recognised resiliency characteristics and cultural traits that enabled them to endure difficult environments and aided their recovery.

However, linking the previous commentary on resistance, we can see how the success of these strategies becomes the active catalyst to ignite their capacity for

resilience (Anderson, 2010). Anderson reinforces this point when she comments: 'the roots of one's resilience can be seen to be forged in their resistance to subjugation that consequently promoted their survival and perseverance' (Anderson, 2010 p. 82).

The narratives of Badra and Carla highlight a key controversial issue within the resilience literature, namely the influence of cultural and ethnic backgrounds as a determinant for resilience capabilities. Certainly, both Badra and Carla consider their ancestral heritage and cultural script as having a significant role in their trajectory to recovery and continued wellbeing. This fits with theorists' insights, which have highlighted cultural strengths such as pride, a sense of belonging, collective self-esteem and group self-esteem as ways that individuals feel positive about being part of and belonging to their racial group (Alvarez & Helms, 2001, cited in Castro & Murray 2010). A study carried out by Wills (2007) exploring ethnic pride found racial socialisation, described as teaching racial consciousness, was associated with a positive ethnic esteem and pride, concluding a positive appraisal of racial identity coupled with parental endorsement of racial identity jointly functioned as a protective factor in the face of adversity and oppression (Castro & Murray, 2010 p.391). Research in the US exploring African American women's long-term recovery from sexual violence found a correlation between successful recovery outcome linked to: spiritual beliefs, an internal locus of control and social connections with strong role models (Bryant-Davis, 2005). Certainly, the commonalty for both Badra and Carla is positive and secure attachments, with a strong supportive relationship with their mothers, both of whom were considered by their daughters to be positive role models, having endured and survived hostile adverse environments, including racism and sexual violence (Bonanna, 2004; Masten). Accompanying the family and community resiliency factors are the individual traits linked to personality qualities and characteristics. A key personality trait identified with resilience is humour, a quality exhibited by both Barra and Carla. A study of young survivors of CSA evidenced the expression of positive emotions as a predictor of better adjustment and enhanced social relationships (Bonanno, 2004, Bonanno & Colak et al., 2007).

5.5.1 New Self Emerging

The active will to survive was evident in all the participants, and was followed by a period of transformation and growth. The process of becoming resilient, described by Lepore and Revenson (2006) as reconfiguration, is a process of adaptation to a changed environment, linked to reconfiguring cognitions, beliefs and behaviours to successfully accommodate changes (Lepore & Revenson 2006). Janoff-Bulman (2006, p.87) describes humans as 'motivated to survive and adapt, and survivors over time confront the frightening reality of their experience and rebuild their inner worlds'. There is a suggestion that through the process of experiencing trauma and surviving, this provides the impetus for the personal discovery of new strengths, inner resources and capabilities (Tedeschi & Calhoun, 2006; Janoff-Bulman, 2006; Anderson 2010). The findings from this study certainly make the link between traumatic experiences leading to transformative growth, where the world of shame and blame are altered to one of personal strength, purpose and a greater appreciation of one's life was evident for this group of participants.

5.5.2 Post-traumatic growth

The narratives for all the participants in this study included an understanding that they had gained from their experiences of adversity the process enriching their lives. For the participants, their experiences had driven decisions about life choices in terms of career pathways, influenced positive parenting attributes and imbued them with a sense of empathy and compassion for others as well as a renewed sense of positive attitude towards themselves and a capacity for community and social activism.

The work of Tedeschi and Calhoun (1996, 2006) and their successive studies found evidence of post-traumatic growth which despite psychological distress, there is an alternative trajectory of growth and positive change following highly stressful and challenging life crisis (Tedeschi & Calhoun, 1996, 2006). Kelly's (1988) study of survivors of sexual violence finds similar experiences of positive and affirming life changes post sexual violence attacks. Participants in her study describe themselves as becoming more independent, and that they blame themselves less

and empathise with other women who have been abused. These findings also correlate with a large sample study completed by Frazier and Berman (2008) exploring life changes post rape with 135 survivors. The study revealed the following results: 78% had increased empathy, 60% increased their assertiveness, 61% recognised their strengths, 56% had a greater appreciation of life, 47% reported enhanced spiritual wellbeing, and 29% saw positive changes in relationships with friends and family (Frazier & Berman 2008). Lev-Wiesel's (2008) work exploring survival patterns of adult survivors of childhood abuse notes positive changes that include the following: the presence of a stronger personality, having greater personal insight, supporting other survivors and being committed to protecting their own children. Certainly, Carla relayed similar advantages stemming from her experiences, suggesting that she was a better parent and teacher due to her childhood experiences.

There are a number of features pertinent to individuals showing PTG, and one frequently described is a connection to spirituality and religiosity (Frazier & Breman, 2008; Joseph & Lindy, 2008; Tedeschi & Calhoun, 1996, 2006; Janoff-Bullman; 2006; Pargament et al., 2006; Mahoney et al., 2008). This is understandable given trauma's reach and impact, where it pushes individuals to evaluate the meaning of life and consider the presence or absence of divine influence (Lewis Herman, 1992, 2001; Pargament et al., 2006; Mahoney et al., 2008; Bryant-Davis et al., 2011; Ullman, 2014). Several studies have identified cross-cultural correlations with the influence of religiosity on levels of PTSD and depression, identifying women from African American backgrounds and older women as particularly demonstrating reduced levels of trauma symptoms and increased levels of PTG (Bryant-Davis et al., 2011; Ullman, 2014). Certainly, this study affirms these previous findings, with all participants describing the influence of spirituality as an aspect of their experience post trauma. Participants generally referred to the use of spiritual practices not linked to religion and more readily identified with spiritual coping appraisals, such as restored appreciation of life (Pargament et al., 2006).

A frequently cited attribute of survivors of trauma is personal qualities of empathy and altruistic tendencies towards other survivors of trauma. For the participants involved in the study, this extended beyond demonstrations of empathy and

altruism and highlighted participants' political and social activism. This was realised in their occupations and for one participant, spurred her to develop a national campaign calling for an end of violence against women and girls. Burt and Katz's study (1987) of 113 rape survivors several years post rape found similar findings, with 30% of respondents reporting an increase in social and political activism. A study of social activism was similarly illustrated by Norma Profit's (2000) remarkable study of survivors of gendered violence and their journey from individual survival to collective resistance in the violence against women's sector. This movement towards social activism is described by Herman (1992, 2001) as a survivor mission, with the intention of transcending trauma through social activism being a process useful in reinforcing her capacity for initiative, energy and as a source of power (Kelly, 1988; Herman, 1992, 2001).

The object of survival is not just one of endurance sustained by hope, but can be seen as a triumphant process of moving on, generated by women's indelible commitment to themselves and steely determination to engineer their own fates. As Bison suggests, following rape, there is a reconstruction of the self, which forms part of the healing process. This is not just a rebirth to recreate the self prior to the traumatic event, it is the realisation that this self is now lost, so the task is to create a 'new person' (Cahill 2001, p.131).

5.6 Conclusion

We can feel the devastation and the indelible injury so acutely felt for all of the participants in this study. The destruction was tantamount to being run over by an articulated lorry, but missing the fanfare of emergency services signifying human tragedy and the potential loss of life; instead the traumatic event implodes, and the fallout is held alone and in silence.

In chronicling these survivors' stories from the devastation of impact to the paths towards recovery, we are a witness not to crime and the victimisation of participants but to their efforts to endeavour, to take back today and recover a future. The participants' accounts are of angst, philosophical thoughts on the meaning of life and reflections on loss resulting from their experiences. There is a resolute and steadfast refusal to consent and grant forgiveness to the perpetrators, a righteous

indignation fuelling acts of retaliation aimed at correcting a wrong and restoring justice. There are determined efforts to withstand, endure and resist attempts to be dominated and concerted efforts to restore dignity. Resilience not an assumed position, but one that has been secured from participants' internal resources, tenacity and strength, carried through the legacy of their ancestors and through the participants' spiritual enlightenment. In innumerable ways, this study is a testament to these women's fight for survival and successful recovery.

5.7 Strengths and limitations

This study intended to explore participants' process of recovery following sexual violence, focusing on enabling the participants to have the space to interpret and express their experiences in a manner that preserved their agency and gave the space for depth in their narratives. Although I endeavoured to retain the authentic voice of the participants, I considered the process of analysis had compromised their voices. The hours of interviews and pages of transcript have been severely reduced. I questioned my interpretations and how accurate they were without an opportunity for participants to hear or comment on my making sense of their narratives. This was an unfortunate compromise in the study in terms of not being able to facilitate participants having the opportunity to feedback on their interviews. This was due to participants relocating and it would have been a challenge and present an ethical dilemma in trying to track them down. However, I was reassured that this omission did not unduly impact on the findings as this was intended primarily for information sharing purposes. These points obviously raise critical questions regarding the quality of research and adherence to transparency and employing sufficient rigor and accountability for my expectations and selective bias on what was included and excluded from the study.

In keeping with the aims of IPA research, the aim is for a small purposive sample, which limits the applicability of this study to a general population of survivors of sexual violence. Also to be considered are the participants who agreed to be part of this research project, as it went to former clients who had scored high on their post-counselling CORE scores. This was obviously to protect the safety of more vulnerable clients; it also meant that more highly functioning, verbally articulate and

confident clients came forward. The wording of the advert referred to recovery, so, again, clients had to identify with the concept of the study. These factors are essential in reflecting on who was excluded from this study. The participants were aware the Clinical Director of WGN was conducting the study. This obviously created a power dynamic despite my reassurances to the contrary. This may have influenced their responses. What needs to be considered is the level of social desirability effect and the importance for the participants of being viewed favourably with responses that fitted their perceptions of what was expected (Fisher 1993). This final issue may have been avoided if the participant sample had been external and therefore random.

Chapter 6

Reflexivity Statement

The following reflexivity statement is intended to provide a brief overview of, and insight into, my doctoral journey. I aim to convey to the reader the complexities of the journey and to chart the disappointments and learnings along the way. I have used the metaphor of waves to emphasis the rhythm and progression of my doctoral journey.

It was not my intention to be self-indulgent, but I wanted to capture the rawness of this experience and to share my internal dialogue with the reader. Hence, a first person narrative is used rather than an academic style.

Ist Wave

This feels really insecure, all at sea, not knowing where I am, feeling quite lost and overwhelmed. Questioning … why did I set out on this journey? I never wanted to be an academic. Feeling like I'm treading water but way out of my depth. There is no buoyancy at this depth, and it feels like I'm drowning, then a glimpse, a sighting, of a way out, finally dry land … I have hit an oasis, a small island called Methodology. I chart its circumference, inspect its interior; it feels strangely familiar but uncannily unnerving in its complexity. I'm surrounded by people but continue to feel so alone. Let me rest a while… and I do. I retreat to my other world, my life, the familiar world. I become lost once more.

2nd Wave

I've lost my way again; it's been months or years since I was back. I must get back into the water again; I panic, and I've forgotten how to swim… again. I want to run, but convince myself to stay. Calming self-talk reassures: 'Don't worry, you won't drown'. Within your DNA you can remember how to make the Great Pyramids of Giza. I'm reassured, I'm back in the water again. Okay, so, no, it's not elegant, it's a doggy-paddle rather than a front crawl, but I'm afloat, I'm remembering to breathe, I'm on my way again…

3rd Wave

The doctoral research has finally begun. I have new found confidence and certainty about what I'm doing. The interviews are happening. It takes me a while to make the adjustment from therapist to researcher; it's an uncomfortable position; I feel almost voyeuristic, insecure without my healing balms, self-indulgent, selfish even. I change, I become excited as participants reveal their struggles and their angsts.

I feel oddly detached, in my head, I say, 'and then what?', I'm losing my empathetic connection to them, replaced by a love for my new baby, this study, and it needs to be fed, it's demanding …

I transcribe hours and hours of their words that fill pages. Immersed as the heuristic method insists, but I feel drowned in it, consumed, overwhelmed by their stories. My empathetic connection is back and intact, I worry for them, I'm happy for them, I'm relieved for them when it's over, not my interview, but their story. I hope it has a happy ending. This project demands that it does: it is, after all, about recovery, how can that not be happy?

4th Wave

Analysis, I feel underwhelmed … I'm losing their voices, their narratives are blending. I can't see anything; it's like looking for Fool's Gold; there are treasures in them, I'm sure, but I can't find them. I panic. I don't think I've asked the right questions, these were not the right participants, I've got the wrong research question. Despair and panic, panic and despair, the taunting twins of doubt. It wins, I succumb, I admit defeat, I was right all along, I can't do this …

I breathe, I relax and then it happens. Wow, it's fantastic, I want to scream, there it is, it was here all the time, the connections, the stories make sense. They don't always say what I expected or even what I wanted. Their narrative takes me on a different path, but that's okay. I know I need to follow their path. I feel like a crazy scientist, frantic days, words on Post-its on my study wall, luminous the major themes and subthemes emerge, I'm relieved but doubt that they're right … it's confirmed… they're gold. I carry on digging. I was irritated by the reduction of my participants' stories to page and line numbers,

but now these are strangely comforting to me. I hold on to them tight, representing reality, the evidence, their truths.

5th Wave

Writing up … all at sea again, the decisions about what to include, how to include; there is something disturbing about the process. I feel as if I'm pushing a particular story. I'm uncomfortable once again with the threads and the words of the participants that I gave prominence to; they're the more articulate, the funny ones. How do I balance them with the ordinary, those where trauma and recovery still continue to live side by side? How do I ensure integrity and transparency in this process? I use my therapist head to find meaning and interpretations, but this feels oddly abusive, indulgent. The participants have no right of reply to ensure that the interpretations are an accurate reflection. Although not resolved, I settle for a truce, I have to trust my abilities as a researcher and as a therapist to do no harm and console myself with the greater good, and I resolve that this will not just be for me, but this process will have greater meaning and purpose and hopefully create an enduring legacy for others to follow.

So, I'm writing every day, the Olympics are happening and I feel like an Olympian … this is epic. I have to be in prime health, keep focused, make sure I'm in my zone, everything is calculated and timed; how many hours, how many words. I'm obsessed, I can't think about anything else, but the rest of my world keeps crashing in, work, children, partner, family, friends, keep away! I can't think anymore … exhausted, but I have to keep going. I even have a stress injury, tendinitis in the shoulder, but must keep going and I do.

I go to the British Library; I spend hours in that great book cathedral, I sink into the leather green chairs, I breathe, I belong.

Panic is rising, deadline is looming ten, nine, eight, seven… but so much to say and a cap on words. There is just so much … my reflexive diary that I have kept on and off for years, pages of it, now compressed to this one-off entry. All of the participants' words lost, edited away. All of those books read, reduced to a mere mention. The drowning feeling is rising. I read a book which is based on the same research area as mine, but she writes brilliantly, unfaltering, confident and assertive, envy and regret consume me. The

confusion, doubt and panic are taking a grip again … remind me again, why am I doing this? Really, I should have just bought a very, very fast red sports car.

Anyway, swimming again, long lean strokes, not so elegant, but confident, last few strokes to the finish line …

Into the Future Chapter 7

7.1 Professional Reflections on the Study

This doctorate was never intended to be a solo journey of professional and self-discovery. Rather, the impetus and the passion for it relied on the doctoral project's ability to influence practice and create new ideas, to generate debate with colleagues within the VAWG sector and, perhaps more importantly, in the wider psychotherapeutic community.

A series of clinical evolutions have been born from the doctoral programme. The development of the Women and Girls Networks (WGN) Holistic Empowerment Recovery Model (HER) has been a successful feature to emerge from this project. Pioneered by clinicians and service users at WGN, and inspired by external forums, the HER model provides a theoretical base and a model of integrated practice to contextualise and create coherency and consistency within WGN's wrap-around diverse service delivery model. This service delivery includes advocacy, services for adults and young people, advice line/case workers, a body therapist, group workers, counsellors, a young women's prevention programme, training and consultancy.

The HER model is intended to provide support and guidance to practitioners rather than to impose a restrictive and rigid format. It relies on the practitioner's interpretations and is particular nuanced to meet the individualised needs of clients. There are challenges with the HER model, with criticism that it is over-complicated. For some, the model is prescriptive and formulaic, a frustration particularly felt by WGN's Gestalt therapists. The HER model thus remains work in progress. However, along with challenges, there have been successes, highlighted when the model was showcased at the United Nations as an exemplar of international best practice for working with women surviving gender-based violence. Furthermore, the model has been presented at a number of conferences, including Rape Crisis England and Wales, and cited in key research by the Office of the Children Commission (2013) as a model of best practice for working with young people

experiencing child sexual exploitation and gang association. An overview of the HER model can be viewed in the final projects folder.

The participants involved in this study had all accessed services at WGN and worked with practitioners implementing the HER model. Initially, an intention of the study was to evaluate the effectiveness of the HER model in facilitating recovery. However, what emerged from the participants' evidence was an unexpected revelation. It had been anticipated that participants' narratives would indicate a degree of resiliency and resistance linked to self-esteem and other protective factors. The surprise was the synchronicity of these attributes and the way that they functioned as a coherent protective force. The acts of resistance and resiliency interplayed with the additional trajectory of post-traumatic growth and together forged a path to recovery. In addition to this synchronicity, what was striking was the deliberate intention of the participants to be relentless in a quest for recovery, to be uncompromising in their efforts to counteract the perpetrator, to develop tactics to minimise the trauma symptoms, and to feel anger and unforgiveness towards the perpetrator, all of which drove the emergence of a new self. The process of transformation also unfolded in unforeseen ways, with participants' outward active engagement with community activism linked to the empowerment of others. The participants' narratives of survival strategies, empathy, compassion and right to retribution were shared and became the incentive and inspiration for other survivors to follow.

7.2 Implications for Practice

The study has inspired a diverse range of clinical innovations at WGN and, perhaps more fundamentally, has created a shift and emphasis in clinical perspective amongst practitioners. The learning from this study will be firstly integrated into revising the HER model and introducing a greater awareness and dynamic promotion of self-protective factors.

7.3 Strengths-based Practice

On a wider level, the study emphasises the need to locate and reinforce clients' self-protective attributes. Integrating this rationale into all services assessment processes will initiate a useful dialogue, providing clients with a different evaluation

of themselves, without the usual dialogue of what is wrong, but instead changing the emphasis to what happened and how they coped. This element, in conjunction with a trauma symptom inventory and a strengths-based inventory, identifies patterns of resistance and resilience.

The other component emerging from this study was integrating an understanding of recovery, not as merely a static, linear process, but rather as oscillating on a continuum from wellbeing to distress. This requires a more expansive view of recovery as a process, one that is not merely defined as a single end-point destination but rather has a multiplicity of manifestations and meanings. It cannot be assumed that the process of recovery begins with engagement with services and only becomes a reality on conclusion. The study shows that the recovery process for clients is already in process before they even access services. It will be of use for clients to recognise this and appreciate the interplay between areas of functionality and distress, generating a platform for the work to progress and hopefully creating an alternative experience of self for clients. The sentiments of this process will be developed into a template to be introduced into assessment processes.

Evident from this study was the reality of post-traumatic growth (PTG), not just as a point of aspiration but as an active agent of transformation experienced in the self as a greater appreciation and celebration of life and an enhanced capacity for empathy and compassion for others, a truly emancipated position. The framing of PTG will be considered as not just post-trauma recovery, but part of an essential element maintaining the momentum of change and transformation throughout the recovery journey. It is intended that this phenomenon will be captured through PTG scales in current use, such as Tedeschi and Calhoun's PTG Inventory (1996) or Anderson's Assessment of Adult Protective Factors (2010), which are aimed at survivors of interpersonal violence, therefore correlating more closely with the work of WGN.

7.4 New Services – The Indigo Project

The Indigo Project is a new service with a specific remit to work with clients with complex needs. Clients typically have childhood experiences of trauma that have affected them across their life span, leading them to experience trauma

symptomology that has evolved into chronic mental health conditions, such as depression, self-harming behaviours, suicidal activation/ ideation, OCD, problematic drug/alcohol intake, problematic eating and somatic symptoms. These cohort of clients do not necessarily meet the threshold for accessing statutory mental health services, and, conversely, are considered too high-risk for community-based services to work with. Such clients fall through the gap in services. The Indigo Project is being established (from January 2017) to fill this gap in provision. The project will deliver a wraparound provision of services, including mental health advocates, senior therapists, a body therapist, an art therapist and a group worker. The project will aim to introduce current innovations in trauma care, such as compassionate mind therapy, dialectical behaviour therapy (DBT) and eye movement desensitisation reprocessing (EMDR). Much of the doctoral project's developments will be integrated and embedded into service delivery. The development of the self-protective factors will be of particular relevance, with an ethos built on the premises of the multiplicity of routes to recovery, the recognition of client agency and the preservation of dignity.

7.5 Dissemination of Learning from the Study

The doctoral process has already allowed for the development of a resiliency training package that has been delivered four times to 68 participants, representing 40 pan London organisations.

This programme will be greatly modified following this research. The single dimension of resiliency as the only protective factor to be considered now seems limited. The new programme will aim to integrate the relationship and theory base to include resistance, resiliency and post-traumatic growth as paths leading to recovery. WGN has an active training department that provides a number of accredited courses to 300 participants annually and an aim will be to incorporate this programme into WGN's training portfolio. Furthermore, the Indigo Project has a remit to disseminate information and learning to others through reports and seminars. Again, this learning will be embedded in all training events and information sharing regarding the project. Finally, WGN has a team of 100 practitioners, and regular CPD events and induction programmes are an essential

aspect of service delivery. Again, the learnings of this project will be integrated into all future programmes.

7.6 Future Research

This research project feels very much to be at the beginning of its journey. With a sense of confidence and curiosity, it appears that there are numerous vital research projects to undertake. For example, a project focused on girls and young women would be really useful to explore protective factors and, obviously, from this to improve preventative services and guidance to therapeutic work with young women and girls, which currently presents a challenge at WGN.

The Indigo Project will have a research programme working with the team from the outset of the project. The aim is to explore self-protective strategies with high-risk complex needs clients to enhance clinical innovation with marginalised groups. We aim to develop a joint research project with a university to realise this ambition and have a wider remit of influence that will include policymakers and commissioners of services.

So, as this doctoral project closes, it gives way to a new beginning………….

The final word must go to the voice of a participant.

> '*I feel whole, I don't feel that there are bits of me all over the place. I feel wholesome … like I am one piece, one person, one love'.* (Dusty)

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