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## **Identifying an epistemology of hope through researching woman-to-woman rape and sexual assault**

### **Poem of Hope**

What if you knew?  
What if I didn't even have to explain?  
You might just ask me to tell my story  
You might never doubt or disbelieve me  
You might never blame me  
You might never frown  
You might never say you don't understand  
What if you knew because I was able to speak?  
What if I was helped to explain so that you would realise?  
You might understand the pain  
You might recognise the struggles  
You might help me to help myself  
You might appreciate my way of knowing the world  
And why it is based upon what I would like to have happen,  
as well as what has already taken place.

I wrote this poem in response to reviewing my own doctoral research findings that I had categorised under the sub-theme of 'Hope'. In my thesis, I explore the lived experiences of women who have been raped and/or sexually assaulted by another woman, or women. I sought to gain an insight into what they perceived the impacts to be, especially upon their daily subjective experience of occupation. I also explored their experience in terms of the reaction and support they received in response to any disclosure to other people (Twinley,

2016a). Woman-to-woman rape and sexual assault are essentially hidden crimes, as this type of sexual perpetration has gone unnoticed - overlooked even by anti-sexual-victimisation efforts. I propose that the traditional and universal assumption that rape and sexual assault are perpetrated by men upon women (hence, gendered in nature) has implications for victim/survivors of all other forms of unwanted sexual contact and non-contact. That is, the historical focus upon male-to-female rape has meant that sexual victimisation - such as woman-to-woman rape and sexual assault - has been disregarded. Consequently, the impact upon victim/survivors, and their associated needs, remains largely unidentified and, therefore, unaddressed.

My research is, therefore, an original endeavour to explore this traumatic issue, and to do so from an interdisciplinary-informed perspective, as I drew on my background as an occupational scientist, social scientist, and healthcare professional. As Malterud (2001) suggests in her key paper about viewing qualitative and quantitative strategies as complementary, my background and position affected: what I chose to investigate; the methodology and methods used to do so; the findings I considered most appropriate; and the way in which I frame and communicate my recommendations and conclusions – all of which has contributed to the originality of this work. For instance, in terms of recruiting respondents to my research, I was aware that accessing victim/survivors of woman-to-woman rape and sexual assault would be extremely challenging; this was informed first and foremost by my own experience as a victim/survivor, which has left me ever conscious of the fact that this type of sexual crime is not spoken about.

In writing this paper, my aim was to share my experience of generating – what I would term - an ‘Epistemology of Hope’. This has been done through re-presentation and reflection upon the recommendations my respondents and I made as an outcome of engaging in the study. To begin, I outline the relevance of occupation to this research, which has remained the central concept for occupational therapy philosophy (Molineux, 2004), and is the core

domain of concern for occupational science research. I then discuss hope from an occupational perspective, considering the role hope plays in people's lives, especially when their lives have been disrupted, and the links between hope and motivation. As the disruption my research focuses upon is woman-to-woman rape and sexual assault, I consider the role hope played in motivating me to conduct this research. This leads to an outline of how I created my methodological approach. As my research aimed to explore the perceived impacts of woman-to-woman rape and sexual assault, I highlight how sexual victimisation can lead people to experience a disruption in their lives; the various impacts this has upon them includes the ability to have, and to hold on to, hope. It is this aspect of the victim/survivor lived experience – their capacity - that I propose has been largely overlooked. Hence, the latter part of this paper focuses upon the hopes of the woman-to-woman rape and sexual assault victim/survivors involved in my research. Therefore, I convey respondent hopes through use of their own words, presented as excerpts from their transcripts, as I feel the respondents' words speak for themselves, and should speak for themselves, as they are voiced by people that have been otherwise silenced, gone unnoticed, or ignored when they have mentioned their woman-to-woman sexual victimisation.

### **Occupation and the motivation of hope**

As an occupational therapist, I regard occupation as encompassing all the things people do in their everyday lives (Sundkvist and Zingmark, 2003), including necessary chores and activities, leisure pursuits, work, and education. Performing occupations requires ability and skill, and this can be affected by various factors, including the context within which they are performed (Law, Polatajko, Baptiste, and Townsend, 1997). From an occupational perspective, optimal engagement in, and performance of, occupation is directly linked to the health and wellbeing of individuals, groups, and communities (DeLany, 2007; Wilcock and Townsend, 2009). There is consensus amongst occupational therapists and scientists that people's everyday occupations are complex (Erlandsson, 2013), and multifaceted (Blanche

and Henny-Kohler, 2000); consequently, the understanding of what constitutes occupation is continuously being developed through occupational therapy and science research. Only recently, however, has some examination of occupation – from this occupational perspective – started to challenge the long-standing assumption that occupations positively contribute to a person's health and wellbeing. Indeed, I contributed to the literature regarding the ever-evolving concept of occupation by suggesting that there is also a dark side of occupation; that is, there are various dimensions of occupation that have yet to be examined and which may not, necessarily, lead to good health and wellbeing (Twinley, 2013; Twinley and Addidle, 2012). From my research into woman-to-woman rape and sexual assault I found that some such occupations (including controlled under-eating, alcohol over-use, and self-harming) may be performed by victim/survivors as a way to manage, and to continue to live through their daily lives. I suggest that an occupational perspective of these types of survival reactions and behaviours has much to contribute to the current health, social science, and psychological perspectives. Looking forward, collaborative (interdisciplinary) projects could provide more detailed insight into the lived experience of woman-to-woman rape and sexual assault victim/survivors.

Considering the centrality of occupation in people's daily lives, the aim of occupational therapy is, therefore, to enable people to participate in their everyday occupations (World Federation of Occupational Therapists, 2012). When people experience a disruption to their ability to do so, there is a loss of hope (Borell, Lilja, Svidén, and Sadlo, 2001) which has been linked to poor rehabilitation outcomes (Hoffman, Kupper, and Kunz, 2000). In such cases, the power of hope is recognised. For instance, Stouffer (2007: 260) cites Parker (2001: 718), who is an adult woman with schizophrenia, and who: '... described her hopes as wanting to get back on her feet and... hopes for a future of possibilities beyond her diagnosis'. Indeed, the noun, hope, is defined as '... something good that you want to happen in the future, or a confident feeling about what will happen in the future' (Cambridge University Press, 2016). Hope is perceived to have the power to help people overcome times

of difficulty and adversity, often after living through a life-changing experience (Lu, 2014).

Yet, there is limited recognition of this in current occupational therapy research.

Contrastingly, hope is a concept that has been increasingly researched in modern psychology (Worgan, 2013); see, for instance, the work regarding hope theory from Snyder (1994, 2002).

The auto/biographical motivation for starting my doctoral work was my personal hopes for some increased consciousness amongst the general public that woman-to-woman rape and sexual assault does happen, does exist. This was based upon my personal experience of being raped by another woman, which, as time has passed, has increasingly fed into my hopes for supportive responses to victim/survivor disclosures, and an improved awareness and understanding of their associated needs. I have written about my feelings after being raped by another woman, and how it led me to want to research the phenomenon of woman-to-woman rape and sexual assault:

... being raped by a woman has left a psychophysiological and emotional scar. I experience symptoms of posttraumatic stress disorder (PTSD) that invade my conscious and unconscious lived experience. Above all else though, my feelings of being somewhat alone in what I had experienced increasingly amplified with the passing of time. After the event I could not find any information, let alone service, that I could use to help me make sense of what had happened. I needed someone to tell me that I had the right to feel confused, lost, and angry toward the woman who raped me. I needed to hear that women can be sexually and physically violent to other women. I didn't want to hear this, but I needed to so that my experience felt less of an aberration. Quite rapidly my disappointment turned into my aspiration for better; I decided the apparent (then) lack of resources was not good enough. I decided that, one day, I would do the work to evidence that woman can and do rape and sexually assault (or abuse) other women (Twinley, 2016b: 58).

From the outset of my doctoral journey I had to have, and to hold on to, hope: I hoped I would be permitted to research my topic of choice; I hoped others would understand its importance; I hoped the ethics panel would grant my approval; I hoped that I would feel confident to explain my proposed research to friends and colleagues; I hoped people would want to be involved in my research; I hoped respondent involvement would be a positive experience for them, overall; I hoped I could sustain my own health and wellbeing to the point that I could do, and complete, the work; I hoped my supervisory team felt comfortable to supervise me through the entire journey; and I hoped the work would be received as serious, important, and worthy of hearing about.

### **Creating my methodological approach**

To conduct my doctoral research, I created a methodology that combined an auto/biographical approach (which I discuss next) with an occupational science perspective. The latter – occupational science – is a discipline that was established with the intention of supporting occupational therapy practice through conducting research regarding occupation (Pierce, 2014). Hence, occupational science researchers aim to examine factors that account for: the diverse reasons people do things (including their subjective experience of occupation); the relationship between occupation, health, and wellbeing; and the impact of experiencing barriers to occupational participation (Hocking and Wright-St Clair, 2011).

Used as an approach to research, the forward slash in auto/biography is deliberate to remind the auto/biographical researcher, writer, and reader that the boundaries between the self and other(s) are permeable. Used as an approach in research, auto/biography challenges the assumption that there are divisions between self and other(s); rather there is a focus upon these as being shifting and complex boundaries. Hence, the deliberate forward-slash signifies a filter that ‘... allows aspects of our lives to infiltrate others and vice versa as life stories are told’ (Howatson-Jones, 2011: 39). It also prompts researchers to consider three

of the prominent features of auto/biography as a research approach: 1) the dialectical relationship people have with the society in which they live; 2) the influence the cultural context has upon subjective lived experience, and 3) the way individual biographies are mediated through the auto/biography of the researcher, as they engage in the process of analysing, interpreting and re-presenting respondent biographies (Sikes, 2007; Roth, 2005). Indeed, Stanley (2012: 110) suggests that the explicit use of 'I' in the writings of auto/biographical researchers in sociology recognises that the knowledge they construct (rather than discover) is '... contextual, situational, and specific, and that it will differ systematically according to the social location (as a gendered, raced, classed, sexualised, person) of the particular knowledge-producer'. Working this way, auto/biographical researchers are able to acknowledge their social location, making explicit their role in the construction of the knowledge (or story) presented (Letherby, 2000). For myself, working auto/biographically therefore conceded my appreciation of the assumption that I could not divorce myself from any aspect of my research work.

Combining the sociological auto/biographical approach with an occupational science perspective enabled me to understand the 'biographical disruption' (Bury, 1982) woman-to-woman rape and sexual assault victim/survivors experience in their daily lives. When seeking to explore biographical disruption, Whalley Hammell (2004) highlights the unique contribution an occupational perspective could provide; she suggests that, with a focus upon the fundamental orientation of occupational therapy, researchers could explore the links between occupation and meaning in people's lives. Furthermore, Whalley Hammell (2004: 302) concludes that: '... the meaning of both the consequences and significance of disruption might be changed through occupation'. In my endeavour to examine the biographical disruption experienced by victim/survivors of woman-to-woman rape and sexual assault, the methodological approach I used enabled this exploration; that is, through studying individual life stories, I was able to uncover how the respondents' social worlds were subjectively experienced, and actively given meaning to.



## **Research processes**

The processes I engaged in to obtain the data I present in this paper involved, firstly, addressing ethical issues and gaining ethical approval. In the proposal for my doctoral studies, I addressed issues related to researcher and respondent safety. To help me in identifying potential risks I found Lee-Treweek and Linkogle's (2000) work useful, in which they identify four potential dangers (or risks) researchers must consider: physical, professional, ethical, and emotional. By applying this model to my proposed research, I identified the possibility of experiencing each of these types of dangers. For example: 1) physical dangers could have included risk of personal injury; 2) I understood professional dangers could be encountered by me in my professional life as a consequence of conducting research on the topic of woman-to-woman rape and sexual assault; 3) measures, such as gaining ethical approval and being explicit about procedures within the final thesis (such as informed consent) were utilised; 4) other ethical issues, such as threats to emotional stability, posed a potential danger. The importance of offering ongoing support (provided by agencies or organisations) and the opportunity to debrief was paramount (Dickson-Swift et al., 2009; Campbell, 2002).

Full ethical approval was granted by my Faculty Research Ethics Committee; this was based on my exclusion of women who would be under age 18 at the time of the interview, as they would be regarded as children (Great Britain, 1999) and young people and, therefore, members of vulnerable groups (Great Britain, 2014). I asked respondents to talk about experiences of woman-to-woman rape or sexual assault that occurred at or after age 16, which is the age of sexual consent in England and Wales (Great Britain, 2003). Crucially, I needed to assure respondents that their personal information would remain confidential and, where necessary, would be anonymised throughout the research process. Consequently, pseudonyms were assigned to each second phase respondent and, during transcription of interview data, I replaced people and place names they mentioned with fictitious names.

I chose to recruit this otherwise difficult-to-reach population (Murray, 2013) via use of a web-based survey tool, which are considered to have benefits such as their efficiency, potential for accessibility to a global (international) population and, in comparison to other survey methods, they can yield more honest reports of being victimised (Bachman and Schutt, 2014; Parks et al., 2006; Van Selm and Jankowski, 2006). Hence, I developed a web-based survey with the intention of generating some initial data regarding the experience and understanding of woman-to-woman rape and sexual assault (amongst those members of the general public that accessed the survey). The survey also served as a sampling tool to recruit respondents to the second phase of my research, during which those respondents that were interested in sharing their story in more depth with me were able to do so; subsequently, I interviewed 10 respondents face-to-face, in various UK locations. An eleventh respondent opted to share her story with me through correspondence. It is crucial to provide some contextual positioning of the nine respondents whose stories are present within this paper. Table 1 shows a summary of information regarding these nine respondents.

**Table 1. Respondent characteristics and perpetrators**

<b>Respondent pseudonym</b>	<b>Self-descriptions</b>	<b>Age (at time of interview)</b>	<b>Perpetrator/s</b>
Ali	Bisexual female to male transsexual (Before transitioning, presenting, and identifying as male, Ali was sexually victimised by a woman he was in a long-distance relationship with)	23	Ex-partner
Cailey	Gay woman	23	Acquaintance

Eleanor	Lesbian woman	31	Mother
Isla	Bisexual woman	24	Acquaintances
Kiera	Lesbian woman	32	Acquaintance
Lauryn	Gay woman	29	Friend
Sarah	Bisexual woman  (Sarah went through a gender reassignment programme, after coming out as transgender at 40 years of age)	72	Friend and acquaintances
Simone	Gay woman	31	1. Acquaintance 2. Ex-partner
Tania	Not disclosed  (For personal reasons concerning her identity and safety, Tanya chose to send a written account of her experiences and did not disclose any information about her age, identity, or sexual orientation)	Not disclosed	Mother (and several other people)

The motivation amongst these second phase respondents to be involved in my research often stemmed from their hopes for improved awareness of woman-to-woman sexual offending. In the next part of this paper, I describe the impacts of being sexually victimised, as shared by these respondents. I use the language each respondent used to describe themselves and what happened to them; I feel this is important to note, as use of language holds personal meaning, and it is both perceptual and subjective.

### **The perceived impacts of woman-to-woman rape and sexual assault**

Traumatic events during which people are sexually victimised have a devastating impact upon victim/survivors. It is now widely understood that the consequences of sexual trauma can be multifactorial, and can present as any combination of issues for the victim/survivor, including: behavioural; cognitive; developmental; emotional; financial; health-related; interpersonal; legal; medical; physical; political; psychological; silence; social; spiritual; trauma (Center for Substance Abuse Treatment (US), 2014; Boyd, 2011; Rumney, 2010; Campbell and Wasco, 2005; Davies, 2002; Scarce, 1997). Indisputably, sexual offending is a major serious social and public health problem that all societies face (World Health Organization (WHO), 2015; Bonnar-Kidd, 2010; Morrison, Quadara, and Boyd, 2007). For women raped or sexually assaulted by other women, the impact is compounded by the fact that this form of sexual offending is a largely hidden phenomenon, due to silence of its occurrence amongst scholars, health and care professionals, and those working in criminal justice and support services (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002).

Bury's (1982) exploration of biographical disruption was related to chronic illness; likewise, other commentators have focused on illness narratives to explore the concept (Larsson and Grassman, 2012; Lawton, 2003; Charmaz, 2002). Yet, biographical disruption can be brought about by any unexpected and significant life event, such as redundancy (Becker, 1997), divorce, loss (Ketokivi, 2008), or a traumatic event (Sandelowski, 1994). In much the same way as chronic illness disrupts a person's life, rape and sexual assault have a major disruptive impact. Of course, the impact of sexual trauma can be '... subtle, insidious, or outright destructive' (Center for Substance Abuse Treatment (US), 2014). To illustrate its destructive impact, Bury's (1982) work is useful here. Bury (1982: 169) contends that chronic illness is the '... kind of experience where the structures of everyday life and the forms of knowledge which underpin them are disrupted. Chronic illness involves a recognition of the worlds of pain and suffering, possibly even of death'. Likewise, in the acute phase after being sexually victimised, the victim/survivor can feel they have lost control and cannot

function on a daily basis, certainly not as they were beforehand (Hazelwood and Burgess, 2008). Certainly, some of the immediate psychological consequences include anxiety, withdrawal, and distrust of others (Centers for Disease Control and Prevention, 2017). Being sexually victimised can lead people to experience a disruption to their social work, social connections, and sense of belonging (Taylor, 2004). Moreover, in some cases, the victim/survivor confronts the fear of death, as Lauryn mentioned when she told me about her victimisation; Lauryn was raped by her female friend (Lisa) when Lauryn reluctantly stayed over at Lisa's boyfriend's (Danny's) house. In her interview with me, Lauryn was very clear that she named what Lisa did to her as 'rape'. She also spoke of the challenges of using this term, commenting that what Lisa did would not be recognised as rape under the Sexual Offences Act (Great Britain, 2003) because she did not have a penis; this Act defines and details the legal position regarding what constitutes rape in England and Wales (please see my discussion of this later in the paper). Lauryn also stated that Danny 'sexually assaulted' her, saying:

*They'd been on at me for quite a while and eventually when Lisa started getting off the bed and started kissing me I just thought: 'Oh, I can't really get away with saying no anymore'. I just, I thought they were going to kill me, so I thought I'd better go along with it.*

It is said that sexually traumatised people can be supported by others – such as trained therapists – to evaluate their trauma-related issues, and to intervene by offering (amongst other things) hope (Parson, Brett, and Brett, no date). As accurate as this is, it seems there has been a tendency to overlook the victim/survivor's own capacity to have, and to hold on to, hope. I certainly found that, amongst my respondents, their personally-held feelings of hope for positive change was crucial, especially to their emotional recovery. Achieving biographical continuity (see below) was essential in order for victim/survivors to be able to incorporate the traumatic experience into their ongoing daily lives; so they could continue to

be, to do, to interact, and to experience improved emotional stability and posttraumatic experiences.

### **Hopes of woman-to-woman rape and sexual assault victim/survivors**

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

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

In terms of their hopes for self-healing, Ali, Cailey, Eleanor, Isla, Lauryn, Kiera, Sarah, Simone, and Tanya all indicated they would have welcomed support (or further support than they did receive) to assist with understanding their posttraumatic feelings of shame, fear,

and anger. The need for this support has been identified by the other researchers of woman-to-woman rape and sexual assault (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). Kiera commented that she wished she had been "... helped to understand that it wasn't my fault: I had to do all that in my own head". Sarah also wished she could have told someone, but then reflected upon sociocultural changes she has observed in the years since being raped, saying: "... if it was today one would have no hesitation... But we're talking the eighties and the prejudices in those days were far more than they are now".

As the victim/survivors shared their fears and concern for other potential victims of female-perpetrated rape and sexual assault, many also told me about their hopes. The following passage is taken from Kiera's interview, and represents the hopes of many of the victim/survivors I heard from:

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

Given the silent nature of woman-to-woman rape and sexual assault, Walters (2011), Wang (2011), Gilroy and Carroll (2009), Campbell (2008), Girshick (2002), and myself all advocate for increased awareness of this problem. Simone proficiently articulated this need for social awareness, if there is to be more widely-held understanding amongst the general public:

*So: firstly, really, people need to be made aware, because it is only then that we can; secondly, expect people to try to understand so that, you know; thirdly, I guess, we can bring about some positive change. And just make people aware this is something*

*that happens, you know, I think that's really it; you need awareness before understanding, don't you?*

Indeed, every victim/survivor that shared their story with me (through interview or correspondence) expressed their hopes for positive change. This was clearly articulated by respondents as falling into three key propositions (or recommendations): hopes for some improved awareness that woman-to-woman sexual offending does happen; hopes for changes in the criminal justice system (CJS), and to their response; and hopes for changes to sexual assault health and support services, and to their response. I felt this aspect of their subjective lived experience was so important to embrace – particularly as it was my intention that my doctoral research would contribute to prompting some positive change.

### **Hopes for improved general awareness**

Without improved general awareness, respondents were aware that other people's reactions to disclosures, and any necessary support, would not improve, as documented in the relevant literature reviewed (Walters, 2011; Wang, 2011; Gilroy and Carroll, 2009; Campbell, 2008; Girshick, 2002). To illustrate my respondents' hopes in this section and the following two, I am presenting you with their pertinent 'hopeful' comments, as shared in their stories they told me. As an auto/biographical researcher, my work combines inclusion of my voice with that of my respondents. As a feminist, my *hope* was for my study to re-present victim/survivors' lives, stories, identities, and subjective experience of occupation that have largely remained silent. I strived to make visible a type of sexual offending experienced by my respondents that has, essentially, remained hidden. Frequently, researchers refer to this as 'giving voice', which was an interesting aspect of my research because, using the auto/biographical approach, I was aware of just how loud my own voice was. Hence, I perceive the presentation of my respondents' voices through the use of direct quotations as crucial.



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

Ali's view regarding inaccessibility of research really highlighted to me – an academic conducting their doctoral research – the importance of striving to share my findings in a range of forums, including those that are easily accessible to the general public. In an effort to contribute to improving general awareness I have appeared on the BBC Radio 4 Woman's Hour in an interview they titled 'Women On Women Sexual Assault' (Twinley, 2016c), and I have written an auto/biographical piece for BBC Three (Twinley, 2016d). I am acutely aware I have more work to do in contributing to raising public consciousness of the possibility that women sexually perpetrate other women, regardless of their sexual identity, as Cailey's opinion corroborates:

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

Clearly, a barrier to being met with belief or understanding, experienced by myself and my respondents, is that some people we have disclosed to, or discussed the issue with, do not believe it actually happens, or that women are capable of committing such acts upon others, as the following three respondent quotes illustrate:

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

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

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

As discussed in my contextual positioning of the second phase respondents, the motivation to be involved in my research was evident in some of their accounts, particularly as they reflected on their hopes for improved awareness and the associated improved potential to disclose:

*... for me as a [medical professional]... I would certainly like to feel that anybody, regardless of their gender, can tell me about something that's happened to them, regardless of that person's gender as well. But I, you know, I worry that some people might not want to be in that position and feel that they have to listen to those kinds of*

*disclosures maybe. But for me, you know, I think, why I wanted to be involved in this is probably some of the reasons you're doing this as well is that I guess. I guess for me the bottom line is really is just to promote awareness (Simone).*

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

To me, such experience-based views and opinions highlight the importance of acknowledging that it is not just the victim/survivor's role and responsibility to be able to manage their own responses – and indeed others known to them - to being sexually victimised; the hope is for more recognition of the role and responsibility of others with the capacity and ability to provide necessary support. In order to deliver appropriate support to woman-to-woman rape and sexual assault victim/survivors, their voices – their stories – must be heard. Beneficially, hope can help victim/survivors to overcome the challenges they face in the aftermath of being sexually traumatised, but their hope – that is, their wants, needs, and expectations - must be realised and acted upon.

### **Hopes for changes in the CJS, and to their response**

The ability to understand and name what has happened to the rape or sexual assault victim/survivor is necessary for any healing and recovery to occur (Klein, 2014). The majority of my respondents chose to name their experience 'rape'. This led to an exploration of their feelings and opinions about laws regarding rape. The current legislation that applies to the countries the respondents lived in is the *Sexual Offences Act 2003*, which is an Act of the Parliament of the UK. Across the UK, sexual offences legislation is included under the law of England and Wales, the law of Scotland, and the law of Northern Ireland. Yet, all three legal systems define rape in the same way as: 'A person (A) commits an offence if – (a) he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis'. The implication of this being that woman-to-woman rape victim/survivors (such as my respondents) are acutely aware that – technically - only men can rape women or men, thus

providing men and women with legal protection against being raped by a man. Therefore, because the legal definition of rape under the *Sexual Offences Act 2003* is penile penetration, a woman who reported to the police that she had been raped by another woman would not see her report recorded as rape, and so her perpetrator would not face the (potential) conviction of rape.

Under these legislation women have been accused and convicted of participating in the crime of rape (see case of Claire Marsh, for instance) as the Act does state that a woman can be charged with or convicted of being an accessory to rape (as a secondary party) where, for example, a woman has helped a man to rape another person. Women and men can be prosecuted for other serious sexual offences but, in those offences where a penis is not used to penetrate, the offence is 'assault by penetration' or 'sexual assault' (*Sexual Offences Act 2003*). Arguably, the separate offence of 'assault by penetration' has given legal protection to men and women (Brown and Cocker, 2011), and indeed all victim/survivors of female-perpetrated sexual offending. However, even though these offences can carry similar sentences, the offence of 'rape' and continued use of the definition in legislation such as the *Sexual Offences Act 2003* means that women – who can force a man or woman to have sex, or who can penetrate them with a part of their body, or an object - cannot be prosecuted for rape.

This is contrary to the definition of rape used in other countries, such as in the US, where the definition of rape was implemented by the Federal Bureau of Investigation (FBI) Uniform Crime Reporting System. In 2011, the definition was revised to include any gender of perpetrator and victim, and is now defined as: 'Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim' (FBI, 2012). That said, each law enforcement jurisdiction in the US can volunteer to participate in the FBI Uniform Crime Reporting System. The latter is a way of coding crimes, rather than the way each jurisdiction legally

categorises crimes (Washington Coalition of Sexual Assault Programs, 2014). For instance, Brownworth (2010) quotes the New Mexico-based Santa Fe Rape Crisis and Trauma Treatment Center (SFRCC), who consider the term rape to be an implication because ‘... many people define rape as penetration by a penis, woman-to-woman rape is not acknowledged or taken seriously’.

With international differences present between criminal jurisdictions in recognising female-perpetrated and/or woman-to-woman rape, this leaves open a debate regarding use of the term ‘rape’. This, in turn, leaves open consideration for what the psychological and symbolic impact is upon victim/survivors of female-perpetrated and/or woman-to-woman rape. In my research five of the respondents named their experience ‘rape’ (Ali, Cailey, Lauryn, Simone, and Tanya), and each referred specifically to the implications of doing so under the *Sexual Offences Act 2003*. Ali and Tanya discussed the current legal definition in terms of the impact upon their feelings about being raped by a woman and the extent to which they felt able to identify as a victim/survivor. In their own words, my respondents said:

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

*... I didn't [go to the police] at the time because it's just, the way it made me feel, because everybody was laughing and... probably the police would have laughed at you. Because nobody else saw it as a threat... I suppose just knowing that, actually, she wouldn't have been allowed around me, because then I would have felt safer. And that there wasn't going to be a threat there (Kiera).*

*[The police] do have a specialist sexual assault unit... I always thought that if there had been a bit better training then they might have understood it a bit more... I got*

*the impression when I went that they didn't really think, they didn't seem to take it very seriously... they didn't really see it as rape (Lauryn).*

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

These victim/survivors have a different experience to that which the current legislation for England and Wales (*Sexual Offences Act 2003*) recognises; I contend it is not acceptable that a sexually victimised person should feel that the laws applicable in their country of residence do not represent their experience. The implication of this is that woman-to-woman rape and sexual assault victim/survivors genuinely fear they will not be taken seriously by those working in CJS, should they choose to disclose or report. Without reform, the use of the term 'rape' to describe woman-to-woman sexual offending will remain perceptual and subjective. Furthermore, an area that warrants investigation is the psychological impact of this upon victim/survivors who, like those in my research, may be left with a questionable sense of entitlement to feel how they do in response to being raped by another woman, especially when this perpetration is not legally recognised as rape.

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

My findings are evidence of the fact that there are victim/survivors of woman-to-woman rape and sexual assault whose trauma-related needs are currently going mostly unmet. I suggest fundamental changes to the way services promote and conduct their provision are required. This is informed by my respondents' hopes and experiences; in particular, they discussed measures that could be taken, such as: meeting the training and education needs of staff; the establishment of more inclusive, accessible, and non-discriminatory services; service

provision at the point of need (be that crisis or long-term); the promotion of public campaigns that represent the experience of women that have been sexually victimised by another woman/women; a review of current responses to disclosure; and support for victim/survivors' own personal support network. These are now discussed in turn.

### **Meeting the training and education needs of staff**

*... we're training doctors who have never heard of it, don't think it's important, don't think it impacts people, you know. And given the numbers of people who have been abused in general and the fact that you know, lots of various types of so far that we've talked about, it's scary. I think that mental health professionals, you would hope have more training, but your average GP should know more about it and have it built into training because it can affect all sorts of kinds of things (Eleanor).*

Respondents like Eleanor acknowledged that the issue of female sexual offending is lacking from the general training of health care professionals. The implication of this being that, for those who work in services where disclosure could occur, the apparent lack of knowledge (certainly as experienced by my respondents) means staff are not equipped to respond to victim/survivor disclosures. Education, training, and resources must be made available to assist those who are willing, able, and responsible (i.e. particularly in cases where registered professionals have a professional duty) to offer the necessary support and guidance services to victim/survivors of woman-to-woman rape and sexual assault.

In addition, amongst those respondents that disclosed to a crisis service for victim/survivors of rape – one in particular that claims to provide specialist services in England and Wales – each respondent found them to be ill-equipped to respond to their disclosure and associated needs. One respondent - Lauryn – spoke about her experience with this organisation:

*... it was very feminist based – as it should be, historically – but it wound me up because they were very dismissive of anyone who had not had a typical experience...*

This indicates that even in services intended specifically to meet the needs of rape and sexual assault victim/survivors, there is a need to develop service provision in order to go beyond predominantly meeting the needs of women and girl victim/survivors of male-perpetrated sexual offending. Training programmes need to be developed so that staff are prepared to discuss sexual victimisation, regardless of the gender of the victim/survivor and their perpetrator/s.

#### **The establishment of more inclusive, accessible, and non-discriminatory services**

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

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

As illustrated by the above quotes from two of my respondents, victim/survivors of female sexual offending identify (and, indeed, present) differently in terms of their sexual identity, gender identity, and sexuality. For Ali, presenting as male was experienced as a barrier to



his potential to access some services where, he was aware, the focus of delivery was for women. Female users of services have themselves reported the 'importance of gendered (women-only) spaces for support' (Bell et al., 2016: 15). For this reason, in addition to enabling access to responsive services for woman-to-woman rape and sexual assault victim/survivors, these need to be inclusive and non-discriminatory, which includes considering all-gender spaces alongside victim/survivor right to privacy and confidentiality. Respondents, such as Sarah and Ali, felt frontline services should be open to the needs of all rape victim/survivors, regardless of their gender, sexuality, and sexual identity, or that of their offender/s. This is not to recommend people must 'out' themselves by disclosing aspects of their identity, such as their gender or sexuality; rather, services must endeavour to make people feel they are in a non-discriminatory environment. This can be achieved through simple measures, such as the use of gender-neutral language and inclusive signs or symbols used in service environments and any publications, such as information leaflets.

### **Service provision at the point of need (crisis or long-term)**

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

*I think we need to, you know, allow people to feel that they can disclose things so that then they can get the necessary healthcare provision and that ongoing support*

*that they probably do need, and probably will need at some point, you know. And, um, as I say, it certainly for me the impact of being raped, both times, was both initial... as well as being enduring... and I worry that services are not set up for that, you know, for, I think it's almost dealing with the different types of, er, and levels of the impact that it has on people's lives, really (Simone).*

In their experience as victim/survivors of female-perpetrated rape and sexual assault, respondents such as Ali and Simone did not feel support services were available or visible to them at any point of their need. Whilst long term services are in existence in the UK, there are issues with waiting lists being too long. For instance, findings from the London sexual violence needs assessment (Bell et al., 2016: 15) highlighted that: 'Access to health and well-being support, particularly therapeutic support, was characterised by long waiting lists and at times short and limited interventions that did not address trauma'. Evidently, service provision improvements should include enhancing the response to trauma-related needs, which is known to present as acute and/or chronic in the sequelae of being raped or sexually assaulted. Undoubtedly, the difficulty of recovery from traumatic experiences (like being sexually victimised), psychological adjustment, and the effects of trauma upon health and wellbeing is well documented for the heterosexual female population sexually victimised by men (Taylor and Pugh, 2010). Far less is known about woman-to-woman rape and sexual assault victim/survivors. From my research, respondents felt that, in addition to improvements to service provision, they would benefit from services being designed to be delivered at their point of need – be that crisis (acute) or the longer-term.

**The promotion of public campaigns that represent the experience of women that have been sexually victimised by another woman/women**

*How can I be a survivor when what my mother did is not even seen as rape? How can I feel normal when I am bombarded by rape crisis campaigns showing every*

*possible scenario of rape but not one where a woman, man, or child is raped by a woman? These campaigns exclude me and yet the campaigners are ignorant to the damage they cause me as, to them, people like me don't even exist. They tell me to keep quiet. They tell me my experience was abuse not rape. They tell me women don't do that sort of thing. They tell me rape by women is not as bad as rape by men because women cannot and are not charged with rape (Tanya).*

*... so yeah, visibility and bringing that into when people that talk about domestic violence campaigns and, you know, campaigns around rape. Just to be there as a thing rather than this, like, invisible thing that shocks people whenever anybody mentions it (Eleanor).*

Public awareness campaigns are a part of our daily lives, and are perceived as integral to changing attitudes and opinions of the general public. For instance, with regard to ending violence against women and girls, in the past it has been proposed that: 'Awareness-raising can be an important part of developing community support for changes in the informal justice sector; it has been shown to change knowledge and attitudes about violence against women' (Thomas, Young, and Ellingen, 2011: 240). My respondents were acutely mindful of the fact that campaigns about rape and sexual assault do not represent their experience. In her work that focuses on violence and abuse in women's same sex intimate relationships, Barnes (2008) asserts the importance of names for all forms of violence; without which, she states, forms of violence and abuse perpetrated by women will not lie within public existence and will continue to go unrecognised.

Public campaigns and relevant community-based forums (including sexual health service centres, GP practices, and community psychological services) must generate an improved representation of all types of sexual victimisation. Again, this could start to be achieved by and within the aforementioned services through means such as advertising, and also the

display of material relating to woman-to-woman sexual offending in public waiting areas. The hope – clearly – is for far greater public representation of the reality of woman-to-woman sexual offending. Without this, victim/survivors will continue to feel silenced and invisible.

### **A review of current responses to disclosure**

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

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

Hope for changes to sexual assault health and support services, in terms of responses to disclosure, became a prominent recommendation that arose from the respondents in my

research. Notably, respondents share the expectation and/or experience with other sexually victimised people that disclosure will be met by disbelief. It is known that success of psychological therapy is dependent upon multiple factors, such as the type of therapy, the focus of intervention, and the therapeutic alliance established between therapist and client (Ardito and Rabellino, 2011) – none of which can be established or achieved if victim/survivor disclosures are met with negative reactions or disbelief. In my research it was discouraging to learn that some respondents did not experience a quality therapeutic relationship. Largely, this was because of the reaction, or fear of reaction, received from therapists upon disclosing their difficult, sexually traumatic experiences. As the first quote above illustrates, this was experienced by Lauryn, who described therapists being ‘*shocked*’ by her disclosure of woman-to-woman rape. The hope for improved and supportive responses to disclosure is something that secondary or tertiary care professionals (such as psychological therapists, psychologists, and psychiatrists) can and should achieve, especially as many are professionally placed to deliver services to sexually victimised people.

### **Support for victim/survivors’ own personal support network**

The type of support some of my respondents cited they had experienced centred around being listened to, and being able to talk to someone else about parts of their experiences, even when the other person did not always entirely understand about the woman-to-woman perpetration. Isla felt her current partner has been supportive but does not fully understand some of her traumatic reactions. To illustrate, Isla frequently expressed her frustration about the impact of her PTSD symptoms upon their intimate relationship:

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

It is unacceptable to disregard the importance of readily available support, regardless of whether or not victim/survivors report to police. Support services must serve the needs of the victim/survivor and their own support network (i.e. partner, family, friends); without this, and in the event of disclosure, each person involved will continue to suffer the potentially isolating consequences of the victim/survivor's disclosure, including rejection by others for believing in and supporting them.

### **Summarising an epistemology of hope**

Reflecting upon this range of comments really demonstrated to me that being raped or sexually assaulted has had deleterious emotional consequences for each of the victim/survivors. Yet, respectively, they have maintained a sense of hopefulness which, I have often wondered, might have, in part, contributed to their motivation to be involved in my doctoral research, giving them the resources, resilience, and desire to share their emotionally exhausting and traumatic experiences.

As woman-to-woman rape and sexual assault victim/survivors, I believe I speak with my respondents when I say that we would wish, anticipate, and expect to be regarded as the owners and creators of knowledge regarding how best to respond to our needs and, fundamentally, to the very reality of woman-to-woman rape and sexual assault. Our epistemology is based upon what we would hope to have happen under the broad, but crucial, remit of positive change.

I am acutely aware that the research – my research – this paper is based upon is the first of its kind. With that comes the responsibility to accurately re-present each respondent's story – or aspects of their story - and to do so without reinforcing mis/uninformed societal rape-related stigma, myths, and beliefs – all of which have the power to silence victim/survivors. Evidently, more research is needed; more stories need to be heard so that we can learn how to develop and improve the response to, and support for, woman-to-woman rape and sexual

assault victim/survivors. I hope you have learnt something, or taken something, from reading this paper. It is, after all, based upon and informed by victim/survivors themselves – people that – like myself - I value as the owners and creators of knowledge regarding woman-to-woman rape and sexual assault. Here, I feel it is fitting to end with a message to you, the reader:

Thank you for reading this paper. My hope and my aim was that through conducting the doctoral research project that led to sharing the content of this paper, I could contribute to promoting awareness of woman-to-woman sexual offending. Above all, I hope my work stimulates others to consider the way in which they have already and/or the way they may respond to disclosure by victim/survivors of sexual offending. As a victim/survivor and as researcher of this work, I hope people's response to disclosure is supportive, responsive, and, of course, considerate of the fact that anyone can be a perpetrator, just as anyone can be a victim/survivor.

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## **References**

Ardito, R.B. and Rabellino, D. (2011) 'Therapeutic alliance and outcome of psychotherapy: historical excursus, measurements, and prospects for research'. *Frontiers in Psychology*, 2(270), 1-11.

Atkinson, M. (2013) *Resurrection After Rape: A Guide to Transforming from Victim to Survivor*. Available at:

<http://www.resurrectionafterrape.org/uploads/1/4/4/2/14422560/rarfree.pdf> (Accessed: 04/06/2015).

Bachman, R. and Schutt, RK. (2014) *The Practice of Research in Criminology and Criminal Justice*. 5th edn. London: SAGE Publications, Inc.

Barnes, R. (2008) 'I still sort of flounder around in a sea of non-language': the constraints of language and labels in women's accounts of woman-to-woman partner abuse' in K. Throsby and F. Alexander (eds) *Gender and Interpersonal Violence*, Basingstoke: Palgrave Macmillan, pp: 29-43.

Becker, G. (1997) *Disrupted lives: How people create meaning in a chaotic world*. Berkeley, CA: University of California.

Bell, M., Easdon, I., Ng, P. and Roy, S. (2016) (eds.) *Sexual Violence: The London Sexual Violence Needs Assessment 2016 for MOPAC & NHS England (London)*. London: MBARC.  
Retrieved from:  
[https://www.london.gov.uk/sites/default/files/sexual\\_violence\\_needs\\_assessment\\_report\\_2016.pdf](https://www.london.gov.uk/sites/default/files/sexual_violence_needs_assessment_report_2016.pdf)

Blanche, E. and Henny-Kohler, E. (2000) 'Philosophy, science and ideology: A proposed relationship for occupational science and occupational therapy'. *Occupational Therapy International*, 7(2), 99-110.

Bonnar-Kidd, K.K. (2010) 'Sexual Offender Laws and Prevention of Sexual Violence or Recidivism'. *American Journal of Public Health*, 100(3), 412-419.  
doi:10.2105/AJPH.2008.153254



Borell, L., Lilja, M., Svidén, G.A., Sadlo, G. (2001) 'Occupations and signs of reduced hope: an explorative study of older adults with functional impairments'. *American Journal of Occupational Therapy*, 55(3), 311-6.

Boyd, C. (2011) *The impacts of sexual assault on women*. Melbourne, VIC: Australian Institute of Family Studies. Retrieved from:  
<http://www.aifs.gov.au/acssa/pubs/sheets/rs2/rs2.pdf>

Brownworth, V.A. (2010) *Lesbian-on-Lesbian Rape*. Retrieved from:  
<http://www.curvemag.com/Curve-Magazine/Web-Articles-2010/Lesbian-on-Lesbian-Rape/>

Bury, M. (1982) 'Chronic illness as biographical disruption'. *Sociology of Health and Illness*, 4, 167-182.

Cambridge University Press (2016) *Cambridge Dictionary: Hope*. Retrieved from:  
<http://dictionary.cambridge.org/dictionary/english/hope>

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

Campbell, R. and Wasco, S.M. (2005) 'Understanding Rape and Sexual Assault: 20 Years of Progress and Future Directions', *Journal of Interpersonal Violence*, 20(1), 127-131.

Campbell, R. (2002) *Emotionally Involved: The impact of researching rape*. London: Routledge.

Center for Substance Abuse Treatment (US) (2014) *Trauma-Informed Care in Behavioral Health Services*. Rockville (MD): Substance Abuse and Mental Health Services

*Administration (US): (Treatment Improvement Protocol (TIP) Series, No. 57.): Chapter 3, Understanding the Impact of Trauma.* Retrieved from:  
<http://www.ncbi.nlm.nih.gov/books/NBK207191/>

Centers for Disease Control and Prevention (2017) *Violence Prevention: Sexual Violence: Consequences.* Retrieved from:  
<https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

Davies, M. (2002) 'Male sexual assault victims: a selective review of the literature and implications for support services', *Aggression and Violent Behavior*, 7(3), 203–214.

DeLany, J. V. (2007) 'Why use the Practice Framework rather than Uniform Terminology III?' [Electronic Version]. *OT Practice* , 12(3), 8.

Dickson-Swift, V., James, E. L., Kippen, S., and Liamputtong, P. (2009) 'Researching sensitive topics: qualitative research as emotion work', *Qualitative Research*, 9(1), 61-79.

Erlandsson, L-K. (2013) 'Fresh perspectives on occupation: Creating health in everyday patterns of doing', *New Zealand Journal of Occupational Therapy*, 60(1), 16–23.

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

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

Great Britain (2014) *Policy paper: Safeguarding children and young people*. [Online]  
Available at: <https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people#endnote> (Accessed: 17/09/2015).

Great Britain. *Sexual Offences Act 2003: Elizabeth II. Chapter 42* (2003) London: The Stationary Office.

Great Britain. *Protection of Children Act 1999: Elizabeth II. Chapter 14*. (1999) London: The Stationery Office.

Hazelwood, R.R. and Burgess, A.W. (2008) *Practical Aspects of Rape Investigation: A Multidisciplinary Approach*. (4<sup>th</sup> ed.). Boca Raton, FL: CRC Press (Taylor and Francis Group)

Hocking, C. and Wright-St Clair, V. (2011) 'Occupational science: adding value to occupational therapy'. *New Zealand Journal of Occupational Therapy*, 58(1), 29-35.

Hoffmann, H., Kupper, Z., & Kunz, B. (2000) 'Hopelessness and its impact on rehabilitation outcome in schizophrenia: An exploratory study'. *Schizophrenia Research*, 43(2-3), 147-158.

Howatson-Jones, IL. (2011) 'Using an auto/biographical approach to investigate nurses' learning', *Nurse Researcher*, 19(1), 38-42.

Ikiugu, M.N. (2005) 'Meaningfulness of occupations as an occupation-life trajectory attractor', *Journal of Occupational Science*, 12(2), 102-109.

Ketokivi, Kaisa (2008) 'Biographical Disruption, the Wounded Self and the Reconfiguration of Significant Others'. In E.D. Widmer and R. Jallinoja (eds.) *Beyond the Nuclear Family:*

*Families in a Configurational Perspective*. Population, Family and Society, Vol. 9. Oxford: Peter Lang, pp. 255-278

Klein, R.T. (2014) *Rape and sexual assault: Healing and recovery*. New York, NY: The Rosen Publishing Group, Inc.

Law, M., Polatajko, H., Baptiste, S., & Townsend, H. (1997) 'Core concepts of occupational therapy'. In: E. Townsend (ed.), *Enabling Occupation: An Occupational Therapy Perspective*. Ottawa: Canadian Association of Occupational Therapists, pp. 29-56.

Lee-Treweek, G. and Linkogle, S. (2000) 'Putting danger in the frame', in Lee-Treweek, G. and Linkogle, S. (eds.) *Danger in the field: Risk and ethics in social research*. London: Routledge, pp. 8-25.

Letherby, G. (2000) 'Dangrous Liasons: Auto/biography in Research and Research Writing'. In: G. Lee-Treweek and S. Linkogle (eds.), *Danger in the Field: Risk and Ethics in Social Research*. London: Routledge, pp. 91-113.

Lu, S. (2014) 'Turning lives around with hope'. *American Psychological Association Monitor on Psychology*, 45(10), 26-29.

Malterud, K. (2001) 'Qualitative research: Standards, challenges and guidelines'. *The Lancet*, 358(9280), 483-488.

Molineux, M. (2004) 'Occupation in Occupational Therapy: A Labour in Vain'. In: M. Molineux (ed.), *Occupation for Occupational Therapists*. (pp. 1-14). Oxford: Blackwell Publishing.

Morrison, Z., Quadara, A., and Boyd, C. (2007) *"Ripple effects" of sexual assault (ACSSA Issues No. 7)*. Melbourne: AIFS. Retrieved from:  
<http://www.aifs.gov.au/acssa/pubs/issue/i7.html>

Murray, J. (2013) *Survey Design: Using Internet-Based Surveys for Hard-to-Reach Populations*. Retrieved from: <http://srmo.sagepub.com/view/methods-case-studies-2013/n42.xml?rskey=9pEDxY&row=9>

Parks, K.A., Pardi, A.M., and Bradizza, C.M. (2006) 'Collecting data on alcohol use and alcohol-related victimization: A comparison of telephone and web-based survey methods', *Journal of Studies on Alcohol*, 67(2), 318-323.

Parson, E.R., Brett, D.M. and Brett, A.S. (no date) *Childhood and adult sexual victimization: Living in the Aftermath of Transgression and Quest for Restoration of the Self*. Retrieved from: <http://www.giftfromwithin.org/html/chldhood.html#55>

Pierce, D. (2014) 'Occupational Science: A powerful disciplinary knowledge base for occupational therapy'. In: D., Pierce (ed.) *Occupational Science for Occupational Therapy*. Throfoare, NJ: Slack Incorporated, pp: 1-10.

Roth, W.M. (2005) 'Auto/Biography and Auto/Ethnography: Finding the Generalized Other in the Self'. In W.M. Roth (ed.) (2005) *Auto/Biography and Auto/Ethnography: Praxis of Research Method*. Rotterdam: Sense Publishers, pp. 3-21.

Roth, M., and Hammelstein, P. (2007) 'Hope as an emotion of expectancy: first assessment results', *GMS Psycho-Social Medicine*, 4, 1-9. Retrieved from: PMID: PMC2736531

Rumney, P. (2010) 'Gay Victims of Male Rape: Law Enforcement, Social Attitudes and Barriers to Recognition'. In P.C.W. Chan (ed.) *Protection of Sexual Minorities since Stonewall: Progress and Stalemate in Developed and Developing Countries*. (pp. 101-118). London: Routledge

Sandelowski M. (1994) 'We are the stories we tell. Narrative knowing in nursing practice'. *Journal of Holistic Nursing*, 12, 23–33.

Scarce, M. (1997) *Male on Male Rape: The Hidden Toll of Stigma and Shame*. Cambridge, MA: Persus Publishing.

*Sexual Offences Act 2003*, C.7. Available at:  
<http://www.legislation.gov.uk/ukpga/2003/42/contents> (Accessed: 07/07/2017).

Sikes, P. (2007) *Auto/biographical and narrative approaches*. London: TLRP. Retrieved from: <http://www.tlrp.org/capacity/rm/wt/sikes/>

Snyder, C. R. (2002) 'Hope theory: Rainbows in the mind'. *Psychological Inquiry*, 13(4), 249-275

Snyder, C.R. (1994) *The psychology of hope: you can get there from here*. London: The Free Press

Stanley, L. (2012) 'On Auto/Biography in Sociology'. In: J. Goodwin (ed.) *SAGE Biographical Research*. (pp. -111). London: SAGE Publications Ltd.

Stouffer, S.S. (2007) *Occupation in the lives of adults with schizophrenia: Creations of hope*. Retrieved from: <http://digitallibrary.usc.edu/cdm/ref/collection/p15799coll127/id/525442>

Sundkvist, Y. and Zingmark, K. (2003) 'Leading from intermediary positions: first-line administrators' experiences of their occupational role and situation'. *Scandinavian Journal of Occupational Therapy*, 10, 40-6.

Taylor, S.C. (2004) *Court licensed abuse: Patriarchal lore and legal response to interfamilial sexual abuse of children*. Oxford: Peter Lang.

Taylor, S.C. and Pugh, J. (2010) *Happy, Healthy Women, not just survivors. Briefing Paper*. Joondalup, WA: Social Justice Research Centre, Edith Cowan University.

Thomas, C., Young, L. and Ellingen, M. (2011) *Working with the Justice Sector to End Violence against Women and Girls*. New York: UN Women. Retrieved from: <http://www.endvawnow.org/uploads/modules/pdf/1325624043.pdf>

Twinley, R. (2016a) 'The perceived impacts of woman-to-woman rape and sexual assault, and the subsequent experience of disclosure, reaction, and support on victim/survivors' subjective experience of occupation', PhD thesis, Plymouth University, viewed 13 August 2017, <http://hdl.handle.net/10026.1/6551>

Twinley, R. (2016b) 'Learning about the lives of woman-to-woman rape and sexual assault victims/survivors through auto/biographical research'. In A. Sparkes (ed.) *Auto/Biography Yearbook 2015: the annual journal of the BSA study group on Auto/Biography*. Durham: BSA Auto/Biography Study Group, pp: 57-73.

Twinley, R. (2016c) [radio] *Woman's Hour: Women On Women Sexual Assault: Woman on woman sexual assault is not common and remains rarely discussed. Why?* BBC Radio 4. 28<sup>th</sup> July 2016. 10:00. Available at: <http://www.bbc.co.uk/programmes/b07lft2#playt=0h08m15s>

Twinley, R. (2016d) 'I'm a woman. I was raped by a woman. And I know what you're thinking', *BBC Three*, 28 November 2016, accessed 26 January 2018, [http://www.bbc.co.uk/bbcthree/article/95769958-f129-416c-9610-c8f96504ce77?ns\\_campaign=bbc-three&ns\\_mchannel=social&ns\\_source=bbc-link-shortener&ns\\_linkname=95769958-f129-416c-9610-c8f96504ce77?ns\\_campaign=bbc-three&ns\\_mchannel=social&ns\\_source=bbc-link-shortener&ns\\_linkname=95769958-f129-416c-9610-c8f96504ce77](http://www.bbc.co.uk/bbcthree/article/95769958-f129-416c-9610-c8f96504ce77?ns_campaign=bbc-three&ns_mchannel=social&ns_source=bbc-link-shortener&ns_linkname=95769958-f129-416c-9610-c8f96504ce77?ns_campaign=bbc-three&ns_mchannel=social&ns_source=bbc-link-shortener&ns_linkname=95769958-f129-416c-9610-c8f96504ce77)

Twinley, R. (2013) 'The dark side of occupation: A concept for consideration'. *Australian Occupational Therapy Journal*, 60(4), 301-303.

Twinley, R. and Addidle, G. (2012) 'Considering violence: The dark side of occupation'. *British Journal of Occupational Therapy*, 75(4), 202–204.

Van Selm, M. and Jankowski, N. W. (2006) 'Conducting online surveys'. *Quality & Quantity*, 40(3), 435-456.

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

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

Whalley Hammell, K (2009) 'Self-care, productivity, and leisure, or dimensions of occupational experience? Rethinking occupational "categories"'. *Canadian Journal of Occupational Therapy*, 76(2), 107-114.



Whalley Hammell, K. (2004) 'Dimensions of meaning in the occupations of daily life'.  
*Canadian Journal of Occupational Therapy*. 71(5), 296-305.

Wilcock, A. A., & Townsend, E. A. (2009) 'Occupational justice'. In E. B. Crepeau, E. S. Cohn, & B. B. Schell (eds.) *Willard and Spackman's Occupational Therapy*. (11th ed.) Philadelphia: Lippincott Williams & Wilkins, pp. 192-199.

Wilson, P.J. (2006) 'Trauma, optimal experiences, and integrative psychological states'. In P.J. Wilson (ed.) *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*. London: Routledge, pp. 211-254.

Worgan, T. (2013) 'Hope theory in coaching: How clients respond to interventions based on Snyder's theory of hope', *International Journal of Evidence Based Coaching and Mentoring: Special Issue*, 7, 100-114

World Federation of Occupational Therapists (2012) *Statement on Occupational Therapy*.

Retrieved from:

<http://www.wfot.org/Portals/0/PDF/STATEMENT%20ON%20OCCUPATIONAL%20THERAPY%20300811.pdf>

World Health Organization (WHO) (2015) *Violence and Injury Prevention: Sexual violence: strengthening the health sector response*. Retrieved from:

[http://www.who.int/violence\\_injury\\_prevention/violence/activities/sexual\\_violence/en/](http://www.who.int/violence_injury_prevention/violence/activities/sexual_violence/en/)