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Drug Assisted Sexualised Assault in the UK: A Feminist, Discursive - Narrative Exploration of the Experiences of Women and Professionals

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**Drug Assisted Sexualised Assault in the UK: A Feminist,  
Discursive - Narrative Exploration of the Experiences of  
Women and Professionals**

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A thesis submitted to the University of Huddersfield in partial fulfilment of  
the requirements for the degree of Doctor of Philosophy

The University of Huddersfield in collaboration with the STAR Project,  
West Yorkshire

April 2009

# Abstract

This research was concerned with drug assisted sexualised assault (hereafter referred to as DASA<sup>1</sup>) in the UK. Sexual assault has been highlighted by the Home Office as a top priority and a recent consultation document (Home Office, 2000) recognises that different forms of rape have come to the attention of the public over the last ten years, for example, date rape, drug rape and male rape. However studies relating to DASA in the UK are extremely limited and therefore relatively little is known empirically or conceptually about the phenomenon. The research had a number of aims: 1) To explore the discourses within the accounts of professionals when discussing their experiences of providing services to survivors of DASA. 2) To explore how survivors perceive their experiences of being subjected to DASA. 3) To explore how discourses around rape and DASA relate to survivors' accounts of their experiences after the assault. 4) To contribute towards the development of a conceptual understanding of DASA in terms of experience and 'recovery'. A total of ten interviews were carried out with individual women about their understandings and experiences of DASA. The sample included survivors, policewomen, counsellors and managers of sexual assault services. A discursive analysis based on a 'macro approach' (Foucault, 1972) was carried out on the interviews with professionals. The analysis highlighted the ways in which the 'tellability' (Livesey, 2002) of DASA may be undermined by a number of current dominant discourses reflected in the accounts of professionals. Analysis of the interviews with survivors took a narrative approach in that the interviews were analysed for the ways in which women storied themselves within their accounts (Taylor, Gilligan and Sullivan, 1996). There were a number of ways in which the

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<sup>1</sup> The author was reluctant to abbreviate drug assisted sexualised assault to DASA - to do so may contribute to the 'hidden' nature of this form of violence against women. However the decision was made to use the DASA abbreviation in order to improve the readability of the text.

survivors interviewed seemed to be constrained by dominant cultural resources relating to sexualised violence. These survivors were not, however, constituted by these dominant resources but rather sought to resist them in a number of ways. This provides a challenge to discourses around sexualised violence as having a permanently devastating impact on women's lives, suggesting that women can and do move on to regain control over their lives after having been subjected by men to DASA.

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# **Chapter 1: Sexualised Violence and Contemporary UK Society**

## **Introduction**

The aim of this chapter is to outline the social context in which women are subjected to sexualised violence. The central argument of this chapter is that sexualised violence arises from men's attempts to maintain power and control over women, and that existing social conditions work towards the legitimisation of sexualised violence. Furthermore, it is argued that the legitimisation of violence against women is achieved through the perpetuation of particular beliefs about women, sexuality and sexualised violence. Bavelas and Coates (2001) argue that the term 'sexualised' reflects the reality of violent assaults that are disguised as mere sex. The use of the term 'sexualised' is not to deny however the sexual nature of the act – it is acknowledged that rape is both a sexual act *and* a violent one (Jordan, 2004). The chapter provides a critical review of the literature regarding the nature, extent and consequences of sexualised violence for women. This is followed by discussion of some of the ways in which beliefs about women and sexuality are reflected in current UK legislation on sexualised violence. Beliefs about women, sexuality and sexualised violence will be shown to play an important role in the experiences of women in the aftermath of being subjected to a sexualised assault.

## **Feminist Perspectives on Sexual Violence**

Kelly (1988) argues that most women have experienced sexual violence and that the different forms of violence are connected along a continuum. This continuum ranges from pornographic images, sexist jokes, sexual harassment and coercive sex through to the 'non everyday' such as rape, incest, battery and murder. It is argued therefore, that sexual violence can take a number of different forms (Kelly, 1988). Kelly (1988) also argues

that limited definitions of sexual violence enable men to benefit from the conclusion that it is carried out by a deviant minority. Feminists have argued that the perspectives of men have biased definitions of sexual violence. MacKinnon (1995) for example, argues that to define rape in terms of penetration is based on a male view of what it means to be violated. She states that being subjected to a rape means more to a woman than simply having been sexually penetrated, it can also affect women's sexuality as a whole. The experiences of women who have been raped may include feelings of fear, anger, shame, guilt, physical repulsion, depression, powerlessness and being reminded of previous experiences (London Rape Crisis, 1999).

The notion that to be raped means more than being penetrated is further supported by the work of Chasteen (2001). Chasteen's (2001) analysis of women's analogies of what rape was like led to four themes being interpreted; personal destruction, theft, social status and betrayal. Personal destruction referred to aspects of the physical and emotional self being permanently damaged or destroyed; theft descriptions of rape referred to robbery or burglary of something material in nature; social status descriptions referred to an ascribed status that affects the way in which others perceive and act towards you; betrayal descriptions focused on thoughts about rape as coercion through force or deceit, entering into relationships with people only to be betrayed as a result. Women with personal experience of rape were more likely to draw on 'theft' analogies.

The experience of rape can, therefore, be argued to have a number of different meanings for women. The meaning of sexualised violence for women is not, however, reflected within the criminal justice system. Ussher (1997) notes how the law continues to reflect a number of assumptions about women, sexuality and sexualised violence. This includes the notion that the male sex drive cannot be contained and it is therefore up to women to resist. Furthermore, that women who work in the sex industry or who are deemed as promiscuous are perceived as

incapable of being raped. Another example Ussher cites is when consent is assumed to be present if forms of arousal or response were experienced by the survivor during the attack.

Ussher (1997) deconstructed a number of discourses around rape that she argues are contained within current laws on sexual violence. These include: 'the myth of the reasonable woman', 'women enjoy rape', 'man can't resist her', 'attacking man's property', 'the triviality of unwanted sex'. 'The myth of the reasonable woman' discourse is argued by Ussher to portray men and women as viewing the world differently. Men are portrayed as innocent and as struggling to deal with heterosexual romantic relationships. Women are portrayed as seeing acts as rape, which are just seen as mere sex in the eyes of men. In rape cases that go to court the issue that concerns the jury is whether or not consent was given.

Women are judged by standards of how it is thought that any reasonable woman would respond. These include behaviours such as shutting her legs, saying 'no' and then proceeding to fight until what Ussher terms the 'bitter end'. It is not just a matter of what the woman says, but also of what her behaviour is said to imply, so simply 'resisting' is not sufficient. If, for example, a woman enters a man's home then she may be seen as implicitly agreeing to sex. In cases where excess force is not used the man is positioned within the criminal justice system as a seducer rather than a rapist. According to Ussher, coercion is positioned as part of the 'art' of seduction. Ussher goes on to argue that if it is decided by the 'experts' that a reasonable woman's will would not have been overcome because force, as men understand it, was not present, then it would be difficult to prove that it was rape rather than sex. She argues that this relies on the notion of 'simple rape' where the rapist is a lone man and that rape is a violent encounter in which the woman will resist with all her power and as a result will have considerable injuries. Ussher compares this belief to the fact that only 5% of convicted rape cases involve injuries



that require medical attention (Wright & West, 1981 cited in Ussher, 1997). The notion that women will have physical evidence of their resistance is therefore unfounded. Furthermore, Ussher points out that for women in fear of their lives, their actions may not be those of a so-called 'reasonable woman'. The notion that all women feel able to physically fight back when being raped can therefore be questioned.

Ussher (1997) notes further how the expectation that women would fight back is contradicted by police advice to women that they should not fight back. Ussher (1997) refers to the implicit assumption within the 'myth of the reasonable woman' discourse that normal sex is violent; this arises when women have clear signs of injury and it is argued by defence counsels that this is a result of consensual sex, even if rape has resulted in vaginal tears that required stitches. The assumption that violence is a normal part of sex can however be subject to question. Ussher (1997) also argues that a lubricated vagina does not necessarily indicate sexual arousal, nor does responding sexually to an attack mean that the woman is consenting. Both of these assumptions may, however, be used against women in court. There has also long been the ruling that a man cannot be found guilty of rape if he honestly believed that the woman consented, however unreasonable that may be. Ussher relates this to beliefs that women enjoy rape, that they fantasise about being raped and that they say 'no' when they mean 'yes'.

The discourse that 'women enjoy rape' reflects a notion that resistance from women is normal and they enjoy it really once their resistance has been overcome. Ussher notes how the 'women enjoy rape' discourse is particularly common in acquaintance rape and date rape scenarios. The 'man can't resist her' discourse reflects the notion that it is women's fault that they are raped. Women are said to be at fault due to the way they have behaved or the way they are dressed. It is noted by Ussher that if a woman is perceived as making herself attractive or seductive to men then

it is they who are held as responsible for they must be aware of the effects that they have on men.

Ussher (1997) notes also, the representation of rape as 'attacking man's property'. Within this discourse rape is not just an attack on a woman but also an attack on men, as women are seen as the property of men. Ussher (1997) argues this interpretation can be applied to rapes that occur within war where the motive for rape can be to attack other men by violating their women. The 'triviality of unwanted sex' discourse refers to the tendency to trivialise all but the most severe acts of sexual violence. Ussher argues that rape is conflated with sex and that this serves to diminish its importance and its effects. The belief that rape is mere sex results in only the most severe cases being seen as worthy of serious punishment. Ussher also argues that the act of rape may appear innocuous or the survivor may appear unharmed. Ussher (1997:378) notes how in the (1986) 'vicarage rape case', a woman's composure in court was taken as evidence of her recovery from the trauma of being raped. In contrast to these beliefs, Ussher states how evidence demonstrates that rape has very different effects from mere sex and that effects for women may be long and short term (Ussher, 1997 cites Browne & Finkelhor, 1986).

Evidence therefore suggests that rape is not the same as sex and has a number of different meanings for women. Furthermore, sexualised violence may take a number of different forms and affect women in a number of different ways. Much feminist effort has been directed towards widening definitions of sexual violence so that they are much more reflective of the multiple forms it can take, and also of their far-reaching effects on women, both physically and psychologically (Medea and Thompson, 1974; Dobash and Dobash, 1998; Kelly, 1988). Medea and Thompson (1974) argue that the definition of rape should be broadened to recognise the extent of sexual violence and its' effects on women. They have defined rape as *"any form of sexual intimacy forced on one*

person by another” (Medea and Thompson, 1974:1 1). Kelly (1997:351) offers the following definition of sexual violence as one that indicates the extent and range of sexual violence and women’s perceptions:

*Any physical, visual, verbal or sexual act that is experienced by the woman or girl, at the time or later, as a threat, invasion or assault, that has the effect of hurting her or degrading her and/or takes away her ability to control intimate contact.*

Abarbanel (2001: 3) uses the term ‘sexual assault’, which she describes as:

*Generally used to describe a broad range of sexual offences that involves touching or penetration of an intimate part of a person’s body without consent. Sexual assault involves rape, forced sodomy, forced oral copulation and sexual battery (the unwanted touching of an intimate part of another person for the purpose of sexual arousal or gratification).*

Abarbanel’s (2001) definition does cover a broad range of sexual violence experiences and emphasises the non-consent of the person. It is important to emphasise, however, that what is considered an intimate part of a person’s body may vary considerably between different people. Furthermore it must also be emphasised that the purpose of sexual assaults may not be merely sexual arousal or sexual gratification; the act may also be about asserting power and control over women (Brownmiller, 1975). It has been noted that the terms ‘rape’ and ‘sexual assault’ are used interchangeably within the literature (Petrack & Hedge, 2002). The term ‘rape’ will be used within the thesis to describe those acts that are legally defined as rape. The term ‘sexualised violence’ will be used to refer to all forms of sexualised assault, including rape.

## The Extent of Sexualised Violence in the UK

According to Petrack and Hedge (2002) the lack of a *“universal classification system”* of sexual violence has led to difficulty in assessing exact figures of any form of sexual violence (Petrack & Hedge, 2002: 14). There is limited empirical evidence of the prevalence of sexualised violence in the UK (Temkin, 2002). Kelly (2002:7) has noted the *“lack of any national random study of either the incidence or prevalence of rape in the UK”*. However, a review of prevalence studies in both the UK and the US, which includes non-random studies, estimated the number of women who experience rape or attempted rape sometime in their lives to be one in four (Petrack et al, 1997). Petrack and Hedge (2002) also cite evidence from Hall (1985) who distributed a survey to 2,000 women in London and found that 17% of those women reported completed rape, 60% of which were marital rapes. In Kelly’s (1988) research, in which she interviewed 60 women, 30 had been subjected to rape, 56 to sexual harassment and 42 to sexual assault. Petrack & Hedge (2002) state that research from UK genito-urinary settings suggests that up to 35% of women report a lifetime history of sexual assault (Petrack, Skinner & Claydon, 1995; Keane, Young and Boyle, 1996 all cited in Petrack & Hedge, 2002).

Findings from the most recent British Crime Survey (Walby & Allen, 2004) estimated that 74, 000 individuals have been raped on at least one occasion since the age of sixteen. According to the research carried out by Walby and Allen (2004), an estimated 47, 000 women were subjected to rape or attempted rape in the year preceding the survey. Furthermore, 45% of the women surveyed reported having experienced a form of domestic violence, sexual assault or stalking (Walby & Allen, 2004). It can therefore be argued that the lives of many women in contemporary UK society are affected by experiences of sexual violence. The 2001 British Crime Survey (Walby & Allen, 2004) indicated a number of differences between men’s and women’s experiences of sexual violence, which are summarised in table 1:

Table 1 – Differences in men's and women's experiences of sexual violence as reported in 2001 British Crime Survey

Nature of attack	Women (%)	Men (%)
Any sexual assault in lifetime	24	5
Serious sexual assault <sup>1</sup> in lifetime	7	1.5
Sexually assaulted at least once since 16	17	2
Raped at least once since 16	4	0.4
Less serious sexual assault <sup>2</sup> since 16	2	0
Serious sexual assault previous year	0.5	0.2 (includes rape)
Raped previous year	0.3	

1- Serious sexual assault – assault involving penetration of the body without consent, this included:

Rape – penetration of mouth, vagina or anus by the penis without consent

Assault by penetration - penetration of the vagina or anus by other body parts or objects.

2- Less serious sexual assault – flashing, sexual threats or touching that cause fear, alarm or distress

(Compiled from Walby, S & Allen, J. 2004. Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. Home Office Research Study 276)

As table 1 shows, women are more frequently subjected to sexual violence than men. It is noted however, by Walby and Allen (2004) that attacks experienced the previous year may not be reported for a number of reasons. These may include: if the individual is still coming to terms with what happened, if they have not yet discussed it with others and if they feel unable to respond to the multiple choice format of the survey.

The 2001 British Crime Survey estimates that there were 190,000 incidents of serious sexual assault against women in the year before the survey (80,000 of these were rapes or attempted rapes). According to the 2001 British Crime Survey, 54% of rapists were current or former partners of the woman, and 17% were strangers. In addition there were 450,000 incidents of less serious sexual assault, committed against nearly 300,000 women (Walby & Allen, 2004). In comparison, the number of sexual assaults against men was said by the authors to be *“too small to analyse reliably beyond prevalence rates”* (Walby & Allen, 2004:23). These findings led Walby & Allen (2004) to state *“interpersonal violence is more frequently experienced by women than by men, especially forms of sexual assault”* (Walby & Allen, 2004:31).

Although it is acknowledged that men are also subjected to sexualised assaults, the term ‘woman’ is used throughout this thesis to reflect the fact that women are significantly more often controlled and hurt in intimate relationships than men (Kelly & Lovett, 2005; Walby & Allen, 2004; Berk, Berk, Loeske & Rauma, 1983; Schwartz, 1987, cited in Campbell & Dienemann, 2001).

Rape has been identified as the most under reported of all crimes (American Medical Association, 1995 cited in Kelly, 2002). This makes endeavours to establish prevalence extremely problematic. Only one study has focused on the extent of unreported rape (Painter, 1991). Painter found that one in four women in the UK reported rape or attempted rape in their lifetime, and that the majority (91%) told no one at the time. One recent study (Walby & Myhill, 2001) cites the following reasons: the police were not seen as being able to do anything (50%); anticipated attitudes of the police and the courts (41%) and fear of further attacks (33%). What research there is suggests that those cases that are most likely to be reported are those that fit in with the stereotypical rape scenario (Kelly, 2002) such as those carried out at night, outside, by a

stranger. The extent of unreported rape suggests further that the lives of many women are affected by sexualised violence.

## **Current UK Legislation on Sexualised Violence**

Despite the prevalence of a range of different forms of sexualised violence, according to current UK legislation, which applies to England, Wales and Northern Ireland, only certain behaviours are legally defined as rape. In January 1999 the Government announced a review of the law relating to sexual offences. In 2000 The Home Office published 'Setting the Boundaries' which outlined the review and a number of subsequent recommendations for updating sexual offences legislation. On 20<sup>th</sup> November 2003 a new Sexual Offences Bill was given royal assent, becoming the Sexual Offences Act (2003). The Act replaces nearly all previous legislation relating to sexual offences. Thus the Government (2003) described this development as the *"most radical overhaul of rape legislation for 50 years"*. The new legislation came into effect in May 2004. At least two of the three survivors I interviewed were likely to have been investigated with respect to this new legislation. The offences covered by the Act are rape, assault by penetration, sexual assault, and causing a person to engage in sexual activity without consent.

Section 1 of the Sexual Offences Act (2003) defines rape thus:

A person (A) commits rape if –  
he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis;  
B does not consent to the penetration; and  
A does not reasonably believe that B consents.

Whether a belief is reasonable is to be determined having regard to all the circumstances, including any steps A has taken to ascertain whether B consents.

The offence of rape relates only to penile penetration. The maximum penalty for rape is life imprisonment. The offence of sexual assault by penetration refers to those instances where a person intentionally penetrates the vagina or anus of another person. The penetration may be by a finger, bottle or other part of the attacker's body, and is defined as being those instances where the penetration is sexual. The offence of sexual assault by penetration can be committed by a male or female against a male or female. The maximum penalty for sexual assault by penetration is, again, life imprisonment. If a person intentionally touches someone and the touching is sexual, then that is defined as sexual assault. The maximum sentence for sexual assault is ten years.

If a person causes another to engage in sexual activity without consent then they are subject to a maximum sentence of life if penetration was involved, or ten years if the activity was non penetrative. In each of these instances an offence is said to occur if the person does not consent or the complainant does not reasonably believe that the person consented. Section 74 gives the following definition of consent 'a person consents if he agrees by choice, and has the freedom and capacity to make that choice'. Section 75 states that the complainant should be presumed not to have consented unless there is sufficient evidence to the contrary. Furthermore, any defence of reasonable belief in consent must also be backed up by sufficient evidence. Section 75 also provides a list of circumstances under which non-consent should be said to occur unless evidence is presented to the contrary:

- a person uses violence towards a complainant just prior to committing the offence, immediately before the offence is committed or threatens to use violence towards the complainant;



- a person is unlawfully detained at the time of the offence;
- a person is asleep or otherwise unconscious at the time of the offence;
- a complainant has a physical disability that prevents them from communicating their non-consent;
- a defendant administers or causes to be taken by a complainant a substance (without their consent) that overpowers or stupefies the complainant.

If it can be proven that any of these circumstances applied then a man will not be able to argue that the woman consented or that he honestly believed that she consented. Prior to the Sexual Offences (2003) Act, rape law as defined in section 1 of the 1956 Sexual Offences Act, did not require a man to prove that his belief of consent was reasonable, thus the Sexual Offence (2003) Act aims to be an improvement on previous legislation.

## **Feminist Critiques of Sexualised Violence Legislation**

Westmarland (2004) puts forward her view that the rape law reforms do represent a significant step forwards in a number of ways: the notion of rape as a gendered offence has been retained; belief in rape must be 'reasonable' as well as 'honest'; what it means to consent to rape has been completely revised. However, Westmarland also believes that it remains to be seen how the new definition of 'reasonable' will be interpreted in case law. Indeed, Drew (2004) asks:

*How can one define 'reasonable' when the very definition is gendered? What is reasonable from a male perspective is not reasonable from the female perspective. The Law still perceives and applies reasonableness and rationality from the male perspective only.*

(Drew, 2004:2)

Furthermore, Westmarland (2004) argues that the reforms have not dealt with the issue of interpreting passivity or a lack of resistance as meaning that consent was given. In addition, Westmarland (2004) makes the point that it is not just how rape is defined in law that accounts for the high levels of attrition in cases of rape. In addition to these issues, Cook (2002) questions the allowance in courts of sexual history evidence. She claims that this may limit the effectiveness of requiring belief of consent to be reasonable as well as honest.

Jordan (2004) highlights another area within current law where male bias has been apparent, that of the 'fresh complaint' rule where more weight is given evidentially to those complaints where women report at the first opportunity than those cases where the woman delays in reporting. This is based on the assumption that a 'reasonable' woman would report immediately (Temkin, 2002 cited in Jordan, 2004). This belief is still argued to persist even in the present day, at an informal level (Lees, 1996 cited in Jordan, 2004).

## **Rape as an Expression of Power**

The continued bias within the criminal justice system against women who have been raped is one of a number of factors that have led feminists to conceptualise rape as an expression of power over women. Kelly (1988) argues that men's violence occurs in the context of men's power and women's resistance. Millett (1972) used the term 'patriarchal' to characterise social and political systems in which men control and have power over women. Millett (1972) argues that men have subordinated women in many different social and historical contexts despite legal reforms that supposedly give women equal rights. Furthermore, Millett maintains that men's power is reproduced and maintained at a number of

different levels, including at the level of the family, state, ideology and culture (Millett, 1972).

Kelly (1988) argues that although women do have power and control, the amount that they have varies across different social, historical and cultural contexts. Kelly (1988:26) provides the following characterisation of power from a feminist perspective: *"Power in feminist analysis is not a property but a relation that structures interactions between men and women in all areas of social life"*. Furthermore, Kelly (1988) adds: *"Whilst certain groups of men have far more power than others by virtue of class and/or race characteristics, they always have more power than their female counterparts"* (Kelly, 1988:26).

Although it may be more complex than this, power is clearly central to the experiences of women in everyday life. In addition, Jackson (1995) argues that rape may not only be used as a weapon against women but also against the social group to which they belong. Thus, Jackson argues, women are victimised not only because they are female but also because of their race, class or nationality. A number of black feminists and feminists of colour assert, however, that although sexuality is important in gender relations, to many women, other forms of inequality may be more significant (Joseph & Lewis, 1981 cited in Ramazanoğlu & Holland, 2002; Kelly, 1997). Radford & Stanko (1996) cite the work of Mama (1989) on how both racism and sexism form black women's experiences of domestic violence. Kelly thus notes how within women's experiences of sexual violence *"multiple levels of oppression may fuse into a complex totality which makes their separation problematic in both theory and individual experience"* (Kelly, 1997: 346).

Segal (1990) has argued that a number of 'rape free' societies exist. However, Radford & Stanko (1996) and MacKinnon (1997) argue that, while its nature and form may vary in different historical and cultural contexts, male sexual violence is a feature of all societies. It can thus be

argued that women living in a number of different contexts experience sexualised violence.

## **Women's Fear of Sexualised Violence**

In addition to the argument that, whatever the context, the majority of women experience sexual violence in one form or another, fear of sexual violence is said to affect the everyday lives of all women (Griffin, 1971). According to Griffin (1971) the threat of rape functions as a form of social control over women. Brownmiller (1975) argues that rape is part of a strategy used by men to maintain and reproduce their domination over women. Furthermore she argues that rapists keep women in a constant state of fear. Stanko (1987) has demonstrated the impact that fear of sexual violence has on the everyday lives of women. Stanko (1990) argues that the very word 'safety' itself means different things to men than it does to women. She notes how, for women, the word 'safety' refers to both physical and sexual safety. Stanko (1987) discusses how many women employ a range of strategies in their everyday lives to ensure their own personal safety, that is not to imply, however, that all women live in a constant state of fear. Stanko (1990) further notes how it is women themselves who are held mostly responsible for their own sexual safety. This is said to be reinforced through the police literature on crime prevention that focuses on women's behaviour but not on men's (Stanko, 1996).

Radford and Stanko (1996) note how women's fear of crime has been characterised as being irrational. However, they go on to cite the suggestion by Stanko (1987) that women's fear of crime should be conceptualised as reflecting the reality of women's experiences of male violence. Temkin (2002) believes that anxiety about rape continues to grow, and furthermore sees such anxiety as justified. Some feminists have been critical of the emphasis on the dangers of women's

experiences of their sexuality. Vance (1997: 327) argues that *“to speak only of sexual violence and oppression ignores women’s experiences with sexual agency and choice and unwittingly increases the sexual terror and despair in which women live”*.

Segal (1997) has argued for the need for women to rediscover their sexuality and define it in their own terms. Others have argued, however, that pleasure becomes a problematic concept when *“for many men pleasure coincides with endangering women and where male ideology encourages women to see fear, pain and power as potentially pleasurable”* (Kelly, 1997:348). Thus Kelly maintains that to treat such concepts as unproblematic risks the focus returning to individuals and a lack of consideration given to the broader social context in which sexuality is experienced (Kelly, 1997). Thus it can be argued that to focus attention on women’s experiences of oppression is not to deny women’s agency, but rather to acknowledge the role of social context.

## **Social Constructions of Sexuality**

Indeed, it is to the social context of sexualised violence to which I now turn. It has been argued that one way in which men maintain and reproduce their power over women is through the perpetuation of certain beliefs about men, women, and about the nature of sexuality (Gavey, 2005, 1996; MacKinnon, 1997). It is argued that the meaning of sexuality, how it may be experienced and expressed are currently based on male definitions and constructed in the best interests of men. (MacKinnon, 1997; Hartsock, 1983). Current western constructions of masculinity are said to be based on themes of virility, conquest, power and domination (Hartsock, 1983).

Feminists such as Smart (1989) and MacKinnon (1997) argue that the implicitly accepted model of sexuality is based on Freudian and

essentialist notions of sexuality as an innate, natural drive. They argue that this model divides males and females and centres on heterosexual intercourse, and introduction of the penis. This is said to result in a belief that rape must be pleasurable for women because it involves penetration (Smart, 1989). The view that sex is 'natural', however, can be subject to question. Nicholson (1994) tells of how, at the turn of the century, research claimed to identify a female sexual desire that had previously been denied. She notes how Freudian psychological theory characterised women as essentially passive and responsive (as a consequence of their biology), and thus in need of sexual awakening by men. However the discourse surrounding it positioned men as the active pursuers and women as being responsible for guarding their own virtue, while at the same time welcoming and enjoying the advances of men. Rich (1997) argues that men ensure sexual access to women through the enforcement of heterosexuality as compulsory. She argues that the portrayal of heterosexuality as 'normal' sexual practice defines women as sexual objects and as available.

Nicholson (1994) notes how sexological science has portrayed men as aggressive and active and women as devious and resistant. Women are characterised as dishonest and as seeking to use men for their own ends. Nicholson notes how this may serve as justification for rape; if women are not what they claim to be or seem to be, then how can their 'no' be believed? Lovenduski and Randell (1993) describe how the trial in a rape centres on the women saying 'no', yet this 'no' is undermined by constructions of penetration and intercourse as pleasurable. A woman's 'no' is said to have a number of meanings:

*Women who say no do not always mean no. It is not just a question of saying no, it is a question of how she says it, how she shows and makes it clear. If she doesn't want it she only has to keep her legs shut and there would be marks of force being used.*

*(Judge David Wild, December, 1982 cited in Lovenduski and Randell 1993: 327)*

Smart (1989) notes how this infantilises and humiliates women, they are said to not mean what they say. Hollway (1984) outlines two further discourses of sexuality that have important implications for women who are subjected to sexual violence: the male sexual drive discourse, and the permissive discourse. The male sexual drive discourse constructs male sexuality as arising from a biological drive that functions to reproduce the human species. Thus men are said to have a need for sex, a need which must be satisfied. Hollway argues that this discourse is legitimated within the discourse of various experts, including psychologists. This discourse portrays women as inducing a sexual response from males as a result of their behaviour or dress. Thus women are said to potentially have power over and therefore be a potential danger to men. Once a man's 'natural' sexual urges are aroused he is portrayed as having no control over his behaviour.

The permissive discourse constructs sexuality as natural, and as something that should not be repressed. Unlike the male sex drive discourse, however, it refers to women as well as men. MacKinnon (1997) argues that the emphasis on sexual freedom and the removal of barriers to what is sexually allowable has resulted in the creation of an atmosphere of resistance to and thus danger around violating the powerless. She argues that taboo and crime have eroticised certain behaviours. Thus sexuality is experienced within a context of allowed or not allowed.

## **Heterosexual Practice and Sexual Coercion**

It is the ways in which sexuality has been constructed that has led to the blurring of the boundaries between consent and non-consent within everyday heterosexual relations. Research suggests that coercion is commonplace within normative heterosexual sex (Gavey, 1993). In her analysis of women's accounts of coercive and unwanted sex she found

that it was not always clear when consent ended and coercion began. Gavey (1996) outlines a number of discourses which she argues support sexual coercion: 1) A discourse which sees penetration as the natural culmination of sexual encounters. 2) An absence of a discourse about women's rights and ability to set limits – apparent in the belief that exists that once you have taken things so far, it is not fair to ask a man to stop his natural urges. 3) The notion of consent is, in effect meaningless. Gavey (1996) quotes MacKinnon's (1987b: 95) point that *"if 'no' can be taken as 'yes' how free can 'yes' be?"* 4) Men have power over women, because some women fear that they may be labelled as 'frigid' if they refuse to participate. 5) The discourse which positions women as nurturers, which Gavey sees as possibly leading women to have sex, for the man's sake, even if they do not wish to themselves (Gavey, 1996: 54). Gavey (1996) argues that these discourses result in many women being reluctant to label their experiences as sexual violence.

Indeed, Chasteen (2001) in her research on the sense that women make of rape found that there was considerable variation around views on what rape is and the meanings associated with it. Chasteen presented women with a number of different scenarios, about which she asked them to make interpretations. Most women defined rape in terms of the women's feelings saying that it was rape if the women felt it was. Some women saw rape as being any unwanted sexual contact, whereas some thought that the woman must fight back in an aggressive way for it to be rape. For some women rape was not seen as possible between two people in a relationship. Women who did not define a given scenario as rape gave the woman's silence throughout as their main reason. Many women were unsure as to whether the situation in the given scenario could be seen as rape or not. Self-report measures of the women's own history of rape and sexual assault did not show this to be a predictive factor. Black women were more likely than white women to see scenarios as rape, and to use images of personal destruction in their analogies of what rape was like.



Chasteen (2001) links this to greater demands being made on black women from the black community to resist attack.

## **Myths About Rape**

It has been argued that it is these stereotypical assumptions about masculinity and femininity and the nature of normative sexuality, which has led to particular beliefs about rape becoming widely embedded in our culture (Brownmiller, 1975; Nicholson, 1994; Ussher, 1997). Kelly (2002) notes how the term 'myth' has long been used in relation to ideas about rape. Kelly (2002:4) further notes the observation by Kennedy (1992:32) that "*mythology is a triumph of belief over reality*"; myths about rape arise as a result of being continually repeated and reinforced rather than being based on evidence.

Research has highlighted a number of further commonly held myths that affect those who have experienced rape in addition to those already discussed. These include the following beliefs: it is committed mainly by strangers; 'real rape' happens at night, outside and involves a weapon; there are always injuries; anyone facing the possibility of rape will resist; women 'ask for it' by their dress or behaviour; all victims react in the same way if they really have been raped; to be raped is worse than being killed, or at least one of the most terrible things that can happen; 'allegations of rape are easy to make and difficult to disprove'; 'men are "oversexed" and not responsible for their own behaviour'; and 'men desire to protect women from violence' (Segal, 1990; Ward, 1995; Kelly, 2002).

A prevalent myth according to Kelly (2002) is the view that women are responsible for rape. Previous critiques have been made of police crime prevention literature that focuses on the behaviour of women and not of male perpetrators of violence. This is said to have resulted in the view that women are able to prevent being subjected to male violence by

engaging in particular behavioural strategies (Stanko, 1996 cited in Berrington & Jones, 2002).

Furthermore, Ussher (1997) argues that positioning women as 'liars' is one of the oldest and most established rape myths. Ussher cites the argument made by Edwards (1981) that there have been two explanations for the 'false accusations' of women and supposed lying. These were either that women were malicious or that women fantasised about seduction and therefore imagined it. Women's motives were characterised as wild and hysterical. According to Ussher (1997) there is also a discourse that claims some women, having consented to sex in the first place, regret their actions and change their minds afterwards to state that they were raped. Ussher (1997) notes how these women are 'doubly guilty' in that not only have they lied and put into question the good character of men, but have also been sexually active outside of their marital relationship and so risk being positioned as 'whore'. Women are also positioned as not knowing their own mind, as having 'inherent defects', and as being more prone to madness and hysteria.

According to Ussher (1997), the claim that women go through with the rape trial simply for sympathy and attention, or to get revenge on a man is argued to reflect the fears held by men. It is argued that men fear that their actions towards women could be misunderstood and it may result in them ending up on trial for rape, accused by spiteful or confused women (Ussher, 1997).

Gavey & Gow (2001) analysed the way in which false rape allegations are constructed in New Zealand media text. From analysing samples from 1995 to 1999, Gavey and Gow (2001) show how allegations of rape are portrayed as false without any consideration given to the possibility that they may be true. Furthermore, Gavey and Gow (2001) note the assumptions that false rape allegations are true and are thus presented as facts. Gavey and Gow discuss how it is implied in media discourse

that women who make these false allegations are to blame for women making real allegations not being believed. The media goes on to construct the 'pendulum' of the criminal justice system as having swung too far, and professionals as being expected to take 'women's words as gospel'. This is framed as being at the expense of innocent men. Things having gone too far are blamed on the feminist movement or on police and others within the criminal justice system being cast 'under the spell' of 'the new orthodoxy' of political correctness.

False rape allegations are framed as weapons that are used to justify a new set of myths within the criminal justice system that work against the interests of men. This is noted by Gavey and Gow (2001) as resting on an assumption that gains for women will lead to losses for men. Gavey and Gow further note how we are then presented with the image of a society, where women have the unfair advantage. Thus Gavey and Gow argue that despite the progress that has been made over the last 20 years or so towards increased sensitivity towards rape survivors, there remains a 'counter current of resistance'. The wide and uncritical acceptance of such myths has led researchers to characterise the culture in which we live as 'rape supportive' (Russell, 1982 cited in Doherty & Anderson, 1998).

## **Women's Experiences of Disclosure**

Research suggests that survivors hesitate about discussing rape because of the social stigma attached to being a victim of rape and the rape myths that still prevail (Acock & Ireland, 1983; Burt, 1980; Calhoun, Atkeson & Resick, 1981; Fischer, 1987; Giacomassi & Dull, 1986; Janoff-Bulman, 1992; Williams & Holmes, 1981 all cited in Sudderth, 1998). Research evidence indicates that younger victims may delay telling anyone about the rape for a considerable amount of time (Ageton, 1983; Koss, 1995; Warshaw, 1988 all cited in Sudderth 1998). Sudderth (1998) notes how

survivors of rape find it hard to trust their own memories of what happened, many of them being confused at the time of the rape especially if it was carried out by someone they knew and had previously trusted.

In addition to this, research on the nature of rape memories has concluded that rape memories in comparison with other unpleasant memories were less clear, and vivid; had less meaningful order and were less well remembered (Tromp, Koss, Figueredo & Tharan, 1995). The women in Sudderth's (1998) study who were raped by men they knew delayed telling anyone about the rape, waiting from a few months to several years. Sudderth argues it is important not only to understand the coping strategies used by women, but also the context in which these strategies are selected. Many of the women were cautious about telling people about their experience as a result of how others had reacted, or because of how they expected people to react. Denial, avoidance and questioning who can be trusted are argued by Sudderth to be a normal part of the initial stage of recovery from any kind of trauma (Herman, 1992; Janoff-Bulman, 1992 both cited in Sudderth, 1998).

Previous research suggests that 13%-29% of women wait years before disclosing their assault to anyone at all (Cohen and Roth, 1987; Ogletree, 1993; Ullman, 1996c), and a substantial number of women do not disclose prior to participation in a research project (31%-72%) (George, Winfield & Blazer, 1992; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Koss 1985; Ogletree, 1993; Ullman, 1996c). Delayed disclosure appears to be related to stereotypical assault characteristics; survivors who were subjected to more stereotypical assaults were more likely to disclose immediately after the assault (Ullman, 1996c). Research also suggests that many women prefer to turn to friends and family rather than formal support agencies (Golding et al 1989; Popiel & Suskind, 1985; Ruch & Chandler, 1983; Ullman, 1996a). Most survivors do not disclose the assault to formal agencies (2%-20% to police, hospital or rape crisis

centres) (Binder, 1981; Brickman and Briere, 1984; George et al, 1992; Golding et al, 1989; Koss, Dinero, Seibel, & Cox, 1988; Russell, 1982; Ullman, 1996a).

Sudderth (1998) notes that although for many women it may be too difficult to discuss the rape initially, later on it seems to become, for many, difficult not to talk about it. Research has suggested that talking to family and friends may not, however, be an easy option as when people do discuss their experiences with their family or friends, they do not always receive support (Burgess & Holmstrom, 1979b; Herman, 1992; Janoff-Bulman, 1992; Ruch & Chandler, 1983).

Sudderth argues that survivors will often only talk about those aspects of their experience that they think will not make others uncomfortable (Janoff-Bulman, 1992; Sandstrom, 1990; Weitz, 1991; Wortman & Dunkel-Schetter, 1979 all cited in Sudderth, 1998). Friends and families of rape survivors may feel as if they too are victims of what happened and may not be comfortable with the way the survivor adjusts emotionally, or may feel that the survivor was in some way to blame (Burgess & Holmstrom, 1979b; Janoff-Bulman, 1992 both cited in Sudderth, 1998). Furthermore, survivors will also avoid anything that will trigger emotions connected to the rape (Janoff-Bulman, 1992 cited in Sudderth, 1998).

Sudderth (1998) looked at women's decisions to delay disclosure or to talk about their attack with others and at how their reactions affected survivors' decisions to discuss it with others in the future. People that survivors disclosed to included partners, mothers, fathers, school officials, co workers, peers and other family members. Sudderth characterised the reactions of others as supportive, inconsistently supportive or hostile. Supportive reactions included believing that the survivor had been raped, and not participated in consensual activity which they later characterised as non consensual, helping survivors make sense of the events and to trust their own memories and feelings about what happened. Sudderth

argues that it is especially difficult for women to do this in a *“culture that questions the memories of those who experience sexual victimisation”* (Sudderth, 1998:582).

According to Sudderth (1998) inconsistently supportive reactions were characterised by initial support at the time of the rape, but survivors experienced a lack of understanding that recovery can take years; they found that many people do not know how to give support during the stages of the trauma such as if women experience flashbacks. Another reaction was to remain silent about the rape or to avoid discussing it altogether. Hostile reactions were mainly characterised by either blaming the survivor for what happened or believing that the event took place with the survivor's consent, rather than by coercion.

Negative reactions include feeling sorry for victims (Popiel & Suskind, 1985 cited in Sudderth, 1998), blaming victims and minimising/denying the impact of the assault (Ullman, 1996a cited in Sudderth, 1988). Negative reactions considered harmful include insensitivity, negative emotional reactions, and critical judgements, blaming victims, rejecting/avoiding victims and discrimination (Dakof and Taylor, 1990; Dunkel-Schetter, 1984; Herbert and Dunkel-Schetter, 1992).

Connop & Petrack (2002) researched the emotional and behavioural responses of male partners following their partner's experience of sexual assault. The research was exploratory in nature and was based on questionnaires and semi structured interviews. Difficulties were experienced in recruiting men for the study so, in addition to the 11 male participants, three women were interviewed about the response of their partners following their assault. The researcher described a majority of the men as being psychologically distressed for a prolonged period of time following the assault. The men seemed to go over the minute details of the event in their attempt to make sense of what happened. This included attributing blame to either the perpetrator or to the survivor. This

sometimes resulted in a breakdown of the relationship between the rape survivor and their partner, as the partner questioned the actions of the woman and her subsequent behaviours.

One of the most significant things that came across in the extracts of interviews with male partners was the idea that the rapist had intruded upon what was theirs, women seemed to be portrayed as the property of males. The intrusion of what men saw as their property led some men to question their masculinity. Men in general seemed to lack understanding of the reality of rape and their reactions were based largely on stereotypical beliefs. This frequently had an adverse affect on their ability to provide their partners with support. The research concludes that the responses of male partners offer evidence for theories of 'secondary traumatisation'. This research seems to support the notion, however, that subsequent fear of men is irrational, and that the goal of recovery should be to maintain existing heterosexual relationships. It does not seem to refer to supporting women to make their own choices.

Social support has been found to be related to post rape functioning for some women (Ahrens & Campbell, 2000). Negative social reactions are consistently related to poorer functioning (Baker, Skolnik, Davis & Brickman, 1988; Davis, Brickman & Baker 1991; Ullman, 1996b all cited in Ahrens & Campbell, 2000). Unsupportive reactions are thought to have a number of negative mental health effects on the survivor such as depression, particularly if such reactions are from the partner of the survivor (Brown & Prudo, 1981; Paykel, Emms, Fletcher & Rassaby, 1980; Shumaker & Brownell, 1984 all cited in Sudderth, 1998). This has been found to be even more the case if the partner expected support, but did not receive it (Brown, Andrews, Harris, Adler & Bridge, 1986; Moss, Frank & Anderson, 1990; Ruch & Chandler, 1983 all cited in Sudderth, 1998).

## Women's Experiences of the Criminal Justice System

Not only do rape myths impact upon survivors' ability to seek support from others, research also suggests that myths about rape can limit the ability of survivors to seek redress within the criminal justice system. Many women state that they have not reported rape to the police for fear that they will not be taken seriously or that they themselves will be blamed for what happened (Kelly, 2002; Temkin, 2002; Sturman, 2000). The low number of reported rapes that actually result in a conviction (Harris and Grace, 1999) would seem to be testimony to this. The number of reported rapes that have not resulted in a conviction has steadily increased in recent years. In 1999 only one in ten resulted in a conviction (Moxon, 1999). It has been argued that the rate of attrition is likely to be even greater than these figures suggest in view of the number of cases that are unrecorded, overturned on appeal or 'no crimed' by the police (Kelly, 2002; Gregory & Lees, 1999; Harris & Grace, 1999).

More recently researchers have noted a continual decline in the rate of attrition for cases of rape, with only 5.6 % leading to a conviction in 2002 (Kelly, Lovett & Regan, 2005). The way in which allegations and prosecutions of rape are investigated has been the subject of a recent review by H.M. Crown Prosecution Inspectorate. Research has found that 24% of rapes reported were 'no crimed' by the police in England (Wright, 1984 cited in Gregory and Lees, 1999) and 22% were 'no crimed' in Scotland (Chambers and Millar, 1983 cited in Gregory and Lees, 1999). *"No criming" refers to "the police practice of 'losing' cases that they regard as 'hopeless' and have no intention of investigating further"* (Gregory and Lees, 1999:60).

Much research has indicated that rape myths impact on the whole of the criminal justice process. This can be at any stage of the process from deciding whether or not to report to the police, to the subsequent



decisions made by all those involved in the process. This may include the police, Crown Prosecution Service, judges and juries (Kelly, 2002; Gregory & Lees, 1999; Harris & Grace, 1999; Temkin, 1999; Adler, 1987, 1991; Estrich, 1987; La Free, 1989).

Kelly (2002) discusses how in the two decades preceding the late 1990's, unlike domestic violence, rape did not feature as a key area of concern within public policy. She notes how the late 1990s, however, saw concern grow over the increasing rate of attrition, and the Home Office (2000) published proposals for the review of sexual offences law in England and Wales. Temkin (2002) tells of how the police sought to make a number of changes in the way they deal with complaints of rape.

Kelly (2002) further describes how police training aimed to increase sensitivity towards complainants, rape examination suites were established and increased efforts were made to recruit more female doctors to examine complainants. Furthermore, in 1999, the Home Office and Women's Unit jointly published a statement on violence against women in England and Wales 'Living Without Fear' in which they state their commitment to tackling violence against women and outline a programme of work. Temkin (2002) notes that the average annual increase in the recording of rape offences had been 9.3% for the period 1977-1987. This rose to 10.4% for the period 1987 –1997. In 2001, Kelly & Regan stated that the figures from across Europe suggest that around 1 - 12% of rapes are reported to the police.

Temkin (2002) attributes the rise in the number of recorded rape offences in part to a change in attitudes, which have become less tolerant of rape. Later research has suggested, however, that whilst many women have reported increased satisfaction with the treatment they received from the police, many women continued to be dissatisfied with aspects of the treatment they received from the police and courts (Kelly, Lovett & Regan, 2005; Temkin, 1999; Temkin, 1997; Adler, 1987). Indeed, the

treatment of rape survivors<sup>2</sup> within the UK criminal justice system has been so extreme that the experience of going through the court system has been referred to as a form of 'secondary victimisation' (Doherty & Anderson, 1998) and has even been characterised as 'judicial rape' (Lees, 1993, 1997 cited in Doherty & Anderson, 1998). Doherty & Anderson (1998) argue that this can have serious consequences for survivors both in terms of the underreporting of rape and the psychological effects on women.

Research has indicated that victim blaming and other negative reactions can be linked to prolonged negative psychological effects (Davis & Breslau, 1994; Sudderth, 1998). Stereotypical beliefs about women, sexuality and sexualised violence can thus be argued to potentially have a significant impact on the experiences of women after being subjected to sexualised violence.

## **The Psychological Consequences of Sexualised Violence for Women**

Having outlined the nature and extent of sexualised violence and the social context in which women experience it, I now come to review the literature on the psychological consequences of sexualised violence for women. Though there is relatively little research on women's experiences of rape, what research there is suggests that being subjected to sexual violence can have a number of different psychological consequences for women (Kelly, 1988). In order to cope with the experience of rape and to

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<sup>2</sup> A note on terminology

A variety of terms are used to refer to those involved in sexualised assaults within different contexts. Kelly (2002) notes how 'complainant/defendant' are used within the legal context; 'victims/survivors' 'perpetrators/offenders' are used with the social, criminological and psychological literature (Kelly, 2002:1). The term 'survivor' is used throughout the thesis as it has been argued to be the term preferred by many women themselves as more empowering than 'victim' which implies passivity and loss of autonomy (Kelly, 1988; Gillespie, 1996). It is acknowledged however that more recently some women have expressed a wish to reclaim the term 'victim' (Kelly & Regan, 2003).

regain control over their own lives many women develop coping strategies (Burgess and Holmstrom, 1976; Kelly, 1988; Resick 1993). These have been said to include strategies that are “*verbal (screaming, humour, calm talking), physical (fighting, running away) and/or cognitive (deciding to submit to avoid greater injury, cutting off from the experience)*” and can be used before, during and after the rape (Burgess and Holmstrom 1976 cited in Kelly, 1988:170).

According to Kelly (1988) the need to suppress traumatic events is derived from the threat survivors perceive to their selfhood. In the immediate period following the attack 58% of women in Kelly’s (1988) research wanted to forget the rape and/or cut themselves off from it. Forgetting the victimisation and/or suppressing the feelings that it evoked was seen as an important aspect of coping. Those who tried to forget the rape or cut themselves off from it were less likely to tell anyone about what had happened to them. 22 of the 26 women rape survivors in Kelly’s research were repeatedly reminded of their assault through flashbacks; 16 reported having dreams and nightmares and 13 reported experiencing cues that reminded them of their ordeal (Kelly, 1988). For Kelly (1988) these represented an internal reminder whilst the survivor was actively trying to forget the attack.

Kelly (1988) asserts that while ‘cutting oneself off’ from the experience may be an effective strategy in controlling acute distress, it does not prevent women from being affected. She furthermore states that forgetting can lead to the discussion of other impacts of the experience on the women becoming complicated. It makes it hard to connect other effects of abuse to their cause, by the women themselves, and anyone involved in helping them. Furthermore, Kelly believes that remembering, acknowledging and working through experiences of sexual violence is a crucial process in being able to deal positively with and to cope with the past (Kelly, 1988). A number of the women in Kelly’s research saw being able to talk about their experience with supportive others as helpful. They

also noted that they did not seem to remember their experience until they felt they were ready to deal with it. Thus as Kelly puts it: *“whilst acute disruption to the self is controlled, the threat remains and has to be dealt with later at some point”* (Kelly, 1988: 193).

Kelly sees the dreams and flashbacks experienced by the women as some kind of internal reminder that there were important things that needed to be resolved. The rape survivors in Kelly’s research experienced two different types of flashbacks. The most common type was those triggered by specific ‘cues’ that reminded women of their attack. Kelly describes these flashbacks as often being momentary – allowing women to either retrieve their memories of what happened or to divert their attention away, dismissing the images from their minds.

Kelly notes how dealing with these memories is an extremely painful and draining process for which women need a great deal of strength and determination. When women did not suppress the memories, they seemed to be more frequent and the women did not have the ability to control them. They were very distressing to most of the women. The other type of flashback did not appear to be triggered by any particular cue, but the women were aware that they had been raped and had started to remember aspects of their experience that they had previously suppressed. Thus Kelly argues that:

*Forgetting can only be a temporary palliative; if it is prolonged, women themselves, and others, may interpret the impact of abuse on their behaviour and feelings as faults or failure in themselves. Forgetting may be positive, even necessary, in the short term, yet it can have negative long-term implications.*

*(Kelly, 1988:195)*

Sudderth (1998) notes how research has previously identified the benefits of talking about traumatic events (Pennebaker, Keicolt- Glaser & Glaser, 1988 cited in Sudderth, 1998) especially to sympathetic others (Burgess

& Holmstrom, 1979a; Coates & Winston, 1983 both cited in Sudderth, 1998). This is thought to be particularly useful when comparing coping strategies and finding meaning in the experience (Courtois, 1988; Herman, 1992; Janoff-Bulman, 1992; Silver, Boon & Stones, 1983; Silverman, 1980, all cited in Sudderth, 1998).

Hopkins & Thompson (1984) argue that victims of rape and sexual assault suffer a number of losses: a loss of trust (in other men); a loss of freedom (to make choices about the way they behave and with whom they associate) and a loss of what Erikson (1969) calls ego identity. Ego identity refers not to a person's personal identity – the person still knows who they are – but to their sense of the way in which their life hangs together, their ability to experience themselves as one who has what Erikson calls 'continuity and sameness'. Along with the loss of ego identity, individuals are also said to lose the associated 'fruits' which include; *"continuity, security, credibility, consistency of personality, confidence, certainty, control, sense of place and order, rootedness, spontaneity and predictability"* (p109).

Van Berlo & Ensink (2000) conducted a review of research that has researched sexual functioning after sexual assault. They note how research in this area has taken three different approaches: firstly, providing descriptive analyses of sexual functioning and sexual problems; secondly, exploring factors that might predict sexual problems; and thirdly, research that has considered the relationship between sexual problems and other psychological problems. Such research has varied in methodology considerably, from using standardised measures such as satisfaction with life scales, self-esteem inventories, dating and sexual activity questionnaires, to using specially developed instruments, to using interviews, and have been both retrospective and (more recently) prospective. The general conclusion of the research has been that frequency of sexual contact decreases after sexual assault. Furthermore

it is noted that satisfaction and pleasure diminish for many women for at least a year after the assault.

Some survivors are said to develop sexual problems that last for years after the assault. These problems are characterised as 'response inhibiting problems' including fear arousal and 'desire dysfunction'. It is thus suggested that sexual stimuli are experienced as anxiety provoking and are therefore re-labelled by the survivor as reduced or absent. From this, Van Berlo & Ensink (2000) note how treatment focuses on the cognitive perception of sexual stimuli and towards reducing negative perceptions. The focus is then directed towards how women's ability to function in (hetero) sexual relationships can be restored.

Petrack et al (1997) note a lack of UK research into the psychological consequences of sexual violence; the majority of research in this area is based on populations from the US. One noted exception is the research carried out by Mezey and Taylor (1988) who compared 12 women who had reported rape to the police with 12 women without a history of sexual assault. They tested the women over a four-month period using The Symptom Checklist (SCL-90), which is used as a standard assessment of anxiety (Petrack & Hedge, 2002). Mezey & Taylor (1988) found that women who had reported rape reported higher levels of anxiety and phobic reactions (cited in Petrack et al, 1997). This tells us very little, however, about what it meant to the women to have been subjected to such attacks.

Petrack et al (1997) looked at the psychological impact of sexual assault in 32 women referred to clinical psychology in an East London Genitourinary medicine (GUM) clinic over a one-year period. The data in Petrack et al's study is acknowledged by them to be only representative of women accessing medical services, and therefore possibly not representative of the wider population of assaulted women. Petrack et al state, however, that their research findings are consistent with those from

the US, which indicates a high level of psychological distress in women survivors of rape and sexual assault. The majority of the women reported emotional difficulties such as low mood, anxiety tension and fearfulness. Post-traumatic reactions experienced by the survivors included *“a high level of re-experiencing phenomena, avoidance, increased arousal and nightmares”* (Petrack et al, 1997:343). Self-blame, self-disgust and fear of further assault were also noted.

The fact that for most of the women it had only been a year since their assault led the authors to suggest that the findings are most likely to represent *“acute psychological presentations following rape”* (Petrack et al, 1997:344). However, for a small number of women it had been several years since the rape. 30% of the women were experiencing suicidal thoughts, 16% of the women had attempted suicide after the rape and before they had accessed services. Several women reported that the assault had reactivated feelings from previous traumatic events such as the breakdown of relationships or bereavements. Furthermore it was not just the assault itself which caused distress but the related events such as reporting to the police, moving house, some of which had an extended time scale, going through the court process, or waiting to have tests done. Thus rape survivors experienced a number of difficulties in both the long and short term. Having been subjected to sexual assault can, therefore, affect women in a number of different ways.

Burgess & Holmstrom (1974) first coined the term ‘rape trauma syndrome’ to refer to the physical, social, psychological and sexual effects that can occur after a sexual assault. They characterised the effects as occurring in two stages: the acute crisis phase and long term reactions. During the acute crisis phase – the period immediately after the assault survivors are said to experience the following: shock, fear, anxiety, denial, disbelief, inability to sleep, nightmares, shaking, trembling, pain, numbness, rapid breathing, racing heart, disruption, hostility, guilt, blame, feelings of helplessness or dependency and

distorted perceptions (Veronen, Kilpatrick & Resick, 1979 cited in Allison & Wrightsman, 1993).

During the second stage survivors are said to face the task of rebuilding and regaining control over their lives, which may take months, years or be ongoing. It is argued that, during this phase, women must seek to gain some kind of understanding of what happened to them and the way in which they responded (Bard & Sangrey, 1979 cited in Allison & Wrightsman, 1993). Survivors are said to experience a number of different and sometimes contradictory emotions; they may feel angry and guilty at the same time. They may see themselves as always being 'victims'. The symptoms of this phase are said to include: changing one's lifestyle, developing phobias, impaired ability to deal with the tasks involved in everyday life, changed eating and sleeping patterns and sexual problems (Allison & Wrightsman, 1993).

The notion of rape trauma syndrome has, however, been said to be overused as evidence that rape has indeed occurred, rather than for educating people about the effects that rape can have on women (Bronitt, 1998 cited in Jordan, 2004). Raitt & Zeedyk (2000) note how the notion of a rape trauma syndrome can be used against women in court if they do not display one of the predefined criteria. In addition, the use of the term 'syndrome' to refer to the effects of rape has been criticised. It is seen by some as potentially leading to the labelling of survivors' reactions to rape as pathological or clinically problematic rather than as normal (Gregory & Lees, 1999; Koss et al, 1994 both cited in Jordan, 2004; Raitt & Zeedyk, 2000).

## **The Pathologisation of Women's Responses**

Thus, not only do survivors have to deal with their behaviour before the rape being subjected to public scrutiny, they are also subjected to



criticism after the assault (Raitt & Zeedyk, 2000). It is, for example, noted how women choosing not to engage in sexual relationships or choosing same sex relationships is not seen by 'professionals' as an acceptable coping strategy (Foley, 1996; Heller, 1990; Kelly, 1988). Foley (1996) argues that the social and political issue of rape has become medicalised in that it has become redefined as an individual problem requiring treatment. It is women's response to rape, which is seen as problematic, rather than the behaviour of men who rape. This is said to detract from the real issue of the conditions that cause and legitimise rape (Foley, 1996). Foley (1996) further argues that the medicalisation of rape has a number of important consequences for survivors:

*It affects how rape is understood; how we understand the responses of survivors; what is meant by 'recovery'; how it is assessed; who should make judgements about women's progress, and what should be done about women who are said not to have 'recovered'.*

*(Foley, 1996: 172)*

Kelly (1988) argues that evaluating coping in terms of a standard of returning to 'normal' functioning is not appropriate in the case of sexual violence, as a number of permanent changes in the individual's life, such as their attitudes, behaviour and circumstances can occur. Kelly also notes that the focus in coping research is mainly on 'functioning' behaviour i.e. the ability to cope effectively with daily life. Kelly states that other changes such as attitudes, and values are frequently either neglected or taken for granted.

According to Kelly:

*The responses of any particular woman will depend on how she defines her experience, the context within which it occurs and the resources which are available to her at the time and subsequently. Her own inner resources and personal situation and the availability of support through social networks and professional agencies affect her coping options. Differences of*

*age, class and race affect access to support networks, knowledge of and access to official voluntary services and whether or not certain options which require monetary expenditure are possible.*

*(Kelly, 1988:160-161)*

Kelly (1988) thus argues that coping should be defined as “*the actions taken to avoid or control distress*” (Kelly, 1988: 160). This emphasises the right of the woman to autonomy in making her own choices and not to have her responses pathologised.

## **Summary**

This chapter has outlined the varied forms that sexualised violence can take, and the extent to which it may affect the lives of all women, either through their own direct experience or the knowledge that they too may one day be subjected to it. In addition, this chapter has demonstrated the profound impact that such beliefs have had on the experiences of women who have been subjected to sexualised violence. It would seem important to consider further the impact of myths about women, rape and normative sexuality on the perpetuation of sexualised violence in contemporary UK society. The review of the literature indicates a relative paucity of UK research on the psychological consequences of sexualised violence for survivors. Furthermore, a review of current service provision seems to suggest the responses of women who have been raped may be problematised; this appears to be contrary to the aim of empowering women. Thus it would seem that there is a need to explore further, women’s experiences of seeking to regain control over their lives after having been subjected to sexualised violence.

# Chapter 2: DASA in the UK

## Introduction

This chapter aims to give an outline of DASA in the UK. The main arguments of this chapter are that DASA is a particular type of sexualised violence with consequences distinct from those sexualised assaults where drugs are not used and that this has important implications for the development of services for women. The chapter begins by outlining what we know (and do not know) about the nature and prevalence of DASA. It then goes on to outline, in addition to those already discussed in chapter one, further aspects of the social context, which become particularly significant for women who are subjected to DASA. The chapter then goes on to consider a number of the physical, psychological and political consequences for survivors that arise from men's use of drugs. Finally, current services for survivors of sexualised assault are reviewed in light of the consequences of DASA.

## DASA: Terms and Definitions

DASA has been defined in a number of different ways (Finch & Munro, 2003). According to Sturman (2000), DASA is those situations where “*a person's ability to consent or refuse consent is impaired as a result of drugs*” (Sturman, 2000: 10). This definition is characterised by Finch and Munro (2003) as relatively broad. Finch and Munro note how Sturman's (2000) definition focuses on the state of mind of the woman and her ability to give consent but not on the actions of the perpetrator, their purpose, or the way in which the woman reached the state of intoxication. The definition within ‘the Joint Inspection Report into the Investigation and Prosecution of Cases involving Allegations of Rape’ (HMCPSI & HMIC) refers to DASA as “*a situation in which drugs, including alcohol are purposely used to secure a sexual assault*” (HMCPSI & HMIC, 2002 Para

6.8). Finch and Munro (2003) argue that although both recreational and prescription drugs are included within the HMCPSI definition it is still narrow in that it refers only to the use of drugs by the defendant as part of a deliberate strategy to facilitate intercourse. This variety of definitions led Finch and Munro (2003) to claim that there is uncertainty regarding the appropriate parameters of drug assisted rape. They argue:

*There are three factors that combine to construct the prevalent characterisation of drug assisted rape: the nature of the intoxicant, the effect on the victim and the circumstances in which the victim ingests the intoxicant. With a greater understanding of the components of drug assisted rape, a definition can be selected that encapsulates the 'wrongness' of the phenomenon thus providing a basis from which the efficacy of the law to address the problem can be evaluated. An examination of the misuse of intoxicants in sexual offences may serve to isolate the wrong at the heart of drug-assisted rape and also dispel the misconceptions that cloud understanding of the problem.*

*(Finch & Munro, 2003:775)*

Thus Finch & Munro argue that to properly define the phenomenon of DASA we need to know more about it.

It is argued that, although DASA is clearly not a new type of crime, it was not properly recognised as a '*distinct crime pattern*' until the mid 1990s (Abarbanel, 2001:21). Le Beau (1999) has argued that the 1990s saw an increase in the use of drugs with the specific purpose of sexually assaulting women rather than just robbing them. Furthermore, he argues that those drugs that produced amnesia were specifically utilised (LeBeau, 1999 cited in Abarbanel, 2001). LeBeau & Mozayani (2001) argue that the classic scenario would be when a male slips a drug into a woman's drink without her knowledge. After she has consumed the drink, the woman then becomes unconscious or severely incapacitated. The man then takes advantage of the woman and sexually assaults her (LeBeau & Mozayani, 2001). However, research has since indicated that

this offence occurs within a number of different scenarios (Sturman, 2000).

Previous literature (LeBeau & Mozayani, 2001) has noted how the offender may lie to the woman about the nature and effects of the drugs. The drugs may be recreational, including alcohol or prescription or over-the-counter medicines. Furthermore these drugs may be ingested individually or in combination with other drugs. DASA is the term frequently used to describe this type of crime in the UK (Sturman, 2000). Other terms that have been used to refer to DASA include 'drug-facilitated sexual assault', a relatively new term (Abarbanel, 2001) used in America; 'drug-rape' and 'date-rape' (terms predominantly used by the media) (LeBeau & Mozayani, 2001). 'Drug-rape' is not the same as 'date-rape', although it has been labelled by the media as such (Ezard, 1999; Leinwand, 2002; Dayani, 2003) and indeed is what many people interpret as 'drug-rape'.

The medical profession uses the term 'drug' to refer to any substance that has an effect on the body (Lader, 1999). However, it may be that women who have been administered drugs other than alcohol have different experiences than those who have been administered alcohol alone. Finch & Munro (2003) note that *"the effects of alcohol are known and understood whereas the administration of an illicit drug carries the possibility of unexpected reactions and harmful consequences"* (Finch & Munro, 2003: 781). However, studies into the use of drugs to facilitate sexual assault in the United Kingdom have been noted as extremely limited (Kelly, 2002). Kelly (2002) states *"the difficulties for researchers mirror those of investigators - that accounts are complex and confused and the parameters of the offence are as unclear for victims as they are for professionals"* (Kelly, 2002:12). Previous research on drugs and sexual assault has focused mainly on the relationship between alcohol and sexual violence (Finney, 2004). This research has mostly drawn upon research carried outside of the UK, as relatively little has been

carried out in the UK. It does not, however, include the use of drugs other than alcohol in sexualised assaults. Therefore relatively little is known empirically or conceptually about the phenomenon.

## **Prevalence of DASA**

Indeed, Abarbanel (2001) notes the lack of a systematic effort to measure the prevalence of DASA. She argues that the failure to include DASA in previous research on rape and sexual assault (Russell & Bolen, 2000 cited in Abarbanel, 2001) may be a reflection of *“public attitudes about the nature and significance of these types of offences”* (Abarbanel, 2001: 23). In other words, DASA may not be seen as particularly problematic in terms of prevalence or the consequences for survivors. In 1999 Gregory and Lees cited research which indicated that in the US the use of drugs had been implicated in over 5,000 assaults (Brooks, 1998 cited in Gregory & Lees, 1999).

McLean (2000) explored the prevalence of DASA in the UK and concluded that DASA may be increasing but that it did not seem to have reached epidemic proportions. She did, however, note a number of difficulties with exploring prevalence. The way in which the police recorded DASAs seemed to vary between different forces. McLean (2000) also noted confusion among police about the nature of DASA, and the samples and evidence required. An increase in reported DASAs has also, however, been stated in a more recent report (HMCPSI & HMIC, 2002). The Sturman report (2000), the only official published investigation of the phenomenon of DASA in the UK, suggested that it is far more prevalent in this country than many people believe. The Sexual Offences Section of Scotland Yard's Special Investigations Unit has 108 possible drug rape offences in London on record, for November 2000-September 2001 (Sentencing Advisory Panel, 2001).

It has since been reported that one Sexual Assault Referral Centre has noted an increase in the number of reported cases over the last two years (Kelly, 2002). According to the statistics published by the Roofie Foundation (a British helpline set up to provide assistance to survivors of DASA) a total of 6, 650 reports were made of DASA up to December 31<sup>st</sup> 2003. 998 DASAs were reported as occurring during 2003. These attacks occurred in a variety of locations both in the UK and abroad. The Roofie Foundation (2004) state that less than 15% of those reports made to them has been reported to the police.

## **Current UK Legislation on DASA**

Previous researchers have noted that within English law there is no specific category of drug assisted rape (Finch & Munro, 2003). The Home Office proposed in 2000 that rape should not be divided into lesser or more serious offences (2000, para 2.8.8). DASA is only considered an offence if the stipulations set out by S.1 of the Sexual Offences Act 1956 are met. That is, it must be proven that the intercourse was not consensual and the perpetrator knew this or was reckless regarding the issue of consent. According to section 4 of the 1956 Sexual Offences Act, it is an offence for anyone to give a 'drug, matter or thing' to a woman which will stupefy or overpower her in order that a male may have sexual intercourse with her. This includes 'spiked' drinks, excess alcohol or any other substance that might affect a woman's ability to give consent.

According to this law, anyone who administers the substance is liable, whether or not they want to have sex with the woman or do have sex with her. This refers to spiked drinks, excess alcohol or any other substance that might render a woman unable to resist sexual violence. Thus this law can be used to catch third parties that may be involved. The review of sexual offence legislation carried out by the Home Office (2000) suggested that administering drugs with the intention of stupefying a

person in order that they are sexually penetrated remains an offence and this is the case in the New (2003) Sexual Offences Act. Furthermore the review proposed that the maximum penalty for such offences be raised from two to seven years. This increase in sentencing power may be seen as a reflection of the growing awareness of the prevalence of the use of drugs in order to commit rape. Section 74 of the (2003) Sexual Offences Act clarifies the meaning of consent as: a person consents if he agrees by choice, and has the freedom and capacity to make that choice. Section 75 of the (2003) Sexual Offences Act also states that consent may not be said to be present where it is proved that the complainant was stupefied, overpowered or unconscious as a result of substances administered without their consent. According to Section 61 of the (2003) Sexual Offences Act it is an offence to 'administer a substance with intent'. The Act states:

A person commits an offence if he intentionally administers a substance to, or causes a substance to be taken by, another person (B) – knowing that B does not consent, and with the intention of stupefying or overpowering B, so as to enable any person to engage in a sexual activity that involves B.

It has been argued that the law should emphasise that the majority of sexual violence is carried out by men against women, (Young, 1983 cited in Temkin, 2002). The maximum penalty for administering a substance with intent is ten years. This offence thus covers the use of drugs in sexual assaults administered without the person's knowledge. This offence is said to include the 'spiking' of drinks with alcohol, where the person does not know they are consuming alcohol. It is stated, however, that this offence does not cover instances where a person encourages another to get drunk so that they can 'have sex' with them, and this person knew they were consuming alcohol.



Thus it seems that a woman who is raped after being encouraged to drink too much is seen as responsible for the subsequent behaviour of men. This offence covers any means through which the substance is administered. It also applies whether the person themselves administers the substance or causes the substance to be taken by other means, such as by asking someone else to administer the substance. The offence applies even if sexual activity did not take place. According to case law, however, a man cannot claim mistaken belief in consent when this is caused by self-induced intoxication, and he would have not made such a mistake if he had been sober (Finch & Munro, 2003). Indeed Section 76 of the (2003) Sexual Offences Act states that in cases where a substance had been administered without the complainant's consent or where they were unconscious, it is to be presumed that the defendant did not believe that the complainant consented to the act. It may be argued however, that the burden of proving intent remains problematic. In addition, Finch & Munro (2003) comment that:

*In rape cases involving an intoxicated victim, the law does not set a threshold of intoxication at which an individual is no longer regarded as competent to consent to intercourse. Case law suggests that provided the victim is not intoxicated to the point of unconsciousness, the possibility of a valid consent is not precluded thus the issue falls to determination by the jury, applying their combined good sense, experience and knowledge of human nature and modern behaviour to the relevant facts of the case.*

*(Finch & Munro, 2003:774)*

Therefore, unless it can be proven that the woman was unconscious, it may be argued that she did in fact consent. Gregory and Lees (1999) argue that the 'advantages' of using drugs could increase the 'attractiveness' of DASA, while having no effect whatsoever on the conviction rate.

Although a number of proposals have been made regarding the revision of sexual offences legislation, these have been said to fail to recognise a

number of the problems raised by DASA (Finch & Munro, 2003). This includes attempts to get the law to include intoxication as a situation where consent to sexual intercourse would be presumed to be absent so that women who were intoxicated but not unconscious could still have a case. Finch & Munro (2003) note how the Home Secretary in the White Paper, 'Protecting the Public' rejected this, on the grounds that this would enable women to make "*mischievous accusations*" (cited in Finch & Munro, 2003:785).

In addition, the law does not protect women who voluntarily consume drugs and are then sexually assaulted. Nor does it allow for the fact that some drugs may induce feelings of sexual arousal and thus cause women to 'consent' to acts that they would not normally agree to (Temkin, 2002).

## **The Drugs Men Use**

According to Walling (2000), there are over 20 drugs that are said to have been used to stupefy a person. Such drugs have been said to include the following: alcohol, Tetrahydrocannabinol (THC), Benzodiazepines (including Midazolam), Gamma-hydroxybutyrate (GHB), Flunitrazepam (Rohypnol), Gamma butyrolactone (GBL) and '1,4 butanediol' (BD), Ketamine, Sedative Antihistamines, Zopiclone, Cocaine, Lorazepam (Activan), Diphenhydramine (Nytol), Promethazine (Sominex), Erimin and Halcion (Triazolam) (Walling, 2000; Sturman, 2000; Forrest, 2001).

Forrest (2001) notes that a combination of drugs may be used. In 2000 Walling argued that the most commonly used were alcohol, Tetrahydrocannabinol (THC), Benzodiazepines and Gamma-hydroxybutyrate (GHB). Walling (2000) argued that these are much more commonly detected in survivors than the more widely publicised Flunitrazepam (Rohypnol) and the sedatives Alprazolam and Triazolam.

Indeed, within the UK, Flunitrazepam is currently controlled under Class C of the Misuse of Drugs Act 1971 and under schedule four of the Misuse of Drugs Regulations 1985. In 1988, following recommendations from the United Nations Commission, the Home Office brought in a number of tighter controls on Flunitrazepam. It was made a criminal offence to possess Flunitrazepam without authority – such as a prescription. A licence is now required to import and export it and pharmacies and warehouses are required to store it more securely. Failure to comply with these regulations carries a maximum penalty of two years imprisonment and /or an unlimited fine. The new regulations are laid down under schedule three of the Misuse of Drugs Regulations, 2001 (Home Office, 2001).

Alcohol has been characterised as a “*pervasively used weapon against sexual reluctance*” (Martin & Hummer, 1993 cited in Finch & Munro, 2003: 780). Indeed, in one U.S research study, rapists admitted that they deliberately got women drunk so that they could have intercourse with them (Abbey, Zawacki, Buck, Clinton & McAuslan, 2001 cited in Finney, 2004). Abbey et al also note that women who drink alcohol are viewed as sexually available and promiscuous (Abbey et al 2001 cited in Finney, 2004). Finch and Munro (2003) argue that the social acceptability of alcohol intoxication has led to alcohol assisted sexual assault not being seen as morally wrong in the same way as those sexual assaults where other drugs are used.

## **The Effects of the Drugs**

The drugs used by men to facilitate sexualised assaults other than alcohol, act as a powerful form of physical and mental control over women. Furthermore, at least ten deaths have been directly attributed to these drugs (Walling, 2000). According to Walling (2000) the drugs used have a rapid onset of action, within 20 minutes of ingestion. Known side

effects include sudden attacks of vomiting, dizziness and drowsiness, disinhibition, passivity, dissociation of mind and body, muscle relaxation and lasting retrograde amnesia (Walling, 2000; Abarbanel, 2001). While individuals may have an awareness of what is happening to them the drugs render them unable to speak or move and powerless to prevent the attack. The drugs lead women to confuse reality with fantasy leaving some feeling that it might have been a dream.

Loss of memory is a major effect of these drugs (Ghoneim & Mewaldt, 1990; Walling, 2000; Sturman, 2000). According to a recent research review (White, Matthews and Best, 2000) alcohol interferes with a person's ability to form new memories. In particular, alcohol is said to impact on a person's ability to form episodic memories i.e. names, phone numbers and events such as what the person did the previous night. Alcohol has a lesser impact on people's ability to recollect previously established memories (White et al, 2000). Indeed, the respondents in Sturman's (2000) research were often unsure when they had been given the drugs. Survivors reported not knowing if the drug had been put into their drink at some earlier time and the drug had a delayed effect or if they had been given the drug at the time their memories deteriorated. 20% of survivors reported no memory of the attack; 33% realised within four hours; 69% realised within eight hours; 84% realised within 24 hours. Just over 30% had sufficient memory of the attack to be convinced of what happened (Sturman, 2000).

In addition to memory loss, Gamma Hydroxybutyrate (GHB) further disempowers women; GHB is noted as 'enhancing sensuality' (Galloway et al, 2000). Scott-Ham (2001) notes how some bottles bear the following label: 'GHB produces an uncontrollable sexual high and should not be administered to women without their consent'. Participants in Sturman's (2000) research reported 'consenting' to acts that they would never normally consent to. Sturman points out, however, that this is an effect of

the drugs. However, women who have been drugged and raped may be left believing that they 'consented'.

The drugs used render women both physically and mentally incapacitated. While women may have an awareness of what is happening to them, the drugs leave them powerless to prevent the attack. Up to 69% of Sturman's respondents reported a helplessness to resist the attack, though realising what was happening. They also reported being in and out of consciousness, having heavy limbs and being positioned. The effects of the drugs may affect the survivor's level of consciousness and motor skills for up to 12 hours after the assault (Abarbanel, 2001). According to Lader (1999) psychomotor effects of drugs include the gross impairment of manual and finger dexterity; gross body movement; speech; reaction times to situations requiring accurate perception; rapid processing and appropriate responses. Thus women who have been drugged are not in a position to consent to sexual acts.

## **Evidence of Men's Use of Sexual Assault Drugs**

Exact patterns of common usage of drugs to facilitate sexualised assault in the UK remain unclear due, in part, to the fact that the drugs are only detectable within the human system for limited time periods. In addition, the detection of drugs within the human system is a difficult and complicated process (LeBeau & Mozayani, 2001; Pope and Shouldice, 2001). Recently the Forensic Science Service and London Metropolitan Police have developed an 'Early Evidence Kit' which can be used to try and detect the use of drugs to facilitate sexual assaults. The kits allow women to collect their own urine samples and mouth swabs without having to be seen by a medical examiner (FSS, 2002). As table 2 (see page 49) indicates the drugs that are used in DASA only stay in the system for a relatively short period of time, before they can no longer be traced.

Table 2 - Detection limits for drugs in blood and urine samples

	Blood	Urine
Common drugs of abuse (mainly based on single dose)		
Amphetamine	12 hours	1-2 days
'Ecstasy'	18 hours	2-3 days
Cocaine	18 hours	2-3 days
Heroin/Morphine	12 hours	1-2 days
Cannabis material	Depends on pattern of use	
Some prescribed drugs (based on single dose)		
Diazepam ('Valium')	2 days	4 days
Temazepam	2 days	4 days
Methadone	1 day	2-3 days
Other potential sedative drugs (based on a single dose)		
Flunitrazepam	12-24 hours	3 days
GHB	6 hours	12 hours
Zopiclone	12-24 hours	2 days

(Source: Scott-Ham, 2001; 'DASA', presentation given at National Crime Faculty special interest seminar).

The detection limits for alcohol in blood and urine varies, depending on how much alcohol was consumed, the characteristics of the person consuming the alcohol and the tests used. The detection limits for drugs in blood and urine vary according to the different drugs used. Generally speaking, detection times are longer in urine than in blood. The time limit

for detection in blood can vary from six hours to two days. The time limit for detection in urine can vary from twelve hours to four days. Scott-Ham (2001) points out that anyone sending submissions three days after the incident are sent memos explaining that analysis is unlikely to be meaningful. It has, however, been argued that alcohol is the main drug used to facilitate sexual assaults (Sturman, 2000). This belief arises in part from the failure of forensic tests to indicate the presence of drugs in samples.

Elsohly & Salamone (1999) found in their study that alcohol was present, either on its own or with other substances, in 63% of the samples they tested. A later study found that in samples where only one substance was found this was alcohol in 69% of cases. Alcohol was found in 24% of samples where more than one drug was found. Little evidence was found of the use of GHB or Rohypnol. Nicholson and Balster (2001) note that although low levels of GHB may be in part explained through faster metabolism of GHB leading to its presence being underestimated but they go on to state that this may also suggest that GHB may not be commonly used. However, Forrest (2001) cites the results of a Forensic Science Service survey of 2,645 samples. In 38% of samples no drugs at all were detected, 41% contained alcohol, 18.6% contained cannabis, 14.9% contained Benzodiazepines and 3.2% contained GHB. Forrest argues that it is possible that Flunitrazepam and GHB may be missed by the procedures that are used by the laboratory through them being unable to carry out the necessary analysis or not testing for them. Special analysis is required in order to detect the presence of some drugs in cases of DASA; normal screening does not detect some of the drugs used (this relies on the tests being requested from toxicology by the investigating officers – which in turn relies upon their knowledge of DASA). Scott-Ham (2001) notes how some of these tests are time-consuming and expensive. The use of early evidence kits may provide further information on men's use of drugs to facilitate sexualised assaults.

In summary, the drugs used within DASAs are only detectable in the human system for a limited period. In Sturman's (2000) research, 77% of DASA survivors reporting to the police did so within 48 hours. Thus, for many women seeking redress through the criminal justice system, the drugs are no longer in their system. Furthermore detection of these drugs requires specialist testing to be undertaken (Scott-Ham, 2001). In addition to this, the fact that the drugs impede memory (Ghoneim & Mewaldt, 1990) means that often survivors may feel that they have been 'interfered with' (West Yorkshire Police, 2001) but are unable to provide an account of what happened or are only in a position to give limited information.

According to Abarbanel (2001), survivors of DASA experience a number of concerns that inhibit them from reporting to the police, in addition to the ones cited by survivors of other sexual assaults. They are likely to experience confusion and disorientation for some time after the assault, which can be a significant factor in the decision to delay reporting. Some women may feel sure that they have been drugged but uncertain as to whether or not they were assaulted. They may feel that they have insufficient information about what happened for anything to be done. Furthermore, the fact that the drugs impair the ability of women to put up physical resistance (Forrest, 2001), means that there is frequently little or no evidence of any struggle. Despite this, the focus of the Criminal Justice System is on evidence. The focus on evidence is highly problematic for survivors of DASA. Men's use of drugs to facilitate sexualised assaults means that women who may wish to seek redress through the criminal justice system may be frequently unable to do so.

## **The Social Context of Disclosure: False Memory Debates**

The previous chapter outlined how many women choose not to disclose to the police or anyone else that they have been subjected to rape



because they feel that they would not be believed or because they find it hard to trust their own memories of what happened. Any rape survivor's inability to trust their memories of the event seems likely in the context of debates around False Memory Syndrome. False memory syndrome refers to the notion that one has imagined the memory (Scott, 1997). Debates around False Memory Syndrome have resulted in the truthfulness of 'recovered' memories of sexualised violence being questioned. A number of feminists have argued that false memory syndrome provides a convenient way in which the horror of facing up to the realities of sexual violence can be avoided. It is seen as confirming the stereotype of women as irrational and suggestible (Saraga & MacLeod, 1997 cite Herman & Harvey, 1993).

Survivors of child sex abuse may know that something has happened but not recall all of the details, they may be certain that they were abused but be unable to produce sufficient evidence to satisfy a court looking for 'proof' (Saraga & MacLeod, 1997). In these respects, then, the experiences of survivors of child sex abuse and survivors of DASA seem remarkably similar. Thus, not only is false memory syndrome used to undermine the existence of child sex abuse, not only is it used to undermine sexual violence generally, but it also seems likely to be used to undermine the experiences of survivors of DASA. Survivors of DASA may potentially be accused of having 'false' memories.

## **The Psychological Consequences of DASA**

Current research into the psychological consequences of any form of sexualised assaults both in the UK and elsewhere is scarce. Thus there is also little research into the consequences of DASA. One of the few studies in this area is that carried out by Russell & Curran (2002) who explored the psychological effects of DASA on a sample of 29 female survivors. Survivors' mean age was 30 years and the mean time since

assault was two years. All survivors were asked to complete a questionnaire and half were interviewed. Russell & Curran (2002) acknowledged that bias may arise from the small sample and from the retrospective, self-report nature of the study. Survivors were assessed using the following tools; Post Traumatic Diagnostic Scale, (Foa, 1995); Post Traumatic Cognitions Inventory (Foa, Ehlers, Clark, Tolin & Orsillo, 1999); Peritraumatic Dissociative Experiences Questionnaire (Marmar, Weiss, & Metzler, 1997) Intrusive Memories Questionnaire (Freeston, Ladouceur, Thibodeau, & Gagnon, 1991) and Emotional Response Scale (Lane, Quinlan, Schwartz, Walker & Zeitlin, 1990).

The results of the research indicated that the severity of Post Traumatic Stress Disorder (PTSD) symptoms was comparable with those in 'non drug assisted' rapes. Women who had been subjected to DASA were not found to experience significantly higher or lower PTSD symptoms. Russell & Curran therefore suggested, that memory loss does not predict greater post traumatic stress. The majority of the women in the research recalled some of the assault. All of the survivors had significant difficulty recalling events, and had impairments in their explicit, verbal memory. Greater post-traumatic stress was related to negative appraisals after the rape and dissociative symptoms during the rape. Post-traumatic symptoms were not found to be related to pre assault mental health or to the amount of counselling received after the rape. Russell & Curran (2002) concluded that the drugs used in sexual assaults impair cognitive functioning during the rape and have an adverse effect on the way in which women deal with emotions after the rape. Russell & Curran suggest that memory loss in DASAs may lead to longer lasting post traumatic stress symptoms and affect the ability of survivors to deal with the experience in a way that enables life to continue undisrupted.

Survivors made small improvements in recall over time. All survivors reported experiencing intrusive memories, in which they experienced phenomenon for the first time rather than remembering events that they

already knew had happened. Some of the memories were vivid and for the women it was as though they were 'reliving' their experiences. The return of these fragments of memory was involuntary, the women had no control over their return and they were usually triggered by internal or external '*cues*'. It is suggested that implicit memory (performing in the absence of conscious recollection) may be less impaired than explicit memory (where performance requires conscious recollection).

The loss of memory was a key theme in women's 'negative appraisals'. In addition to this, Russell & Curran (2002) reported that in their study the women blamed their response to the rape on themselves instead of seeing it as an effect of the drugs. They seemed to experience increased self blame and shame as a result of the lack of violence and their lack of opportunity to resist, indeed not being able to fight back led to uncertainty that their experience could be defined as rape. Furthermore, not knowing who did this led the women to believe that they would be unable to trust and feel safe with all men. They felt that they would not ever be able to feel safe again or to have a 'normal' relationship. It is thus suggested that PTSD may be made worse by memory loss, and is likely to be made worse by negative appraisals, dissociation, and the effects of the drugs. From this, Russell & Curran (2002) suggested that clinical intervention should involve the following:

- Assessment of memory loss and PTSD symptoms;
- Survivors should keep a diary of intrusive memories;
- Normalise and educate survivors about PTSD, memory loss and the effects of the drugs;
- The use of imaginal exposure if memories are explicit;
- The use of cognitive therapy to deal with negative appraisals;
- Containing clients' anxiety and uncertainty about memory loss, possibly through hypnotherapy.

Russell & Curran (2002) reported that 'impaired fear response' during the rape was associated with greater negative appraisals about the assault, fear and PTSD symptomology. One wonders what would be seen as a normal fearful response? This research seems to focus on the 'survivor' and problematising their response rather than looking at the perpetrator and the social causes. In addition, one wonders how it is possible to measure emotional processing during a rape through a questionnaire as was used here. The focus is on returning the survivor to some kind of normality, although it does not explicitly state what this is considered to be. Furthermore, there is no reference to the social context in which rape occurs. Thus, the study tells us about their experiences of memory loss and loss of control but not about the way in which others respond to them, or their experiences of trying to move forward in the absence of such memories. The study seems limited in its ability to tell us about what it has meant to the women to experience DASA and its aftermath. It does, however, represent the beginning of research into DASA.

## **Aspects of the Experience of DASA as 'Different'**

Abarbanel (2001) argues that anecdotal evidence indicates that survivors of DASA may experience particular effects. She argues that a number of characteristics of DASA differentiate it from other forms of sexual assault. This is seen as due to the nature of the experience being qualitatively different. Fitzgerald & Riley (2000:12) characterise drugging as 'a unique form of trauma'. They go on to argue *"the drugging should be recognised as a separate and distinct act of victimisation in addition to any other acts of abuse and degradation to which the victim was subjected"* (Fitzgerald & Riley, 2000: 12).

Abarbanel (2001) argues that survivors of DASA may report experiences both during and after the assault that differ significantly in many ways to those described by other sexual assault survivors. Abarbanel suggests,

for example, that women subjected to DASAs are likely to encounter unique forms of discrimination, which may serve to undermine their experience. The lack of evidence or confusion in DASA makes being believed even more of an issue for survivors of DASA.

Abarbanel (2001) also describes how many women who have reported DASA to the police have been 'dismissed'. She describes situations in which women have been told that, because they had no memory and the man had his, there would be no case, or that because the women had no memory of the event, "how bad can it be?" (Abarbanel, 2001:22). Another key difference is said to be the relationship between the survivor and offender. Abarbanel (2001) states that, in addition to the stranger and acquaintance relationships in other types of sexual assault, survivors of DASA describe how they do not know the identity of the offender until they come round from the drugs, and that some women never find out at all. The person who administers the drug may not be the one who carries out the assault. Abarbanel (2001) argues that, when presenting to medical and criminal justice personnel, survivors of DASA may, in many ways, display similar behaviours to other sexual assault survivors. She does, however, draw attention to a number of different contributory factors. The lack of perceived threat to safety prior to the attack may compound their feelings of fear and shock. The effects of the drugs may deepen the 'surrealness' of the event.

According to Abarbanel, survivors of DASA experience a number of concerns that inhibit them from reporting to the police, in addition to the ones cited by survivors of other sexual assaults. They are likely to experience confusion and disorientation for some time after the assault, which can be a significant factor in the decision to delay reporting. Some women may feel sure that they have been drugged but uncertain as to whether or not they were assaulted. They may feel that they have insufficient information about what happened for anything to be done. Self consciousness about memory impairment may lead them to be distant or

questionable in their interactions with other people. They may be confused or perplexed by the questions they are asked; their inability to give any answers may lead them to feel inadequate and helpless. Questioning may lead to anxiety, as they become more and more aware of the amount of information they are unable to provide, and of the persistent nature of their memory loss.

Another issue is the way in which offenders gain access to women. Abarbanel (2001) argues that it is rare for women to be forcibly restrained while they are drugged. Most, she argues involve the man avoiding any confrontation with the woman. Thus DASA provides the offender with the opportunity to avoid any confrontation with the woman, avoid any resistance, avoid the use of force which can lead to physical evidence, and lessens the likelihood of the survivor being able to give evidence that will be taken seriously by others and that will stand up in court. The woman is '*silenced, incapacitated and immobilised*' (Abarbanel, 2001). The effects of the drugs then suggest the extreme disempowerment that may be experienced by women who have been subjected to DASA.

Abarbanel argues that in DASAs the women's lack of resistance is not an issue in court or in public opinion, the use of drugs is seen as an acceptable explanation for the women's lack of resistance. Abarbanel says, however, that survivors have reported feeling 'robbed' of the opportunity to fight back, and to resist (Abarbanel, 2001:24). Another aspect of DASA that is noted as different is the secrecy and anonymity with which the drugs can be administered, which gives the offender a number of advantages (Abarbanel, 2001). DASA can occur in a number of spaces both private and public. When the woman can be rendered helpless in a public place, however, people may not recognise that a crime is being committed; there may be little about the offender that will draw the attention of others. The effects that the drugs have on the woman may lead her to appear to others to be drunk and therefore vulnerable, so an offender may be seen as helping the woman by offering

to take her somewhere 'safe'. The effects of the drugs on the woman's physical and mental state may mean that, to a witness, she appeared to co-operate and go willingly where as in reality she is likely to be semiconscious and unaware of any danger.

Furthermore, Abarbanel (2001) describes how the coming forward of survivors in the US has resulted in the development and implementation of new policies and protocols for dealing with suspected cases of DASA. Policy and protocol relating to DASA has also been developed in the UK over recent years. In 2005, the Association of Chief Police Officers (ACPO) and National Centre for Policing Excellence (NCPE) issued guidance to police practitioners on the investigation of serious sexual offences. Furthermore, a number of Police Authorities have developed policy related to dealing with drug assisted sexual assault and the use of early evidence kits. A number of Police Authorities now have serious sexual assault policies that contains guidance specific to drug assisted rape. The policy of Derbyshire Constabulary (2003) for example includes information on; the use of early evidence kits, drugs known to be used, and the length of time substances stay in the system, the way in which women may present to the police, the importance of taking blood samples, the importance of seeking other forms of evidence that drugs may have been used. Abarbanel (2001) argues there is a critical need for research to look into the distinct characteristics of rape victimisation that are experienced by survivors of DASA.

### ***Survivors' Experiences of Loss of Control***

Abarbanel (2001) argues that the powerlessness and incapacitation experienced by survivors of DASA differ significantly from that experienced in other sexual assaults. Survivors of DASA, she argues, experience a different type of incapacitation in that their level of

consciousness is altered. Some women report completely losing consciousness once the drugs have taken effect, while some women report drifting in and out of consciousness. McLean (2000) carried out exploratory research in which she carried out in-depth interviews with five female survivors of DASA. McLean interpreted loss of control as a particularly significant factor for survivors of DASA before, during and after the assault. McLean highlights the following ways in which the women in her research had no control:

*They had no control over what they could remember, and what they were unable to remember*

*They had no control over what happened, how it happened or where it happened*

*They had no control over how they reacted, whether they resisted, or whether they fought back*

*They had no control over whether they were photographed or filmed, and where those pictures would end up or who would see them.*

(McLean, 2000:97)

Abarbanel (2001) describes how survivors of DASA often feel that they have experienced a '*double crime*' in that not only have they experienced the trauma, physical violation, loss of control and health risks of being sexually assaulted, but they have also been subjected to a '*mind rape*'. Not only does the drug physically restrain them during the assault but they are also left with no cognitive ability or conscious awareness during the assault. The amnesia produced by the drugs means they are unable to remember what happened to them after the assault. Abarbanel (2001) argues that this reduces survivors to a state of helplessness that is both extreme and prolonged.



Research suggests that experiencing loss of control may have particular implications for the ability of survivors of any type of rape to move on in the aftermath of the assault (Graver, 1999). Graver reviews research on control and coping, much of which is based on women's coping after being raped. The main conclusions were that women who felt they had control over the situation experienced fewer post traumatic stress symptoms for more than six months after the attack. Women who perceived more control when rating rape situations were less fearful and anxious. This was, however, based on them rating hypothetical situations. Women with 'external' locus of control experienced depression for periods that could continue for years after the assault. These findings are explained as being a result of 'learned helplessness'; women who try to gain control over the situation when being sexually assaulted or raped, and fail, see things as beyond their control. The importance of enabling women to regain control is thus emphasised as a central part of helping them to cope with their experience. Thus, regaining control is an issue for any women subjected to rape, and may indeed be a particular issue for women subjected to DASA, in view of the disempowerment they experience.

### ***Survivors' Experiences of Memory Loss***

In addition to loss of control, another major issue for survivors is their loss of memory. McLean noted in her (2000) research on survivors' experiences in the aftermath of being subjected to DASA that *"the single most unique factor of drug induced rape is the total or partial loss of memory and the subsequent effects of this"* (McLean, 2000:82). In addition to the trauma of the sexual assault, 21% of Sturman's respondents reported suffering additional trauma as a result of the 'lost time', the fear of what they didn't know.

Many women have unclear memories of the actual assault, although they may have clear memories of the place, the events surrounding the rape and their feelings and emotions (McLean, 2000; Sturman, 2000).

According to Abarbanel (2001) the consequences for women of not being able to recall events that occurred after the drugs took effect are significant. Survivors are said to experience great distress at not knowing some or all of the details of what was done to them. In addition, survivors have to deal with the added trauma of never being able to find out the answers to their questions, about who assaulted them, what was done to them, what was inserted into their bodies, how many people participated and how many watched. Some survivors feel that they would rather have the nightmares that come with other sexual assaults rather than not knowing what happened or imagining the worst (Abarbanel, 2001).

In her qualitative analysis of interviews with survivors, McLean interpreted a range of themes that reflected different aspects of memory loss of particular significance for survivors. McLean labelled these as: 'the memories return' 'filling in the blanks' 'he knew everything I didn't' 'a different story' 'what if's?' and 'to know or not to know'. 'The memories return' referred to the pain experienced by participants when they began to recover memories of their experiences. 'Filling in the blanks' refers to the issue raised by all those interviewed of not being able to remember parts of the assault, and therefore having gaps in their memories. 'He knew everything I didn't' refers to the loss of power and control experienced by the survivors due to them not knowing what happened to them, whilst at the same time perceiving that the offender knew exactly what happened. 'A different story' refers to the feeling amongst most survivors that if at all possible, they would have resisted the attack. 'What ifs' was a typical response among respondents. Not knowing what happened led them to imagine a number of different scenarios of what could possibly have happened. 'To know or not to know' relates to the confusion arising from survivors' partial memories of the assault. Survivors then faced the dilemma of whether it is better to know what

happened or whether it is in fact better not to know. According to McLean there was significant confusion around this question for all but one survivor: *“practically each woman swayed from one to the other during the course of the interview”* (McLean, 2000:96). According to Kelly’s (1988) argument, it is better for women to know what happened; they need to be able to remember and work through their memories of what happened in order that they can regain control over their lives.

## **Current Service Provision for Survivors of DASA**

Individuals who access voluntary sector rape support services or statutory agencies would usually be offered the opportunity to engage in some form of therapeutic or counselling work. Within the UK this most often takes the form of ‘talking therapies’ where counsellors draw upon a humanistic or a person centred approach with clients (Maslow, 1968; Shaffer, 1978; Mearns and Thorn, 1988). Such an approach may include Rogerian therapy (Rogers, 1979), brief therapy or solution-focused work (De Shazer, 1988; Miller, Hubble & Duncan, 1996). Counsellors may not focus exclusively upon one particular technique but are likely to remain eclectic and draw on different aspects of techniques according to the needs of the client. These services are clearly an important way of allowing individuals the space to acknowledge and work through the trauma following assault.

One of the difficulties that survivors of DASA may encounter with such therapy is the inability to recall some of, or the entire event. The continuing lack of memory is said to lead to women being revictimised in therapeutic interventions by leaving them with a prolonged sense of helplessness (Abarbanel, 2001). It is argued that the blanks in memory serve as a reminder to women of their ordeal. The provision of counselling services may assist individuals in dealing with some aspects of their lives that may have changed after an assault. However, survivors

of DASA may require different kinds of service in order to move forward from the actual event itself and work towards regaining control over their lives. Survivors may have felt that only certain sources of support were available to them, and that there were other areas in which they felt support would have been beneficial, but was not available. They may have found that their loss of memory had implications for their ability to engage in the process of recovery (Kelly, 1988) and that much existing service provision assumes that the individual is able to recall and talk through their ordeal.

An understanding of the experiences of professionals involved in the delivery of services may help to indicate the nature of required provision. The need for services to meet the psychological needs of survivors who have been sexually assaulted has indeed been emphasised (Petrack et al, 1997). Furthermore, Lippman (1999) argues that women should be enabled to actively participate in the process of determining what options are made available to them.

Both McLean (2000) and Abarbanel (2001) have argued that there is a need for further in-depth research to explore DASA. There is a clear need to reach a more comprehensive understanding of the particular difficulties faced by survivors and to ascertain appropriate forms of intervention. An understanding of the experiences of DASA and the needs and perceived needs of this specific client group from both professionals involved in the delivery of services and survivors may help to indicate the nature of required provision. Thus the initial aims of the current research were stated as being:

- To explore how survivors perceive the experiences of DASA
- To explore how the experience of DASA is perceived by professionals involved in delivering services to survivors
- To consider the psychological consequences of DASA

- To consider the implications of the above for women's 'recovery'<sup>3</sup> and for service provision.

These aims were subsequently refined to reflect the development of an epistemological and methodological framework for the research.

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<sup>3</sup> Although the term 'recovery' is used here, it is recognised that for survivors the process of moving on and regaining control over their lives is frequently ongoing and that some women who have been subjected to DASA may not feel able to move on at all.

# **Chapter 3: The Development of the Theoretical and Methodological Framework**

## **Introduction**

This chapter provides an account of the development of a methodological framework for the research. It begins with an outline of how the research project initially developed and then evolved into a three-stage study. This is followed by a brief outline of each stage of the study. The chapter then goes on to discuss in detail how a feminist, discursive, narrative ontological and epistemological framework allowed the research aims to be met. Furthermore, an account is given of the way in which the research aims were subsequently re-stated in order to reflect these theoretical developments. The chapter then discusses a number of methodological issues that arose from the approach taken.

## **The Development of the Research**

This research first arose as a result of a piece of exploratory research carried out in the School of Human and Health Sciences undertaken as a Masters dissertation (McLean, 2000). McLean's exploratory research aimed to investigate the prevalence of drug rape and the experiences of survivors. The research identified a number of aspects of DASA that would benefit from further exploration. My decision to undertake this research was not only informed by my wish to gain a PhD qualification but also by my general interest in the way women are treated in society. My understanding of many of the inequalities women experience had developed during my time as a welfare officer and women's officer within student unions. I also wished to contribute in some way towards social change for women. Although there are of course limitations in the ability

to achieve social change through a primarily academic piece of work, I later discuss ways in which this work has the potential to make a contribution.

In addition to these motivations were my own personal experiences of control and violence. I am a 32-year-old, feminist, married, white, educated, working class woman who has never been raped. I have however experienced sexualised violence and relationships characterised by control. I had no doubt that my experiences would influence the direction of the research; I will later reflect on the ways in which this was manifested. I have benefited throughout the research from the support and guidance of a multi-disciplinary steering committee that consisted of both professionals with experience in the area of DASA and academics in the field of psychology. At the beginning of the research study a multi – disciplinary steering committee, was set up to oversee the research.

## **A Three Stage Study**

The research was carried out over three stages, which are summarised as:

- Interviews with seven professionals who work with survivors of DASA in order to explore the social context in which women are subjected to sexualised violence and the context in which survivors access services and try to seek social justice.
- Interviews with two survivors of DASA and one survivor of rape to explore the individual experiences of survivors after being subjected to DASA and what might be the psychological consequences.
- Drawing together of these findings in order to contribute towards the development of a conceptual understanding of DASA.

## **The Development of the Ontological and Epistemological Framework for the Research**

Any social researcher has to make decisions on the following issues: epistemology – how do we know the world, what is the relationship between the inquirer and the known? Ontology – what is the nature of reality, what is the nature of the human being in the world? Methodology – what is the best way of finding out about the world?’ (Denzin & Lincoln, 2000: 157). In reality, the process of developing the ontological and epistemological framework was ongoing whilst carrying out the empirical work. This involved consideration of a range of different approaches to this stage of the research and the possibilities and limitations that they offered for the development of the research.

### ***Taking a Feminist Approach***

As has been argued, rape is a gendered social, political and health issue. Evidence suggests that the majority of rapes are carried out by men upon women (Berk et al, 1983; Schwartz, 1987 both cited in Campbell & Dienemann, 2001) and rape has been acknowledged to have considerable health implications for women (Council of Scientific Affairs, 1992 cited in Petrack & Hedge, 2002). As such it can be argued that rape is fundamentally a feminist issue. It made sense, therefore, to locate this research within a feminist framework.

What it means exactly to do feminist research has been the subject of many debates between researchers ascribing to a feminist position with different feminist researchers holding different views (Maynard & Purvis, 1994). Maynard (1994) identifies three critical issues for feminist research: the role of experience, the importance of race and other forms of diversity and the question of objectivity. Rather than define certain methods as feminist it has been argued to be more a case of the



parameters feminists think they must operate within. This includes a concern with rigour, maintaining integrity and continually reflecting on the research process (Maynard & Purvis, 1994). This research takes a feminist standpoint in its aims to do the following:

- *To explore relationships between knowledge and power;*
- *To reflect on the power relations between the researcher and those being researched;*
- *To ground knowledge in the experiences of women;*
- *To take into account the diversity of women's experiences;*
- *To take account of the power relations between women;*
- *To acknowledge the 'partiality' of the knowledge that is produced within the research.*

*(Ramazanoğlu & Holland, 2002: 65)*

For Willott (1998) taking a feminist standpoint means that among other things she has an explicitly political agenda in what she chooses to research, in the research relationships she develops with participants and in her critique of what she finds. However, despite my own position as a feminist researcher, I did not feel in a position to be so explicitly political in the development of relationships with my participants. The research required the development of relationships with a number of 'non-feminist' agencies including the police and sexual assault referral centres, and I was concerned not to alienate them and put the research in jeopardy. According to Malos (2000), the practice of feminists working with non-feminist organisations has been questioned for fear that this will lead to the nature and causes of sexual violence being redefined (in male terms) and action directed towards 'safe' channels (Malos, 2000). However I did not feel that I was 'selling out' as I was confident that the research would contribute to feminist aims and would be carried out within a feminist framework. Skinner (2000) argues that for research to be considered feminist it must consist of both strategy and tactics. Tactics refer to short term aims.

For Skinner one tactical aim of feminist research is to gain change within the discourses and practice associated with violence against women. As is discussed in more detail later in the thesis, discourses can be defined as *“practices, which form the objects of which they speak”* (Foucault, 1972:49, cited in Burr, 1995: 57). Although tactics may attempt to change discourses and practices they do not attempt to move beyond them. Strategy represents an attempt to move beyond, to tackle the problem at source rather than deal with the outcome. A strategy is characterised as consisting of two components: visions of alternative futures and attempts to gain change within dominant discourse and practices. Malos (2000) argues that working with non-feminist organisations could be important as part of a strategy through which to build awareness of the nature and consequences of sexual violence.

Reinharz (1992) has argued that simply obtaining knowledge about oppressed groups in society and ‘demystifying’ the processes through which oppression is operationalised and maintained creates the potential for change. However, it has been argued that feminists have an obligation to go beyond the citing of experience to make connections that may not be visible from an experiential level. Theory should therefore be used to make sense of women’s experience (Cain, 1986 cited in Maynard & Purvis, 1994). In addition the importance is emphasised of not creating a ‘false equality trap’ whereby feminists deny their own possession of knowledge and skills in order to minimise differences between women and not assuming that women will not want their experience interpreting to them (Kelly, 1988). As advocated by Silverman (2000), a research diary was used to identify issues as they arose during the research process. Throughout this chapter I will give an account of how these and further issues were dealt with.

## ***Social Constructionism and the Significance of Discourses of DASA***

Broadly stated, the aim of stage one of the research was to explore the experiences of professionals in relation to DASA. Social constructionism is a theoretical basis that allowed this aim to be achieved. It does this by looking at the way that people draw upon language to make sense of their experiences. The term 'social constructionism' does not refer to any specific comprehensive approach, but rather to a particular 'philosophy' which informs a range of different approaches (Peterson, 1998).

Social constructionists share the notion that we construct our reality through language. Language, as the main means by which we communicate and interact with others, has always been a significant area of research in social psychology. However, the social constructionist view of language is contrary to those working within a traditional realist perspective (Chomsky, 1965, 1966 cited in Potter & Wetherell, 1987). Language is not conceived as a descriptive medium, which represents the internal workings of the mind, but as a constructive tool by which we build up versions of reality and actively construct the world. Language is seen as providing us with the ideas, concepts and categorisations we use to think and make sense of our experiences.

Furthermore it has been argued that there is an 'action orientation' to our use of language, we draw on particular resources in order to accomplish certain behaviours such as to blame, excuse and justify (Austin, 1962). Thus, from a social constructionist perspective, DASA is conceptualised as a phenomenon constructed through language. Thus by looking at the language that professionals use in discussing DASA, analysis can seek to identify the ideas, concepts and categorisations that professionals draw upon when seeking to make sense of their experiences in the area of DASA.

The discursive resources drawn upon by professionals do, however, have a material reality, in that they have very real implications for the experiences of survivors. For example, as indicated by Abarbanel (2001) in the previous chapter, the police understanding of women coming forward to report DASA, may impact on how they treat women who do come forward. Women who do not fit in with their current understanding may not be taken seriously.

### **Departing from Traditional Psychology**

Broadly speaking, social constructionist research can be said to differ in three main ways to the essentialist, realist position taken by much of traditional, psychological research. Firstly, social constructionists take a much more critical view towards what we can actually say we know about the world. They question the often taken for granted assumptions that our levels of knowledge progress over time, and that it is possible to make generalisations across different cultures (Burr, 1995). Thus the current research will take a critical view towards what we can say we know about DASA.

Secondly, knowledge is not seen as arising from objective, scientific investigation and empirical observation but as actively constructed in our everyday social interactions. As the world is constructed through language we can only understand its nature through the available linguistic resources. The linguistic resources available for constructing the world vary considerably in different historical and cultural contexts. As such, these constructions are not seen as fixed and enduring, but as in constant flux, changing according to the context in which they are produced. Knowledge is seen as a product of specific historical and cultural environments (Woolgar, 1988).

Thus, in relation to the aim of identifying discourses around DASA, it is not seen to be a case of identifying one fixed set of discourses. It is more a case of identifying the frequently, contradictory discourses that are available to us, and exploring how these are drawn on in different ways within various social historical contexts. For example, the ways in which DASA is understood and made sense of by the police or others within the criminal justice system may differ considerably to the way it is constructed by counsellors, doctors, survivors or managers of sexual assault referral centres.

Thirdly, another major premise of traditional psychology that social constructionism rejects, is the notion that the nature of individuals is predetermined. It is not seen as possible to discover so-called 'truths' such as a person's essential personality type, or attitude i.e. "*responses that locate 'objects of thought' on 'dimensions of judgement'*" (McGuire 1985:239 cited in Howitt et al 1989). These are seen as stable and enduring in nature in traditional psychology theory. According to a number of social constructionists, however, there are no such truths, only different constructions. Thus the aim of the research would not be to identify fixed, stable attitudes towards DASA held by particular professionals, but to look at the different constructions that they draw upon in order to make sense of their experiences.

It is argued that an understanding of the different ways in which the world is constructed is important because different constructions bring with them different possibilities for social action. They often present a variety of opportunities and limitations. Their 'reality' comes, not from any inherent nature, but from the way they are talked into being and lived out in daily life. In this way knowledge and action in society are significantly related (Burr, 1995). The ways in which people make sense of DASA can therefore be argued to have significant implications for the actions taken by professionals when working with survivors.

Social constructionism, therefore, has important implications for what should be researched and the methods that should be used to do it. Social constructionism does not focus on attempts to identify internal phenomenon such as a person's political leaning or personality type. The aim of social constructionists is rather to look at the way people interact with each other in everyday social situations and how they behave, for example; the social practices in which they engage. Rather than the goal being to assess the truthfulness of knowledge, social constructionists ask how we arrive at a particular understanding of the world, through the study of everyday discourse. Thus the way in which professionals make sense of DASA is not compared with notions of objective 'realities' about DASA. Rather the focus is on the ways in which drug-assisted sexual assault is constructed through language and what this implies for social action. The ways in which discourses around DASA are talked into being and lived out in everyday lives may have very 'real' consequences for women, such as it being difficult for them to obtain justice or support if they are not believed.

### **What is Discourse?**

There can be considerable variation in what researchers mean when they refer to discourse. The following broad definition is given by Burr, 1995:

*A set of meanings, metaphors, representations, images, stories, statements and so on, that in some way together produces a particular version of events. It refers to a particular picture that is painted of an event (or person or class of persons), a particular way of representing it, or them in a certain light.*

*(Burr, 1995:48)*

As mentioned earlier in the thesis, according to Foucault, "discourses are practices, which form the objects of which they speak" (Foucault,

1972:49, cited in Burr, 1995: 57). This is also the view taken by this research. This definition was chosen as it emphasises the role of the behaviour of others in the way that we understand things in the world and focuses attention on relations of power.

## **Discourse Analysis**

The term 'Discourse Analysis' has been widely applied to a variety of approaches, which share a common concern with language, and the analysis of social 'texts'. However, they often differ in terms of their theoretical backgrounds, aims and methods of analysis. What it means to 'do' discourse analysis can therefore mean different things to different researchers, and they frequently attach different labels to what they are doing.

An approach which might be referred to as 'the analysis of discourses' rather than 'discourse analysis' (Potter, Wetherell, Gill, & Edwards, 1990 cited in Burr, 1995) involves deconstruction of a discourse i.e. breaking it down into its separate parts. The aim is then to look at how these parts are organised in such a way as to make up a particular picture or version of reality. This is influenced by the work of Foucault (1972) who traced discourses such as those of medicine, and sexuality throughout different historical contexts.

Foucault questioned the notion that things were the same, progressive or continuous throughout history. Instead he argued for the notion of 'epistemes' – periods of history that are organised around particular views of the world, where things are classified in a certain way and have specific meanings and values allocated to them. These meanings and values then determine the way in which we produce knowledge about the world, and the ways in which we are able to talk about it. According to Foucault, epistemes did not evolve from each other, becoming more

progressive, but rather they appear and are then absent, seemingly randomly. Foucault makes the point that people may not necessarily be conscious of these principles.

Foucault (1975, 1977) classified the last 400 years into three epistemes; the Renaissance, the Classical and the Modern. He argued that in the renaissance period it was believed that the way to understanding was by interpreting God's word and what he had to say about the world. In the classical age, Foucault argued that it was thought that there was a natural order to things that could be identified through observation and measurement. In the modern ages however, rather than God or nature, it was 'man' who was held to be responsible for knowing about the world.

Foucault questions any inevitability about what we currently know about the world, rather, he attributes such knowledge to the ways in which epistemes are ordered. In his work 'the Archaeology of Knowledge', Foucault (1972) argues that, epistemes can be discovered through focusing analysis on what he calls 'discursive formations'. Discursive formations organise ideas and concepts and facilitate the production of knowledge. Such formations are defined by what they are not – what they say that they are different from, as well as what they are. Foucault talks about, for example, the way in which 'madness' is discursively formulated through; disciplines such as psychiatry, the commentary that 'experts' within those disciplines provide, and how such commentary is authored by those names that carry the most weight.

According to Foucault (1980), however, what is said to be true is not representative of what is real, rather, it is dependant on the history, culture and power relations in any given society. He argues:

*Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and*



*makes function as true; the mechanism and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true.*

*Foucault (1980: 131)*

Thus all societies are said by Foucault (1980) to have their 'regime of truth', certain types of discourse which it accepts and holds as true. Rules are used to distinguish the true from the false, and the truth brings with it particular effects in terms of power. For example, Foucault (1980, 1985) discusses the way that science, the education system and the penal system has played a key role in previous regimes of truth. He uses the term 'games of truth' to refer to the rules that institutions use in order to produce knowledge about what is, and what is not, true about the world (Foucault, 1997). Foucault's aim was to understand our arrival at present forms of knowledge, and power relations that operate in society. Foucault (1979:297) asserts *"I would like to explore not only these discourses, but also the will that sustains them and the strategic intention that supports them"*.

Within a Foucauldian discursive approach attention is focused on the relation of different discourses to each other rather than on the social context in which they are used, and by whom (Burr, 1995). In view of the feminist conceptualisation of rape as a power issue (Griffin, 1971; Brownmiller, 1975; Clark and Lewis, 1977; Russell, 1982) it seems important that the current study adopts an analytic approach that will enable power relations to be explored. A Foucauldian discursive approach seems to offer the potential to explore discourses of DASA and to consider subsequent power relations. This includes consideration of whether particular 'regimes of truth' have been argued to apply in relation to sexuality, gender and issues such as the causes of sexualised violence.

## **The Possible Contributions of Discourse Analysis to Feminist Research**

Fraser (1997) argues that there are a number of ways in which discursive theory has the potential to contribute to feminist research aims.

Discursive theory can assist our understanding of how social identities are constructed and change over time. It can demonstrate how, under social conditions of inequality, groups are formed and informed. It can be used to explore how the cultural hegemony of dominant groups is maintained and challenged. Gavey (1996) argues the need to move away from mere conceptualisations of women as inevitable victims of violence and abuse towards researching the ways in which women have successfully resisted victimisation. The promotion of competing discourses then presents alternative understandings for people to draw upon when trying to make sense of sexual violence.

### **Limitations of Discourse - Relativism, Loss of the Subject and the Extra Discursive**

There are, however, a number of theoretical issues that need to be addressed by those wishing to take a discursive approach. Within a discursive approach problems arise from the assumptions within social constructionist theories that meanings for everything lie in discourse. Researchers have argued that current approaches to social constructionism have failed to take adequate account of the extra discursive features of our experience such as embodiment, materiality and power (Burr 1995, 1999; Nightingale and Cromby, 1999; Crossley, 2000). Parker (1992) argues that a discursive analysis leaves a number of questions unanswered. This includes the question of "*what is going on inside people's heads?*"(cited in Day Sclater, 2000: 132). Furthermore, what is behind the use of particular discourses and the resistance, and negotiation of particular 'positions'? Day Sclater asks "*if there is*

*subjectivity beyond discourse, what form does it take and how might we have access to it?* “ (Day Sclater, 2000: 132). Or as Burr (1995) puts it, though we all have access to the same linguistic resources with which to construct our identity, (cites Potter and Wetherell, 1987) *“how then is it possible to explain the way in which people internalise different discourse in different ways, and become different individuals?”* (Burr, 1995). Survivors of DASA are then reduced to being products of dominant cultural discourses. How then is it possible to explore women’s resistance?

Burr (1995) argues that the view that nothing exists except in discourse denies that there is any ‘material base to our lives’ and things that have an important influence on our lives are reduced to being the effects of language. Women’s experiences of sexualised violence cannot, however, be said to be merely the effects of language. Furthermore, the view that all things are constructed through discourse does not conceive of people themselves as having personal agency. On what basis, then, can we claim the need for people to change oppressive situations, through examining their own motivations and actions? (Burr, 1995). How then is it possible to argue for change in the way that DASA is understood within society? My own answers to these questions are addressed later in the thesis.

Another issue is that discourse and deconstruction interpret knowledge as relative to the time and place in which it occurs and relative to the person constructing the phenomenon (Parker, 1997). Thus discourses about DASA are seen to relate only to the particular social and historical contexts in which they are used. This, however, also relativises the *‘truth claims of the critics, potentially sabotaging moral and political critiques of the discipline’* (Parker, 1997: 296). In other words, on what basis does this then make it possible to argue for particular ways of understanding DASA? It has been argued that the view that all knowledge is relative does not mean that all accounts are equally valid or useless, because

some accounts can be seen as more morally defensible than others (Parker 1997).

### **Theorising Subjectivity – Subject Positions**

It has been argued that within any discourse subject positions are available to the individual, but these are not the extent of the individual (Henriques et al, 1984 cited in Gavey, 1993). These subject positions offer us ways of being and behaving, understanding ourselves and understanding events in our world. It is also argued that the relationship between discourse, power and subjectivity means that women are most likely to be positioned within dominant, prevailing discourses, although their position may be partial as other discursive possibilities arise. Henriques, Hollway, Urwin, Venn & Walkerdine (1998) argue that although all discourses make available positions for subjects to take up, women and men are placed in relation to each other through the meanings that a particular discourse makes available.

Women may be unable to resist the positioning within such discourse if they do not have access to alternative discourses and practices (Hollway, 1984). Subjectivity is said to be fragmentary in nature and thus any individual's subjectivity would not be entirely consistent with a unitary subject position from any one discourse (Gavey, 1993). Weedon (1987) argues that subjectivity is a process, always changing as a result of the attempt to position oneself in the face of a number of different discourses. Hollway (1995) argues that subjectivity should not be reduced to the sum of positions in discourse, nor should women be reduced to an object position in power relations with men and thus as victims.

Positioning theory does not offer a unified account of self and personal agency but is more a set of conceptual ideas through which to explore the relationship between discourse and subjectivity. Willig argues that if the

aim is to study discourse as a way of mapping an '*ontology of experience*' (Lupton, 1997 cited in Willig, 2000) then positioning theory provides a suitable theoretical and methodological framework. It allows connections to be made between language and experience, and to make connections between how subjects and objects are constructed through discourse. Furthermore, positioning theory facilitates an understanding of how women feel about being positioned in particular ways.

Willig (2000) notes the lack of research into the ways in which practices may constrain discourse. Willig argues that access to discursive resources and positions within them may be limited by practices within institutions that have become in some way regulated. It is thus important to acknowledge that discourse and practice are intimately related (Willig, 2000). Willig notes the point made by Parker (1992) that discourses are grounded in social and material structures and so we need to consider the conditions that make meanings possible. In other words, when examining discourses around DASA there is a need to take into account power relations and how they make some meanings of DASA possible and not others.

Willig (2000) argues that part of the project of Foucauldian discourse analysts is to explore the subject positions that different discourses offer and what they imply for possibilities of selfhood and subjective experience for different groups of people. Willig argues that positioning theory has been influential on social constructionist theorising of subjectivity. Willig (2000) outlines two approaches that have been taken within Foucauldian discursive approaches. The first involves deconstructing expert discourses, and examining the ways in which the use of particular linguistic categories and discursive constructions serve to legitimate particular versions of reality and experience and exclude others. The other approach has been to analyse non-expert texts in order to understand the extent to which dominant discourses are reflected in 'lay persons' talk.

Willig argues that both approaches offer important insights into the way in which categories are constructed, maintained and put to use in a variety of different contexts. Furthermore they offer an understanding of how they influence the experiences of women. Willig argues the need to focus more attention on non-expert discourse by analysing everyday talk. Willig (2000) argues that discourse analytic research needs to theorise between discourse, subjectivity and experience. Willig thus argues for a more dynamic approach which views the individual as constituted by discourses and practices but sees them as also purposive and reflexive.

So in relation to professionals, they are 'experts' in that they advise and guide in instances of DASA, however this may, at times, be based on non-expert knowledge. They may or may not see themselves as experts. Even if some professionals do not see themselves as experts they have considerable power for example those involved in the process in service provision. That is not to say, however, that they experience themselves as powerful.

### Approaches to Positioning Theory

According to Willig (2000) different versions of positioning theory exist which continue to be modified and developed. Two detailed and well-developed versions have been those adopted by Hollway (Hollway, 1989) and Harré (Harré & Gillett, 1994). Hollway argues that available positions are strategically taken up in order to achieve particular objectives, but they also serve to structure an individual's private experience, so discourses constitute subjectivities. Hollway (1989) draws on psychoanalytic theory to explain the motive behind taking up particular discourse and the emotional investments in such positions. According to Harré's position, cognition is reconceptualised as the internalisation of public discourses. So individual cognitions are seen as privatised

discourses. Subjectivity is thus seen as arising in public discourse but not necessarily publicly expressed.

Willig (2000) thus argues that positioning theory offers a way of explaining continuity in the way we experience ourselves as selves. Some subject positions are seen as temporary and some are more permanent and so become internalised. Thus the use of subject positions would assist in understanding the ways in which discourses around DASA empower and restrict the actions and ways of being available to professionals and survivors.

## **Reformulated Research Aims**

Although the aims of the research were initially stated in broad terms, they were subsequently rewritten in order to reflect these theoretical developments. Previously I had stated within my research aims that I wished to explore how professionals and survivors perceived their experiences. I had now taken the position that individuals make sense of their experiences by drawing on discursive resources. Furthermore I now considered also that these discourses may have an important impact on survivors of DASA. The aims of the research were thus restated as being:

- To explore the discourses reflected within professionals accounts of their experiences in relation to DASA
- To explore how survivors talk about their experiences of being subjected to DASA and what might be the psychological consequences
- To explore how dominant discourses around rape and DASAs relate to survivors' accounts of their experiences after the assault.

- To develop a conceptual understanding of DASA in terms of experience and recovery.

## **Narrative Approaches and the Significance of Survivors' Narratives of their Experiences**

### ***What Does it Mean to Take a Narrative Approach?***

McLeod (1997:30) notes how the 'narrative turn' developed in the 1970s and 1980s. However, a rise in the use of narrative approaches within social science research has recently been noted (Horrocks, Milnes, Roberts and Robinson, 2002). Crossley (2000) outlines how narrative psychology shares the concern that post modernists and discourse analysts have with language as a tool for the construction of reality. However, the construction of stories in particular, is seen to play an important part in the process by which we construct ourselves (Crossley, 2002). Individuals construct and interpret their everyday lives and experiences through stories; it is in this sense that narrative can be called a constructivist approach (Crossley, 2002). Thus by looking at the stories constructed by survivors of DASA, we may be able to better understand the ways in which they construct their own identities.

### ***Contrasts Between Narrative and Discursive Approaches: Agency, Coherence and the Individual***

Narrative approaches can be said to differ in a number of ways to discursive approaches. According to Jackson (1998):

*Discourse is a rather broader term than narratives. Discourse circumscribes what we can know and speak about and how we can know and speak about it: it enables us to say and think some things rather than others, thus shaping our sense of*



*social reality. A narrative, quite simply is a story: a form in which we typically recount remembered events and experiences.*

*(Jackson, 1998: 47)*

In contrast to this view of narratives, a number of other theories have been put forward suggesting that narratives may have a number of other functions, including making sense of our experiences in every day life (McLeod, 1997) and constructing our identities (Crossley, 2000). Day Sclater (2000) argues that:

*Discourses constitute structures that afford certain kinds of readings; they therefore function, partially and temporarily, to fix meaning. In the context of narrative work discourses exert a structuring influence to narrative accounts, at the same time as those accounts provide the broad parameters within which discursive meanings are negotiated and realised even if partially and temporarily.*

*(Day Sclater, 2000: 131)*

Malson, (2000) has noted a tendency for discursive approaches to lose sight of the person as an active and reflexive being, arguing that:

*“discursive positions are occupied, negotiated and resisted by active human subjects, using conscious strategies and making unconscious emotional investments in telling things as they do” (Malson, 2000: 160).*

However, McLeod (2001) notes how Riessman (1993) attributes reflexive personhood and inner experience to her participants. Riessman’s (1994) analysis of the account from a survivor of marital violence leads her to assert that *“the narrative is both an individual and social product; she goes into memory to re-experience the violence and to try, once again, to make sense of it”* (Riessman, 1994: 115). McLeod (2001) notes:

*Narrative analysis is therefore an approach, which combines a discursive emphasis on the construction of meaning through talk and language, alongside a humanistic image of the person*

*as a self-aware agent striving to achieve meaning, control and fulfilment in life.*

(McLeod, 2001:106)

Furthermore, Horrocks & Kelly (2002) argue that a narrative approach allows a focus on both the individual and social influences on experience. Taking a narrative approach during the research with the survivors would, therefore, allow an acknowledgement of the individual influences on the experiences of survivors of DASA after the assault. Rather than survivors of DASA being seen as totally subject to social influences, the narrative approach offers a conceptualisation of them as active and reflexive beings and their narratives as being both individually *and* socially produced.

### ***Defining Stories and Narratives***

A distinction has been noted between stories and narratives (McLeod, 1997) in that a story is seen as a specific event, whereas a narrative is an account of events that contains stories within it in addition to other forms of communication. Furthermore McLeod (1997) notes how *“a narrator tells a story but in doing so offers something over and above the bare story, for example, asides, or by announcing ‘the end’”* (McLeod, 1997: 32). McLeod (1997:47) cites Bruner’s (1986) argument that narratives must consist of five elements *“an actor, an action, a goal, a scene and an ‘instrumentality’ however, the dramatic element or suspenseful quality of a good story is provided by a sixth essential element: ‘trouble’”*. He notes how it is the imbalance between these elements that makes a story worth telling.

McLeod notes further that all stories must have some kind of structure in order for them to be recognised and seen as complete. According to

McLeod (1997) stories, in simple terms, can be said to contain a beginning, middle and an end. McLeod (1997) notes, however, that a number of other structures have been put forward. Polanyi (1982 cited in McLeod, 1997) suggests that stories must relate to past time events and must have a point. McLeod (1997:39) cites the argument made by researchers such as Sarbin (1986) that we 'live in a storied world'. This means that our place within a group relies on our knowledge of the stories that contain within them the values and practices of that group of people. Crossley (2000) notes how:

*Meanings are not produced subjectively by isolated individuals; rather they are formulated through cultural meaning systems such as language (and narrative) which reverberate with knowledge of connections and relationships across generations.*

(Crossley, 2000:11)

Thus in telling a story we draw on those stories already 'out there' within our worlds. McLeod (1997:22) refers to 'metanarratives' as those overarching stories through which people seek to tell their own stories. These metanarratives are characterised by Jones (2003:5) as "*all embracing, always applicable, truths about the causes of particular aspects of the human condition*". In contrast, according to Riessman, (2000) personal narratives are about individuals, their personal experiences and problems, the spaces that they inhabit socially, and the societies in which they live.

### ***Different Approaches to Personal Narratives***

There are a number of different approaches within narrative psychology. Langellier (1989) broadly differentiates between different approaches, which include: personal narrative as storytelling performance, personal

narrative as conversational interaction; personal narrative as social process; personal narrative as political praxis.

### **Personal Narrative as Storytelling Performance**

This approach focuses not just on the story itself but also on the way in which it is told, how it engages the listeners (Georges, 1969 cited in Langellier, 1989). This approach has something to offer in terms of allowing us to explore how survivors of DASA tell their stories in such a way as to engage listeners. In view of the fact that women often have to struggle to be heard and for their stories to be taken as anything other than fictional it would be interesting to explore the strategies that women use to engage their audience, in this case myself and the readers of the research. In using this approach the aim would not be to judge the validity of survivors' accounts but rather to look at how survivors seek to make their points and engage listeners. It seems that considering not just the content of the story but also the ways in which the stories are told and how the storyteller seeks to engage listeners would have something to offer the present analysis.

### **Personal Narrative as Conversational Interaction**

This approach emphasises the audience and the context in which the story is told (Langellier, 1989). Research in this area has been developed largely by Sacks (1986) and Jefferson (1978). A personal narrative is seen as a joint construction depending on shared knowledge and rules of interaction. One research example is the work of Mandelbaum (1987), who looked at how couples both tell a story together as a way of 'doing' couples. Livesey (2002) claims that it is the person being told the story who holds the power to settle the 'truth' of the matter. Livesey uses

Foucault's (1976) notions of duality and contested reciprocity as key in understanding disclosures. She goes on to outline what this means:

*Disclosure cannot be seen as a speaker giving the truth to a listener but must instead be viewed as a reciprocal relationship in which the speaker gives the truth in a way, which is both limited, controlled and ultimately shaped by the listener (and indeed by previous listeners). However, at the same time, the speaker then becomes subject to (and subject of) the discourse of truth that arrived in this way and it is their experiences that become subject to the limitations of discourse.*

(Livesey, 2002: 60)

Thus this approach would seem to have relevance for the present research in that it allows a focus on the content of survivors' stories and the way in which they are produced within the interview context. Furthermore, consideration is given to the relationship between the interviewer and the interviewee and the way in which they both influence the stories told. It also takes into account other contextual influences such as gender and class. The fact that this approach considers the relationship between narrative and society and also the relationship between the interviewer and interviewees is in line with the reflexive approach taken by the current research. The analysis of the accounts of survivors of DASA will therefore maintain a focus on the dynamics of the conversational interaction within the interviews.

### **Personal Narratives as Social Process**

According to Langellier (1989) the main aim of this approach is to make explicit the relevance of social and cultural contexts for uses of narrative. Condit (1986 cited in Langellier, 1989), for example, used this approach in her analysis of women's stories about abortion to see how public and private discourse impact on each other. The focus within the personal

narratives as social process approach on social context fits in with my aim to consider the influence of social context on the narratives of survivors of DASA. Paying attention to the link between context and stories means that the stories of survivors of DASA may themselves be conceptualised as 'situated events'; women may tell different stories in different social contexts. Whilst survivors of sexualised violence could be considered a particular speech community, my focus will differ from this approach in that it will include consideration of the individual nature of narratives and will view survivors as performers and conversational partners.

### **Personal Narrative as Political Praxis**

This approach focuses on questions of power, knowledge, ideology and identity (Langellier, 1989). The focus is on how narratives function to open up or to limit possibilities for action. Furthermore consideration is given to whose interests different narratives serve – what it legitimates, who it empowers and what notions it resists and supports. Crossley (2000) argues that we are essentially unable to 'step outside' of dominant narrative structures of power and control when we experience our selves and develop our understandings of our selves. According to Livesey (2002), if the story being told by a woman goes against more dominant cultural narratives, the woman risks being ignored or dismissed (Livesey 2002 cites Coates, 2000).

This approach to narrative seems to have a lot to offer my research. Women who have been subjected to DASA may also have the stories that they are able to tell about their experiences limited by existing cultural resources, and be disempowered in the same way. In line with the feminist approach of this research, using this approach will allow me to explore issues such as how survivors of DASA themselves have experienced this reciprocal relationship and any consequences that this

may have had for individual women. Do they feel 'lived' by stories such as those that position women as responsible for sexualised violence? How do women position themselves in relation to those discourses? Do women feel able to resist those positions, if so in what ways do they seek to do this?

### ***Developing a Narrative Approach for the Research***

It would seem useful for the current research to combine a number of the foci discussed within the above approaches. I will not draw on the personal narrative as story text approach due to its lack of consideration of the role of context and audience. Furthermore the notion that language and narrative represent reality, rather than constitute it, is inconsistent with the social constructions position taken. The personal narrative as storytelling performance approach will be drawn upon, in that the focus is not just on the story itself but also on the way in which it is told. This approach facilitates consideration of how survivors of DASA tell their stories and the implications that this has for them. In line with the reflexive approach being adopted within the research I will also draw upon the personal narrative as conversation interaction approach and as such will consider the ways in which the narratives produced by the research were jointly constructed by both myself and the research participants.

Although I will consider the social context in which the narratives were produced, drawing solely on the personal narrative as social process approach would not allow an exploration of the individual nature of narratives. Focusing on individual narratives is an important step towards the feminist aim of acknowledging the diversity within the experiences of individual women. Furthermore, treating personal narratives as political praxis is central to the feminist aim of considering the role of power relations in women's experiences after being subjected to sexualised

violence. Thus the approach being taken could be summarised as personal narrative as individual, social, performative, interactive and political.

### ***The Relevance of Narrative to the Psychology of Trauma***

The narrative approach seems particularly appropriate for research that seeks to explore the psychological processes involved in dealing with traumatic experiences such as being subjected to DASA. Crossley (2000) notes how narrative psychological approaches were developed in research that sought to explore issues like the psychology of trauma which attempted to understand the ways in which people adapt and respond to traumatic experiences, such as experiencing mental illness or terminal illness (Crossley, 2000; Frank, 1995; Riessman, 1994).

Crossley (2000) states that traumatising events and the disorientation and confusion that follows can frequently lead to the breakdown of a coherent life story. McCormack, Illman, Culling, Ryan & O'Neill (2002), for example, note how Frank (1995) in his research on illness narratives describes three different types of narrative: 'restitution narratives'; 'chaos narratives' and 'quest narratives'. 'Restitution' narratives focus on the future, such as a future where the illness will not be there. Within the restitution narratives there is a tendency to 'gloss over' current reality and look towards a future in which the individual has recovered from illness. Thus the focus is on a successful outcome in the future rather than the present.

'Chaos' narratives are the opposite of restitution in that they focus on a world in which things will never improve. The stories within the chaos narrative are chaotic in that they are told as the individual experiences them. The stories within the chaos narrative lack any narrative order.



Chaos stories tend to be anxiety provoking and thus become hard to hear. The teller of chaos narratives sees themselves as subjected to a series of events, which they are not in any position to control. Any efforts to gain some sense of predictability have failed. The listener may advise the storyteller to remove him or herself from the situation because of the chaos of the story.

In contrast to 'restitution' and 'chaos' narratives, 'quest' narratives confront suffering by accepting what is being experienced and seeking to use this in a positive way on a 'journey' towards personal growth and change. The use of journey metaphors often represents quest narratives. Within 'quest' narratives the teller may see the journey itself as more important than the outcome. The desired outcome may not be fully understood or realised. Although the narrative framework put forward by Frank (1995) is focused on narratives of illness, it does seem to have the potential to relate to the possible experiences of survivors in the aftermath of being subjected to DASA.

Neimeyer & Levitt (2000) note how the experience of loss can make it very difficult for anyone to construct a coherent story and make sense of an experience. Survivors of DASA are likely to have experienced a number of losses, including loss of memory and loss of control. The loss of memory may make it even more difficult for survivors of DASA to build a coherent story. The question then arises of *how* do survivors make sense of what happened to them? Neimeyer & Levitt (2000) note how loss tends to result in attempts by the individual to restore some coherence and continuity to a narrative, which may involve building a new identity that incorporates the loss.

McLeod (1997:46) however, critiques the notion of a 'coherent self narrative', which he argues implies the existence of a single unitary self and argues instead for the notion of a 'multiple storied self'. McLeod notes how *"from this point of view, the self can be viewed as*

*encompassing a multiplicity of narratives, attached to different situations and relationships, places and people*" McLeod (1997:46). McLeod (1997) argues that we should consider also what he calls 'distributed selves' i.e. how people define themselves in terms of 'external relationships and situations'. It is argued that presentation of a distributed self may reflect discontinuity in the way we feel about ourselves. Furthermore, McLeod (1997) argues that we should consider the situations in which people present their self as 'unified' or as 'distributed'. This implies then, that the accounts from women who have been subjected to DASA may contain a number of different and perhaps contradictory references to their sense of themselves and that this may be related to different aspects of their experiences.

Neimeyer & Levitt, (2000) note how stories of loss are often 'polyvocal' in that they may be spoken differently from the many voices that 'issue' from a given individual, either simultaneously or over time. Thus the possibility of conflict arises. Neimeyer & Levitt (2000) note that such conflict can take the form of incoherence in an individual's life story, over time, and can also take the form of simultaneous incoherence, where from one individual, one voice speaks one view and another voice takes another different view.

This implies that, within the accounts of survivors of DASA there may be a number of different voices and that these may conflict with each other. Mattingly (1998) notes the assertion by Bakhtin (1981), however, that other stories can always be told and different moral readings represented. Holquist (1990: 20) describes the argument made by Bakhtin that: *"all meaning is relative in the sense that it comes about only as a result of the relation between two bodies occupying simultaneous but different space"*. Thus, the implication that there are a number of different ways in which the accounts of survivors could be read.

## ***The Possible Contributions of Narrative to Feminist Research***

Taking a narrative approach is consistent with the feminist framework of the research in a number of ways. Crawford-Cressey and Harrick & Fuehrer (2002) argue that, by creating narratives that detail the struggles involved in negotiating particular identities, women can empower themselves and effectively challenge dominant cultural discourses. Furthermore, Crawford-Cressey et al (2002) argue stories highlight the commonalities of experience, thus narrative offers the opportunity to go beyond mere citing of unique individual experiences. A number of other researchers have successfully used narrative approaches to explore how women make sense of their experiences of violence and disempowerment (Riessman 1994; Woodiwiss, 2005).

Mishler (1986) suggests that people cannot help but tell stories when talking about their experiences. Thus, although I am not asking women for their accounts in storied form, my approach can be described as narrative as I am paying attention to the ways in which they story themselves when narrating their experiences. My approach will also be narrative in the sense that I will use a narrative approach in my analysis. Combining a discursive and narrative approach, therefore, allows critical consideration of both the social *and* the individual aspects of women's experiences of being subjected to DASA.

## ***Issues Arising From the Use of Narratives***

Hollway & Jefferson (2000:61) describe a number of issues that have arisen from the use of narratives. These are said to include the following:

- *What is the relation of a story to the events to which it refers?*

- *How is truth compromised by the storytellers' motivations and memory?*
- *Since one of the defining features of narrative form is said to be coherence, how does this affect our knowledge of the potential incoherence of life as it is lived?*

(Hollway & Jefferson, 2000:61).

Hollway and Jefferson (2000) note how Bauer (1996) sets these issues aside through analysing the narrative itself, rather than the events, experiences or character of the narrator. However, for Hollway and Jefferson (2000), it was the narrators themselves that were the focus, and the stories were seen as a means through which to better understand them. Considering how truth is compromised by the storytellers' motivations and memory is not a concern for the current research as it was not my aim to assess the validity of the accounts of survivors. The relation of the story to the event to which it refers is however an issue.

Gavey (2005) combines a concern with language as constitutive of meaning, on the one hand, with a realist understanding of language as descriptive medium that conveys factual information about what actually happened. Gavey (2005) argues that because social practices are part of discourse this is necessary in order to understand the relationship between discourse and practice. As Gavey (2005:97) puts it, in relation to her research into the discursive construction of sexuality, *"these kind of analyses rely on knowing something about the dynamics of heterosex in at least some instances – that is, who does what, to who and how?"*

Thus, following Gavey (2005), treating the accounts from survivors of DASA as social constructions is not to deny the reality of the experiences contained within those accounts. This enabled me to consider links between current discursive constructions of DASA and current social practice. Although it has been argued that one of the defining features of narrative is coherence, I would argue that we can attempt to understand the incoherence of life as it is lived, by paying attention to any incoherent

aspects of individual narratives. The incoherence of life as it is lived may be reflected in any contradictions and the overall 'shape' of narratives, thus paying attention to these as I did in my subsequent analysis may be one way in which we can understand both the coherent and non coherent aspects of narrative.

## **Summary**

Given that I have argued that rape is a feminist issue, it seemed appropriate to work within a feminist framework whilst carrying out the research. Furthermore a social constructionist perspective was adopted, as it was considered to have the potential to contribute to feminist research aims in a number of ways. A social constructionist perspective allowed a critical focus on the relation of social and cultural context to experience. Utilising a Foucauldian discourse analysis offered an opportunity to explore the structural influences on the way in which women experience being subjected to DASA. It aimed to 'demystify' (Reinharz, 1992) the discourses around DASA.

The notion of subject positions has previously been used to understand women's experiences of heterosexual coercion (Gavey, 1993). The concept of subject position offers a way of conceptualising individuals, as both constituted by discourses but also as reflexive, agentic and capable of resistance. Thus the analysis aimed to highlight the understandings that are presented by dominant discourses around rape and DASA and what this implies for ways of being and behaviours. In other words what does it make possible and what does it restrict in terms of social action? Rienharz (1992) argues that simply raising awareness of such phenomenon can create the potential for social change.

Incorporating a narrative approach seemed to offer a way of meeting my research aim of gaining an in depth understanding of how women story

their experiences in order to make sense of what it has meant to be subjected to DASA. Specifically, a narrative approach seems to offer the opportunity to focus on the experiences of survivors, how they make sense of those experiences and offers some opportunity to 'give voice' to survivors. Furthermore, it allows consideration of the individual influences on experience, thus taking women's agency into account. In addition, it facilitates an exploration of how women make sense of their experiences of being subjected to DASA and seek coherence in the absence of any memories of what they were subjected to.

As I have argued in the first part of this PhD research and as, indeed, a number of other researchers have argued (MacKinnon, 1997; Smart, 1989; Nicholson, 1994; Gavey, 1992; Ussher, 1997) women are disadvantaged by a number of the discourses that currently operate within society. Furthermore, it has been suggested that women may draw upon these discourses when making sense of themselves and their experiences.

Many women subjected to sexualised violence succeed in moving on towards 'recovery' and have found ways that enable them to move on and regain control over their lives (Gavey, 2005; Dolan, 1998). However, some women subjected to DASA may feel unable to 'move on' in a number of ways as a result of the memory loss and loss of control experienced. They may feel that there are particular areas in which they would benefit from further help and support. Given that sexualised violence is a phenomenon frequently denied by society (Ussher, 1997), women's experiences are frequently not seen as 'tellable', and if they are told then they risk being 'censored' by others. The use of a narrative approach during this stage of the research would seem to allow women some opportunity to tell their own stories and illustrate how they make sense of their own experiences. However in addition to women making sense of their own experiences, I, as the researcher, will also make interpretations about certain aspects of their experiences in that analysis

will focus on making explicit, any power relations that are part of the experiences of women subjected to DASA.

Crossley (2000) argues that the meaning systems that exist within our culture play an important part in the meanings that individuals make of their experiences. However, as I have previously noted, feminists have argued that women are not constituted by them (Hollway, 1995). Indeed it has been noted that women frequently succeed in resisting these discourses (Henriques et al, 1998). A narrative approach would thus seem to offer the opportunity to conceptualise survivors of DASA as agentic beings, capable of resisting dominant discourses. Thus my analysis will also aim to gain an understanding of the ways in which women may or may not feel able to resist dominant discourses, as well as how they are affected by them. Though there are limitations to the degree to which a Ph.D. thesis can increase the visibility of the experiences of participants, it is hoped that this stage of the research and subsequent publications may contribute, albeit in a limited way.

# **Chapter 4: Methods Used for Exploring the Experiences of Professionals and Survivors-Strategy and Design**

## **Introduction**

This chapter provides an account of aspects of the empirical work when exploring the experiences of professionals and survivors. It begins with an outline of why a qualitative approach was chosen for the research. It goes on to discuss why semi-structured interviews were used with professionals. The key process of negotiating ethical approval for the research is discussed. This is followed by an account of the negotiation of access to professionals. The chapter moves on to discuss my story of sampling survivors of rape and DASA for the research. The methods used for transcription are provided. I go on to discuss the methods used in the analysis of the interviews with professionals. An account is provided of the reasons for choosing depth interviews for the exploration of the experiences of survivors of rape and DASA. The construction of the schedule for the interviews is then discussed, as is the development of a method of analysing the survivors' narrative accounts. Finally discussion is focused on a number of issues that arose from the process of designing the research and developing strategies that would facilitate the successful completion of the research. In line with the reflexive approach being taken and my concern with establishing credibility, transferability, dependability and confirmability (Seale, 1999), this part of the chapter represents my own story of the issues that arose. I present here my own account of what was itself, a journey, and indeed in many ways a quest (Frank, 1995).



## Choosing to Take a Qualitative Approach

The research design and its strategies were based on a qualitative approach. Although it is acknowledged that this view is contested, Deem (2002) cites the argument made by Skeggs (2001) that qualitative research strategies are important because they conform to feminist principles, they both emphasise the focus on experience, participants' own definitions, meanings, context and subjectivity. Ramazanoğlu & Holland (2002) however argue for the use of qualitative approaches when exploring the lives of women due to their potential to give voice to *"personal, experiential and emotional aspects of existence"* Ramazanoğlu & Holland (2002: 155). Such methods offer the opportunity also to respect the understandings and experiences of participants and *"make explicit the politics of knowing and the possibilities of empowerment"* (Ramazanoğlu & Holland, 2002:155; Acker et al, 1983; Mies, 1983; Morris, 1993 all cited in Ramazanoğlu & Holland, 2002). Qualitative methods thus seemed to fit with the feminist theoretical framework of the research and enable the aims of the research discussed in the previous chapter to be achieved.

## Choosing to Use Semi-Structured Interviews with Professionals

Stage one involved conducting semi-structured interviews with several professionals with experience in the area of DASA. The aims of the interviews were to gain an understanding of the existing service provision available to survivors. They also aimed to gain an understanding of the discourses professionals drew upon to make sense of their experiences in relation to DASA. In addition, given that I had yet to decide on a theoretical basis for the interviews, some of the questions that I wanted to ask were factual questions about what services were provided. The value of one-to-one semi-structured interviews in this stage of the research was that they provided the opportunity to gain contextual information about the

delivery of services and factual information such as the procedures used for dealing with survivors of DASA. It was anticipated that this information would be of use in the interviews with survivors. The semi-structured interview format allows the researcher to compare these types of responses more easily (Langdridge, 2004). In addition to this relatively structured information, the semi structured interview format also provided the opportunity to gain rich information relating to the experiences of professionals. Semi-structured interviews provide participants with the opportunity to discuss issues that are significant to them (Gorden, 1969; Smith, 1995; Langdridge, 2004).

The content of the interviews with professionals centred on the following broad themes:

- The background of the agencies involved in the area of DASA;
- The aims and development of services, policy and practice;
- The services available to survivors;
- Ways of working with survivors;
- The experiences of professionals.

A copy of the interview schedule is contained within appendix 4.

## **Purposive Sampling of Professionals**

It seemed that a purposive sampling strategy would best enable the research to achieve the aims of gaining an understanding of the existing provision available, of the discursive resources drawn upon by professionals and to collect contextual information about the delivery of services. It was thought that, as part of this, it would be useful to compare the experiences of different professionals who work with survivors of DASA. Purposive sampling is choosing a case *“because it illustrates some feature or process in which we are interested”* (Silverman, 2000: 104). Thus I aimed to interview ‘key informants’ (Denscombe, 1998) who

had specialised knowledge or experience of the area of interest. Purposive sampling is not concerned with producing a sample that is statistically representative of the total population. The concern is to include a range of different experiences on which comparisons can be made and theory can be developed. Thus the criterion for inclusion in the sample was any professionals who had experience of working with survivors of DASA.

Through the review of the literature, contact with STAR, West Yorkshire Police and other researchers the following possible sources were identified: rape counsellors, police personnel, nurse examiners, support workers, SARC (Sexual Assault Referral Centre) managers and genito-urinary medicine clinic workers. Different professionals fulfil different roles however when working in the area of DASA. Police personnel aim to investigate and prosecute perpetrators of DASA. Counsellors aim to support women who have been subjected to DASA. The role of SARC managers may include advocacy work, support work, and assisting in the development of policy and practice in relation to DASA.

A major influence on the decision as to which of these professionals should be included in the research was my ability to access the statutory agencies and the resources available. Thus, it was necessary to sample from those I already had access to (SARC's, and police). At the time of starting this research I knew of six sexual assault referral centres that were operating (West Yorkshire, London, Leicester, Newcastle, Sunderland and Manchester). During the research I heard of plans to set up further facilities around the UK. This sample was drawn from those that were available at the time the research commenced.

The aim at this stage was initially to sample ten participants. It was anticipated that this would allow a number of different professionals to be sampled, and provide enough data to allow a detailed analysis to be undertaken. In the end, I was able to negotiate with seven professionals

to participate in this stage of the research. Thus a total of seven interviews were conducted: three with policewomen, two with SARC managers and two with counsellors. Interestingly although males were invited to participate in the study, all interviewees were female. This may mean that women are more likely to be working in rape support services. It may also reflect a discomfort from some men when talking about sexualised violence. Indeed one of the female policewomen states in her interview that, in her experience, male officers generally do not feel comfortable dealing with rape.

## **Negotiating Ethical Approval for the Research**

The sensitive nature of the topic area, meant that a significant amount of time was spent addressing arising issues prior to carrying out the empirical work. The first issue arose from the fact that I needed to include within my sample professionals who worked in the area of DASA. Many of these were based on NHS premises. Furthermore they were located at a number of different geographical regions in the UK. It thus became necessary to apply to the Northern and Yorkshire Multi Centre Ethics Committee (MREC) to gain ethical approval for the research to go ahead.

The first stage of this process involved submitting the relevant documents for consideration by the School of Human and Health's Research Ethics Panel (SREP) at the University of Huddersfield. The Panel then identified a number of areas that would benefit from further consideration.

Application to MREC involved completion of their standardised application form and submission of all the research documents that it was possible to submit at this stage. It was, therefore, necessary to conduct an extensive review of the literature at this early stage in order to identify the ethical issues arising from my research and produce either final drafts of research tools or preliminary outlines of themes on which it was

anticipated they would be based. Copies of this documentation are in appendices 1-12.

In response to my application MREC identified a number of issues that they perceived needed clarification. For example, one issue was the justification for sampling professionals. The Committee was concerned that purposive sampling could result in a biased sample. It therefore became necessary to explain the benefits of talking to 'key informants' (Denscombe, 1998). The Committee's concern appeared to reflect the positivist paradigm that much medical research operates within. This research, was however based on a constructivist paradigm. Thus the aim was to gain a detailed understanding of the meanings that individuals gave to their experiences, rather than produce generalisable information that can be said to represent the experiences of as many other people as possible.

## **Negotiating Access to Professionals**

Whilst seeking ethical approval, I was also engaged in identifying statutory agencies that it was considered would have 'key informants' within them that I could approach about participation in the research. Prior to my starting this research, links already existed between the University of Huddersfield and STAR, West Yorkshire. The manager of STAR, West Yorkshire acted as a 'key informant' (Mason, 1996) introducing me to a representative from West Yorkshire Police, providing information on the current systems, and providing contact details for a number of other sexual assault referral centres. Introductory letters outlining the nature and purpose of the research and a copy of the information sheet for participants were sent to managers within the statutory agencies (see appendices 2, 3 & 4). I had existing links with one SARC and noted their support of the research on the introductory letter.

Statutory agencies were selected to receive the introductory letter on ethical and practical grounds. Given the resource limitations of PhD research, only those service providers that I considered would have their own support resources available were selected. The letter contained contact details so that those interested in participating or finding out more about the research could respond.

Previous feminist researchers have commented on the assumption that those involved in feminist research have power and thus are able to control the research process whereas, in reality, women often have little control (Phoenix, 1994; Holland and Ramazanoğlu, 1994; Maynard & Purvis, 1994). The aim at this stage was to begin negotiating access to participants for the interviews with professionals. The process of negotiating access may have been affected by a recent Home Office evaluation of statutory Sexual Assault Referral Centres (Lovett, Regan and Kelly, 2004). In addition to this the Crown Prosecution Service had recently carried out a stakeholder review. Though some professionals were supportive of the research, they felt they were unable to spare the time.

Throughout this process it was necessary to emphasise the benefits of participation and the relatively short amount of time that would be required. Statutory agencies in this area are increasingly under-funded and over worked. I had to be able to persuade them of the benefits to them of participating in the research and taking time out of their busy schedules to do so. I also had to build their trust of me as an independent and competent researcher. I worked towards this by holding meetings in which the research was discussed with potential participants. One thing that was offered to professionals who participated in the research was making available in the future, information from the literature review and the interviews carried out that may be of use to them in the development of their work.

During the process of negotiating access, there was also a change in the management of the SARC that had initially agreed to lend its support to the research. It was therefore necessary to negotiate continued support for the research with the new manager. While these difficulties were overcome, I had to respond sensitively, appropriately and quickly to these issues as they arose.

## **My Story of Sampling Survivors**

Participants for the exploration of the experiences of survivors of DASA were chosen on the basis that they had experience of rape or of DASA. Access to survivors was negotiated through existing links the supervisory team had at the STAR project, West Yorkshire. Through consultation with the project, arrangements were then made for the details of the research to be passed on to those whom it was considered by the management may be willing to participate in the research and agreed by the Multi Centre Research Ethics Committee. Details were only passed on to women who met the following criteria: are aged over 18, have self identified as a survivor of rape or DASA, who have been identified by the management as suitable to participate in the research in terms of their recovery. This aimed to ensure, as far as possible, that the survivor as a result of the interview, would experience no additional trauma. In this way the sample was to be self-selecting and based, in part, on opportunity sampling of volunteers (Langdridge, 2004). It was anticipated that depth interviews would be carried out with approximately five women who define themselves as having been subjected to drug assisted sexualised assault. Males who have experienced drug assisted sexual assault were also given the opportunity to be included in the sample.

I began the process of sampling survivors by attending one of the regular counsellor meetings at the sexual assault referral centre. After outlining the nature of the research there were a number of different responses

from the counsellors. A number of the counsellors expressed a belief that research in this area would be valuable. There was a concern however that it be made clear to survivors that this would not be a therapeutic encounter. Another concern was that I had appropriate support whilst carrying out the research. Furthermore, one counsellor commented that this might be a way to get some women back into counselling. This comment presented some concern, as I did not wish the research to be seen as a way for services to be provided to women that otherwise may not be available to them. I, as a researcher, was aiming to be independent of the voluntary sector rape support services and statutory agencies and the women were to be informed that their decision as to whether or not to participate would not directly affect their ability to access services. Thus there seemed to be potential for contradiction here. My role in the interview was to elicit women's accounts of their experiences after being subjected to DASA; I wished to talk to them as a woman, as a researcher who wanted to explore their experiences, but not as a professional therapist, or as a fellow survivor. Of course I sought to be sensitive throughout the interview to any need for future support.

Another difficulty that had to be negotiated was the issue of ensuring that counselling support would be available for women who wished to access it as a result of participation in the research. The sexual assault centre offered to fund any support that was requested by survivors as a result of participating in the interviews. Research packs containing details of the research were then distributed to all 35 counsellors working for STAR (see appendices 7-11). The research packs contained details of how to contact myself.

In total three women were sampled via the counsellors, two women who had been subjected to DASA and one who interpreted her experience as drug assisted in the sense that her attacker was intoxicated through drugs, though she, herself had not been drugged. The sampling process was carried out over a period of approximately seven months. Sampling



survivors proved to be a gradual process, with a follow-up letter being sent to counsellors (see appendix 13). The difficulties that I experienced in obtaining survivors for the research may relate to possible difficulties that women experience in defining their experience as DASA due to the effects of the drugs that men use. This may mean that survivors of DASA frequently do not choose to access services for support. Given that the sampled consisted of three women, the aim of the research was not to try and generalise from their accounts, but rather to undertake a close exploration of the individual aspects of their experiences.

## Transcription

Discourse transcription can be defined as *“the process of creating a representation, in writing, of a speech element so as to make it accessible to discourse research”* (O’Connell et al 1995 cites Du Bois, 1991:72). The following system was chosen, as it seemed to provide a good level of detail for the subsequent data analysis in order that the research aims be achieved. Due to time constraints an experienced transcriber was employed to transcribe the professional interviews. The nature of the interviews was made clear to the transcriber at the time of asking her to consider if she wished to take on the work. In addition it was made clear to the transcriber that support was available should she wish to access it. The transcriber was informed that the content of the interviews was confidential and as such should not be discussed with others. No potentially identifying details about the interviewees were attached to the data, rather each participant was assigned a code known only by myself, the researcher. I later inserted the participants’ pseudonyms into the transcripts. The contents of the interview transcripts were then double-checked by myself. The following convention was utilised:

- All verbal content transcribed, as spoken, any interruptions noted in (brackets);
- Note laughter as “...if you know what I mean (laughs)...”;
- Note long pauses as “well thinking back (.....) I don't know really”;
- A dot in parentheses (.) indicates a tiny pause;
- Roughly indicate length of pause by the number of dots in the brackets;
- Underline emphasised words;
- (inaud) represents problematic hearing;
- Left side brackets [ indicate where overlapping talk begins;
- Right side brackets ] indicates where overlapping talk ends, or alignments within a continuing stream of overlapping talk;
- Talk appearing within degree signs is lower in volume relative to surrounding talk;
- Talk in capitals indicates especially loud sounds relative to the surrounding talk;
- Greater than and less than symbols > < enclose talk that is noticeably faster than the surrounding talk.

(From: Jefferson (1978) cited in Atkinson & Heritage, 1984)

## **The Analysis of the Interviews with Professionals**

I had yet to decide upon a theoretical basis for the PhD when designing the research instruments. Thus the interview schedule was not designed specifically around a piece of discursive research. However, when conducting the interviews I used the schedule as a guide rather than staying within any rigid format. In this way my approach resembled that of grounded theory in that, to a certain degree, I wished to suspend my own assumptions and be guided by the research participants in those issues considered by them to be significant (Hoffmann-Riem, 1980 cited in Flick, 1998). Each interview was analysed in its own right, before looking at the

data as a whole. The following details the process by which each interview was analysed:

I started analysis of the interview extract by reading it and rereading it through a number of times to get a general feel for the content (Smith, 1995). Following Willig (2001) I then went through the interview line by line highlighting all instances where different 'objects' (such as DASA/gender relations, women, and rape) were referred to. This included paying attention not just to key words but also implicit and explicit references. The rereading of the extract helped me to identify the not so obvious implicit references to particular 'objects'. Whilst reading through the interview I also underlined and made a note on the transcript of anything that struck me as potentially interesting. Examples of phrases that were underlined as potentially interesting but not as yet being totally sure why, included: 'not knowing', 'blurred images', 'lose periods of time'. I have no doubt that the interpretations that I made at this stage reflected my own particular personal experiences and background.

Although I made an attempt while reading through the data to 'bracket off' my own assumptions about the meanings of particular phenomenon and be guided by the data, I recognised that it was, to some extent, neither possible nor desirable to do this. Following Willig (2001) I then went back to the transcript asking myself "what is being represented here?" And "how is it being represented?" Further notes were made on the transcript in response to these questions. Whilst doing this I kept a separate notebook which contained notes of the different objects that I identified as being constructed, and the ways in which they seemed to be constructed. It became apparent that a large number of discursive constructions were contained within the data. For example, the first listing from just one of the seven interviews resulted in 51 constructions of 'objects' such as rape, women and DASA being interpreted.

The analysis of all seven interviews led to the interpretation of over 200 constructions of different 'objects'. Many of the constructions drawn upon by those professionals I interviewed, albeit a small sample, seemed to reflect discourses reviewed in chapters 1 and 2. My notes about the construction of 'objects' such as those above were often tentative in nature and frequently accompanied by question marks, some of which were removed as rereading made me feel more 'comfortable' with my interpretations of the data. Although these too are always open to question I use the term 'comfortable' to mean interpretations, which at that stage I was happy, were sufficiently reflected in the data.

I went back to read the extract over and over again, with each rereading leading to new understandings of the data. Further notes were made or previous notes modified in light of these. An example was one counsellor's characterisation of self-blame as a 'basic human reaction'. I noted how this was not located more as an effect of patriarchy. I noted down the question to myself "does this reflect reluctance within statutory agencies working in the area of DASA to acknowledge rape as a woman's issue?"

The process of analysis was also a learning curve as during this I was also able to reflect critically on my interview technique and identify where I had missed opportunities to follow up comments. I then made a list of all the representations I had noted, during my readings of the data. I then went through the interview selecting the quotes that represented the different phenomena. This process involved me questioning again my interpretations and making further alterations in the light of my more recent understandings. I then grouped different items according to the 'objects to which they referred'. This was done in view of Willig's (2001) suggestion of analysts looking at the differences between constructions, and asking what are the different ways in which the same discursive object is constructed?

Following Willig (2001) the aim was then to locate the different discursive constructions of the object within wider discourses. The next stage involved considering the subject positions they offer, asking how are subjects placed within the discourses? The implications for action were then explored by asking what opportunities for action are opened up or closed down by the discursive constructions and the subject positions within them?

The implications for the experiences of professionals and survivors of DASA that I interviewed, were considered by considering the consequences for participants' subjective experience of taking up various subject positions i.e. what might be felt, thought and experienced from within various subject positions. For example, one counsellor constructed support for survivors of DASA as 'managing the not OK'. This then positions women as having to deal with the memory loss and other consequences of the assault on a long-term basis. Other professionals constructed DASA as 'unknowable', which thus positions professionals as extremely limited in the actions they are able to take. A further example is the way the policewomen in the interview seemed to portray themselves, as knowing what is best for women in terms of the information that is made available to them. This may position women as not necessarily knowing what is good for them. Following Lea & Auburn (2001) the accounts of professionals were not understood to reflect any true motivation of the speaker but rather were considered in relation to the social context in which they were articulated.

On the basis of the analysis of the interviews with the 2 policewomen and on the reading and rereading of the other four interviews, I then selected discursive constructions of rape and DASA. The research aims to explore the experiences of a sample of professionals and survivors, and what the psychological consequences might be, for women who had been subjected to DASA. Therefore the discourses selected were those that I considered likely to be of significance for the experiences of survivors of

DASA. Holland and Ramazanoğlu (1994) discuss the necessity of being selective in the interpretations made of data, whilst acknowledging that any analysis is likely to contain silences and absences. Those discourses that I selected for detailed interpretation were 'women as untrustworthy/unreliable', 'women as responsible for rape and DASA', 'rape and DASA as women's issues', 'rape and DASA as gender neutral and passive', 'rape is rape' and 'DASA as distinct'.

## **Choosing to Carry Out Depth Interviews with Survivors**

One of the first decisions to be made was what kind of data did I want to obtain for the exploration of the experiences of survivors of DASA? In-depth interviews were chosen as an appropriate method for the narrative approach being taken in this stage of the research in view of the suggestion made by Mishler (1986) that, given enough opportunity to talk in detail about their experiences, people will tell stories. Depth interviewing is a type of interview used to gain an understanding of the ways in which individuals construct their realities and the meanings that they give to their experiences (Jones, 1985). Thus Wengraf (2001) outlines the use of the depth interview as a key method in narrative research. According to Wengraf (2001:6) although depth interviewing means to gain detailed knowledge about something, it also *means "to get a deep understanding of how little you knew about it, and how provisional one's 'formations of truth' have to be"*. Thus in the current research it is acknowledged that the interpretations I make of the data are my own, are situated in a particular context, grounded in theory and systematic analysis and based on the experiences of survivors that may or may not be shared by others.

Through relatively unstructured conversations with my small sample of survivors using relatively open-ended questions, it was hoped that an

insight would be gained into the reality of what it has meant to them to be subjected to DASA(s). It was hoped to gain an understanding of the experiences that are seen to be significant by them as individuals, within the context of their own lives. Rabinowitz & Martin (2001) argue that interview research has contributed to the recovery of women's 'voice' (Gilligan, 1982 cited in Rabinowitz & Martin, 2001:44). They argue that such formats *"allow for participatory meanings to emerge within the frame of empathic listening that validates meanings and theories existing in the lived worlds of participants"* (Rabinowitz & Martin, 2001: 44).

It was hoped that allowing women to tell their own accounts within the interview would facilitate bringing the nature of their worlds, as lived by them, to the fore of the research. Within the research interview, from this position, it is the role of the interviewer to try and be an 'empathic listener', and to validate women's own understandings of their experiences. My readings for how the women seemed to experience themselves as part of the voice centre relational method aimed to present the women's own understandings. Rabinowitz & Martin (2001) note the point made by Burman, however, that to assume that to be listened to is a validating experience for the participant may be patronising (Burman, 1997 cited in Rabinowitz & Martin, 2001). I have myself tried not to make assumptions about how the women experienced the process of participating in the research.

In addition interviews have been successfully used to explore people's experiences of sexualised violence (Gavey, 2005; Campbell, 2002; Bart and O'Brian, 1984 cited in Reinharz, 1992). Researchers have previously discussed a number of potential benefits for survivors of sexualised assaults of participating in research interviews (Campbell, 2002). According to Campbell (2002), these may include the following: such research may provide participants with a supportive setting for catharsis - expressing their thoughts and feelings; interviews may provide a medium for self-acknowledgement i.e. lead to the validation of the experiences of

the survivor and their own self worth. Interviews are also potentially said to offer participants a sense of purpose – through the belief they may contribute in some way to helping others who have had similar experiences. Interviews are also said to develop self-awareness in some participants, in that they may gain new perspectives on their experiences. In addition, survivors may experience telling one's story and feeling heard as empowering. Furthermore, reflection on and discussion of one's experiences in an interview may also be experienced as emotionally therapeutic. Finally, such research is said to have the potential to 'give voice' to those not previously heard (Campbell, 2002). At the same time, however, it is acknowledged that 'giving voice' is not a straightforward notion. The debates around how research can and cannot 'give voice' are reviewed later in the chapter.

## **Constructing the Schedule for the Interviews with Survivors**

The issue arose of how to design an interview schedule in order to elicit the narrative accounts of a sample of survivors of DASA. In her narrative research on the meanings that husbands and wives gave to violent actions, Hydén (1994) took an approach that asked participants to tell their individual biographies e.g. *"If you were very briefly to describe yourself to me, what would you say?"* (Hydén, 1994:100). These biographies were then developed over a series of interviews. Hydén then considered the ways in which narratives were reconstructed and reinterpreted over time. Within the current research, however, it did not seem necessary or appropriate to ask survivors of DASA to participate in more than one interview about their experiences in the aftermath of being subjected to DASA. It was felt that sufficient data for the research would be obtained by one interview. Given the situated nature of women's narrative, they may story their experiences differently at different times, but the focus of the research was not on the ways in which women



restory their experiences. Mishler (1986) notes how a different approach was adopted by Bell (1983) who drew on the work of Gilligan (1982) in asking women “how would you describe yourself to yourself?” This was found, however, to result in participants generating large amounts of data that were hard to manage. Thus, whilst it is considered important to allow women to ‘tell their own stories in their own ways’ (Mishler, 1986:57) it seemed beneficial to limit the focus within the schedule to some extent, in order that the data remain manageable. Furthermore, I wanted to ensure that no more was asked of participants than seemed necessary for the women to be able to voice their experiences and for the purposes of the research.

Hollway and Jefferson (2000) argue that in order to elicit stories the researcher needs to do more than simply be open to stories within the participants’ responses. They outline four principles that they adopted and adapted from the biographical interpretative method. Three which seemed useful for my interviews were keeping questions as open ended as possible, eliciting stories and avoiding ‘why’ questions – these are noted as producing responses that are frequently uninformative in terms of the research questions, (such responses are said to be disconnected from the actual lives of participants). Another principle was following up responses using the respondents’ ordering and phrasing – thus respecting the participant’s own meaning frame.

Hollway and Jefferson note how they chose not to intervene until the participant had finished their response, so that themes could be identified and returned to the participant in the order in which they appeared. Hollway and Jefferson (2000) note how prompts can be used in an attempt to ensure that a story is finished without major interruption (e.g. echoing their end point in a questioning fashion, such as “three weeks?”). When using these prompts I took care not to come across as questioning women’s accounts, and I kept such follow up questions as open as possible. Another useful technique was Hollway & Jefferson’s (2000) use

of a 'time based approach' to open questioning. After the participant had talked about a particular response that they had to a specific experience, they were asked if there had been any other times that they had experienced similar responses.

Hollway and Jefferson (2000) note how the narratives that result from the interviews are always a result of the interviewer/interviewee relationship. Thus, following Hollway and Jefferson (2000) (who also cite Walkerdine, 1997), the analysis explores this aspect of the research via the reading for the research relationship within the voice centred relational method. Hollway and Jefferson (2000) note the advantage of recording impressions and feelings within field notes when considering research relationships. Thus I kept a research diary whilst carrying out the research.

The following suggestions put forward by Smith (1995) were utilised when designing the interview schedule: considering the way in which it would be most appropriate to sequence the questions, composing appropriate questions for each area of interest, devising prompts and probes for each area of interest, making sure that questions were neutral and not leading or value laden, avoiding jargon and using open-ended rather than closed questions.

I also drew upon discussions by other researchers in relation to asking questions in sexualised violence research. Kelly notes how, in her (1988) research, the wording and placement of questions about sexual violence was carefully chosen in order not to presume shared definitions. For example, questions on whether women had ever felt pressured to have sex came much earlier than the question about ever having been raped. This encouraged the disclosure of incidents that women found difficult to define and made possible the analysis of definitions. Furthermore Campbell (2002) notes how asking women about what ways, if any, they

attempted to resist the sexualised assault(s) was often experienced by them as blaming.

I decided, at the outset, that it was not necessary to ask women for details of the actual assault(s). It was, however, anticipated that such detail may arise within responses to some of the other questions on the schedule. A central ethos underpinning the design of the interview schedule was the minimisation of any further harm or distress. The preamble emphasised to women my appreciation for their agreeing to take part in the research and that details of the actual assault(s) would not be sought. It also explained that my intention was to gain some kind of understanding of what it has meant to each woman to be subjected to DASA. Ethical issues were highlighted, and it was emphasised to the women that it was important to me, the researcher, that they felt in control of the interview.

The issue of the role of power in the relationship between interviewer and respondent has been raised by several researchers (Oakley, 1981; Finch, 1981). They have noted how, in traditional methods, the interviewer expects the respondent to contribute but does not give of themselves in return. Given that it was important to enable women to build up their trust of me and that I gave of myself in the same way that I was asking of them, I then started each interview by introducing myself to women whom I had not already met. Furthermore, women were given the opportunity to ask any questions that they had about the research or about myself at the outset, during the interview and at the end of the interview.

The interview schedule consisted of six themes; these concerned the following areas:

- how the survivor came to be in contact with the sexual assault referral centre;
- any persons particularly significant to the survivor;

- anything that was found to be particularly helpful;
- the process of trying to regain control over their lives;
- anything in terms of support that may have been helpful but was not available;
- any other issues felt by the survivor to be of significance.

These areas of interest were informed both by my review of the literature and from the findings of the interviews with professionals. A copy of the final interview guide can be found in appendix 12.

Wengraf (2001:129) cites the following as negative forms of active listening within the BNIM method:

- not consoling
- not giving advice as to how to deal with a problem
- not interpreting
- not intruding yourself and your life history, and
- not suggesting what the interviewee might next talk about.

Not all of these seemed to fit, however, with the feminist approach that I was adopting. Although Wengraf advises that the researcher should not intrude themselves, I found that women did on occasion ask me questions during the interviews. I was asked about the experiences of other women who had been subjected to sexualised violence, and I was asked whether I agreed with the views they expressed. I felt that as I had asked them to give of themselves, it would not be appropriate for me not to do the same. Furthermore, I did suggest to women what they might next talk about, in the sense that I asked them to talk about specific aspects of their experiences, and probed for details where I thought that it was appropriate to do so. The women in my study seemed, at times, to want some kind of guidance about what it was about their experiences that I would want to know about.

At the end of the interview all participants were left with details of how to access counselling support and my own contact details in order that participants could contact me in the future should they wish to do so in order to withdraw from the research.

## **Developing a Method of Analysis for Survivors' Narrative Accounts**

### ***The Contribution of a Voice Centred Relational Method***

The voice centred relational method has been developed to facilitate the analysis of narrative accounts. At the centre of the voice centred relational method is the notion of a 'relational ontology' (Mauthner and Doucet, 1998) – by this it is meant that people are seen as situated within a complex set of relationships both on a broad social level and an intimate level. This contrasts with the notion of the self as an individual separate and independent from society, people are seen as interdependent. Thus from this position we must consider social structures as well as looking at human agency. Narrative accounts are explored in terms of these relationships, both at an individual level with the people around them and their relationships to the broader social contexts in which they live their lives.

The notion of a relational ontology fits in with the research in that it takes into account the context in which women are subjected to DASA, but at the same time conceptualises women as agentic, rather than passive. Furthermore, the voice centred relational method (Brown et al, 1988; Brown and Gilligan, 1992; Taylor et al, 1996) is argued to provide a way of paying attention to the differences within individual experiences. The emphasis is on maintaining different voices rather than reducing them to a single third person narrative. This focus on the individual voices within narratives and between narratives fits in with the feminist aim of this

research of taking into account the diverse nature of individual experiences.

### **What are the Readings?**

Using the voice centred relational method necessitates doing three or more separate readings of women's accounts (Mauthner & Doucet, 1998). Each time the researcher reads in a different way. These are done using a 'guided method for listening to interview narrative', termed 'the listening guide' (Taylor et al 1996:236; Mauthner and Doucet, 1998). In view of the length of time required to carry out these readings Mauthner and Doucet (1998) note how after doing the two initial readings, the researcher may select which of the others they carry out, depending on the researchers' own particular objectives.

### **Reading One – Reading for the Overall Shape of the Narrative and Reading for the Research Relationship**

#### **The Overall Shape of the Narrative**

Taylor et al (1996:242) note how reading one firstly involves listening to the overall 'shape' or plot, the overall story being told. Interpretations are made about what seem to be the main events, the protagonists and the subplots. This stage is noted as being common to many qualitative approaches. This reading is appropriate for the current research aims in that it allows a focus on the experiences significant to survivors.

#### **The Research Relationship**

The second part of this reading involves paying attention to the research relationship, the questions asked, the stories that are told and the way in which the interviewer responds. In addition, the researcher's own

emotional reactions to the story are noted. Consideration is also given to how the researcher's own biography affects their responses, understandings and interpretations of the data. The notion is that by making these explicit we can keep some separation between our participants' accounts and our own. It is also argued that reflections on our own responses can give us clues about how to understand the responses of others (Mauthner & Doucet, 1998). Thus, in line with the reflexive approach being taken within this research, this method facilitates consideration of the co-constructed nature of accounts (as it emphasises the role of the listener as well as the speaker). Reading for the research relationship in these ways is consistent with my approach to personal narrative as conversational interaction.

### **Reading Two – How the Woman Experiences Herself**

Reading two involves the researcher reading for the spoken self or first person voice, in other words listening for the 'I'. Thus this reading aims to gain a sense of how the woman experiences herself in relation to the world in which she lives. Thus we can see how women talk about themselves, before we talk about them (Mauthner & Doucet, 1998 cite Brown & Gilligan, 1992). Mauthner and Doucet (1998) note how this reading can highlight how participants may seem to be caught between different and sometimes contradictory voices/views about their situations.

Reading for the 'I' not only provides a way of seeing how people experience themselves, it also provides a means through which to hear the interviewee talk about their sense of agency, whilst also acknowledging where they seem to be socially located. Thus attention is paid to the multilayered nature of views and voices, rather than using our own understandings to categorise what they are saying. The reading for how women experience themselves allows consideration of subjectivity. This is a key aim also of the current research; to consider the subjectivity

of survivors of DASA, in what ways do they feel able to experience themselves?

Researchers using the voice centred relational method would always undertake these first two readings. Researchers choose whether or not to do the next, depending on their research topic.

### **Reading for Voices of Political Resistance**

Taylor et al (1996) listened for voices of political resistance, seeking from women “*evidence of healthy resistance to disconnection from their own thoughts and feelings*”. (Taylor et al, 1996:243) The reading for voices of political resistance means consideration of the way in which women seek to resist dominant discourses – which is a key aim of the research and in line with my view of personal narratives as political praxis.

### **Reading for Relationships**

Mauthner and Doucet (1998) read for relationships. Thus attention is paid to how the women talk about their interpersonal relationships such as with partners, children and relatives and also relationships in a broader social sense, those networks in which they live and work. This would allow a focus on the role of relationships in the experiences of survivors.

### **Reading for Evidence of Loss or Distress**

Taylor et al (1996) listened for evidence of psychological distress or loss. This included evidence of dissociation where women may separate themselves from their “knowledge, feelings, needs, desires” (Taylor et al 1996). Evidence of distress was said to include confusing stories, missing



pieces of stories – such as anger or sadness not being mentioned when they seem relevant and repeated use of language such as “I don’t know”, or “I don’t care” (Taylor, 1996:244). (Above summarised from Taylor et al 1996: 242-244). Reading for experiences of loss and distress may contribute towards the aim of exploring the psychological consequences of being subjected to DASA.

### **Placing People within Cultural Contexts and Social Structures**

Mauthner and Doucet (1998) placed the experiences of their interviewees within broader social, political and cultural contexts. This involves the researcher discussing the social structures and institutions that are part of the world that is experienced by interviewees. Attention is also paid to whether interviewees reflect upon cultural context and social structures, and if so in what ways? That is, were they experienced as problematic, were problems seen as personal rather than public issues? Thus the researcher looks at how accounts reflect dominant ways of understanding phenomena such as sexual violence.

Reading for cultural context and social structure involves paying attention to the power relations within which women are subjected to DASA. Consideration of power relations and the way in which these are experienced by women is fundamental to this work given its grounding within a feminist epistemological framework. Again, reading for cultural contexts and social structures fits in with my conceptualisation of personal narratives as political praxis.

According to Mauthner and Doucet (1998), carrying out different readings emphasises the multi-layered nature of narratives and enables the researcher to trace voices across and within particular transcripts. It is contrasted with thematic analysis in that it does not cut up transcripts into themes and aggregate them. Furthermore, this form of analysis

represents a shift away from coding in order to fit people into predefined categories. Tracing voices across individual interview transcripts is said to be different to linking themes across interviews, in that it helps maintain differences between respondents. This then fits in with the feminist methodological aim of acknowledging diversity within the accounts of individual women.

Thus the voice centred relational method is consistent with my approach to personal narratives in a number of ways. Considering the ways women speak about themselves focuses on the individual narrative of personal narratives, their performative aspects and women's own subjectivity. Readings for social structure, cultural contexts and voices of political resistance consider the political functions of personal narratives. Furthermore, reading for the research relationships allows consideration of the interactive aspects of survivors' personal narratives.

## **Issues Arising from Research Strategy and Design**

### ***Evaluating Qualitative Research***

There were a number of issues arising from the research strategy and design that I needed to address. Qualitative research is based on a variety of different ideas about the nature of reality and the individual, and what should be the focus of enquiry. This has led to the criteria that should be used in evaluating qualitative research as being the subject of much debate among researchers (Madhill et al, 2000; Silverman, 2000; Smith and Deemer, 2000). Madhill et al assert that qualitative research should be evaluated "*by the standards entailed by its own logic of justification*" (Madhill et al 2000:17). Social constructionist research does not claim to be replicable, its aim is to explain, rather than predict phenomenon (Potter and Wetherell, 1987).

As for validity, the aim is to get at women's experiences and feelings rather than historical facts or eyewitness accounts, thus "*honouring their minds*" (McCall & Wittner, 1990 cited in Reinharz, 1992: 141). According to Cohen and Taylor (1977), if the participants recognise themselves in the account, and it makes them visible then this is good enough. However, Rose (2001) argues that the objective of qualitative research should be 'theoretical generalisation' that is, not merely documenting experiences just to put them on the 'record', but to contribute towards the development of theory. That is to take one population and look at both the broad and specific factors that affect their experiences and then compare it with other sources of information to build up a 'bigger picture' of particular aspects of lived experience. It has been noted, however, by Rose (2001) that focusing on the wide variety of factors that affects our experiences means that we never reach the point of 'saturation' i.e. we are always able to develop our understandings further. Thus the findings from this research may make a limited contribution towards the development of the conceptual understanding of DASA.

There were a number of further issues that arose from this research. These included credibility, transferability, dependability and confirmability (Seale 1999 cites Lincoln and Guba 1985). Credibility was developed through making sure that enough detail is provided on how the research was done, in order for the quality of the research to be assessed. I have tried to demonstrate transferability by providing detailed descriptions of the research setting so that the applicability of the findings to other research settings can be assessed. I have sought to show the dependability of the research findings i.e.; showing that the research has been done adequately through the provision of an 'audit trail' of the data, methods and decisions made throughout the research, along with the write up of the final report. I have endeavoured to enhance confirmability with my provision of a self-critical account of the ways in which the research was carried out.

## ***Ethical Issues***

Clandinin and Connelly (2000) note how ethical issues such as anonymity arise throughout the research process and are not dealt with as soon as approval is granted from ethical review boards, as the context(s) in which the research is situated and the persons with whom we engage may change. Thus I took care to conceptualise ethics as an ongoing concern throughout the duration of the research. I sought to maximise anonymity within the research texts by deleting information such as names and place names, specific occupations or family set-ups from transcripts. Furthermore, no personal details were attached to any audio recordings of the interviews. Personal details of participants were kept locked in the researcher's office. I substituted participants' real names and those of others within their account for pseudonyms and kept my own, as I did not feel that this would compromise anonymity of participants. I also spoke with the manager of the Sexual Assault Referral Centre about whether or not they wished the centre to be identified within the research. The manager did not, at that time, wish the centre to remain anonymous in presentations or publications arising from the research. The anonymity of all those who participated in the research remains, however, an issue for consideration in the future, in that they may change their minds about being included in subsequent publications and presentations.

## ***Ownership***

Another issue raised is that of ownership – who owns the stories, myself as the researcher or the participants? Clandinin and Connelly (2000) suggest that it may be more useful to reframe concerns of ownership into concerns of 'relational responsibility'. Thus, rather than thinking about who owns the stories, this involves thinking about relational responsibilities to others in terms of honouring their memories, and respecting their values. This also includes thinking about how others may

read these stories and being cautious about how participants are represented in light of this. I thus tried to think about how my interpretations may be read by others whilst carrying out my analysis.

Clandinin and Connelly (2000) note how the researcher is also likely to be storied by the participants, such as, as experts, as friends, as colleagues. I tried not to story myself to participants as an expert on DASA in my conversations with them prior to and during the interview. Although I had some knowledge of it, it was not something that I had been subjected to, so I felt that, in some ways, my participants were more 'expert' than I was. I was not aware of being storied by the women I interviewed as anything other than a student who was studying DASA, though they may have storied me as an 'expert' at times, given that they asked me about the experiences of other women.

## ***Wakefulness***

Clandinin and Connelly (2000:181) argue that researchers need to be 'awake' to a number of issues that arise during the research process; they need to listen to critics when carrying out the research and composing research texts, as every response may have some validity and relate to important points; furthermore they need to pay attention to 'narrative smoothing'. 'Narrative smoothing' (Spence, 1986 cited in Clandinin and Connelly, 2000:181) refers to the process of creating clean, unconditional plots in which everything works out well in the end, and is argued by Clandinin and Connelly to be common when composing narrative research texts. They argue, however, that there is a need to balance the smoothing, with what is not told. Thus the researcher needs to be alert to the stories that are not told, in addition to those that are. Thus, they argue that we need to consider criticism without necessarily accepting it. Therefore when writing my discussion I took care to try not to

‘smooth’ my analysis of the experiences of survivors. Furthermore I considered what survivors did not say as well as what they did say.

### ***Power Relations between Myself and Participants***

Wise (1987) argues that even where gender differences are absent, imbalances of power can still exist e.g. class differences which researchers need to consider. Aspects of myself that will impact upon the power relations between myself and my participants include myself as a woman, young, feminist, have not been raped, have been subjected to sexualised violence, white, married, heterosexual, working class, well educated, an academic with no children. All of the women that I interviewed were white, one was a mother and all three were either professional or about to engage in professional training. I felt similar to the women in that I was a professional also, white, and though I had not been through what they had been through, I did have some experiences of sexualised violence. Indeed, at times within the interview, where the participants did not expand on issues, and may have instead said “you know” this suggests that they may have, at times, viewed me as understanding what they meant. I could not, however, relate to the experience of being subjected to DASA, being a mother, or working in jobs that one might perceive as male dominated, as did two of my participants.

The power relations within this research were dynamic, rather than fixed and complex. My participants had the power to choose whether or not to engage in the research. Within the interviews women had the power to make sense of their experiences in their own ways, and at the same time I had power in terms of how I responded to their accounts. As far as I was aware, none of the participants had participated in a research project before, therefore I had the power of being in a situation which I controlled

in many ways. Given the disempowerment that they had already been subjected to, I wanted participants to feel in control of the interview and the information they gave. It was the participants who chose the location of the interview, however, it was myself who was asking the questions. Furthermore, as an academic, I ultimately have the power to story their accounts in particular ways and potentially have access to voice my opinions in forums that may not be open to them.

### ***The Impact of the Interviews on the Survivors***

Campbell and Dienenmann (2001) emphasise how women who have been subjected to sexualised violence come from many different backgrounds, respond to violence in different ways and have different strengths and vulnerabilities. Campbell & Dienemann (2001) assert that any questioning relating to the violence experienced imposes the risk of creating emotional distress, and is intrusive. Those that are of minority group status in terms of their ethnicity or sexual orientation are said to be even more vulnerable. However, Campbell & Dienenmann (2001) state that it would be unethical to emphasise the patriarchal nature of society and the victimisation of women *“to the extent that their resourcefulness in coping, self efficacy in problem solving, and ability to survive are not perceived”* (Campbell & Dienemann, 2001: 60 cites Campbell, 1998). In Kelly’s (1988) research no one felt that the interview had been a negative experience; 85% described it in very positive terms and felt that they had learned things through their participation.

Rosenblatt states that it is not possible for a researcher to decide before an interview what will or will not be costly for a person being interviewed. He notes how rather the researcher must sometimes rely on the words and non-verbal communication from the people being interviewed. Thus, during the interviews, I paid attention to how the women that I interviewed

responded to the questions. Rosenblatt (1999) noted how his participants often seemed to communicate to him that it was ethically right for him to be doing what he was doing, even though it may be painful for them. He also notes how if an interview seemed to be too painful for the participant and they declined to stop the interview he moved into a different mode of interviewing, that omitted questions that might cause pain. I tried to do this, to some extent, in my own research, although a number of the experiences that participants talked about were painful to them, but they expressed a wish to carry on with the interviews. I therefore had to decide which painful experiences to prompt on and which to leave. Rosenblatt notes, however, that it may not be so clear as to what is right.

Rosenblatt recommends the use of 'processual consent' (Rosenblatt, 1999 cites Ramos, 1989 & Thorne, 1980) where participants are repeatedly given the opportunity to stop the researcher or to not respond to particularly difficult questions. I thus used this approach within the interviews with survivors of DASA.

### ***Participants Having Their Own Transcripts***

A frequently noted concern for many researchers arises from assigning their own meaning to another person's discourse (Poirier & Ayres, 1997). One way this has been dealt with is by having participants view their own transcripts along with the researcher interpretations, and being given the opportunity to respond (Reason and Rowan, 1981 cited in Silverman, 2000). This practice is referred to as 'member validation'. Abrams (1984 cited in Silverman 2000) argues that member validation is only possible if the analysis is compatible with the participant's self image. Furthermore, Bloor (1978) (cited in Silverman 2000) questions whether participants would be able to understand an academic report, or whether they should be expected to be interested. Kelly (1988) noted how a number of the women stated that they valued having the transcript, both as a record of



the past and a marker for the future. The return of the transcripts meant that the women who participated controlled the content of their interview. It did, therefore, seem advisable for women to have their own transcripts and be able to edit out material that they did not wish to be included. This is problematic; however, within narrative research where such editing may constitute the rewriting of experiences. Thus I made the decision to offer the women who had been subjected to sexualised assault a copy of their transcript but not to ask them to edit it.

### ***Feeding Back to Participants***

Maynard (1994) notes that participating in a research project is unlikely, in the vast majority of cases, to transform the conditions of women's lives and thus emphasises the importance of offering participants feedback. A report of the findings will be made available for those survivors wishing to access it. Kelly (1988) stated that she would now consider the possibility of discussing preliminary findings and analysis with groups of participants. Kelly found that the women asked her if their experiences were 'typical' and asked Kelly to describe the most important things emerging from the research. Kelly says that she did not assume that the women would be interested in the research process, but that they showed an interest in this. I also was asked if responses were typical. Furthermore, all the women in my research expressed a wish to receive a summary of the main research findings. Kelly put four women in touch with each other on the basis of their shared experiences. I have not, however, done this but would consider asking women if they wanted this in any future research that I conducted.

## ***Interpreting, Representing and Theorising Survivors' Experiences***

Analysis of the interview data was to be grounded in the experiences of the interviewees. Harding (1991) argues that by using women's experiences as a resource, research can produce descriptions and explanations that are more accurate and richer in nature than conventional research methods (Harding, 1991 cited in Henwood et al, 1998). Rather than generalising from multiple experiences, analysis focused on individuality and diversity within perspectives and experiences (Stanley and Wise, 1983). This was sought by using the voice centred relational method that aims to trace individual voices rather than summarising via broad themes.

Another concern voiced by Ribbens and Edwards (1998) is how women's voices are represented during the analysis of data and the writing-up stage of the research, i.e.; how we reconstruct, make sense of, analyse, select and re-represent accounts as part of the research process.

Ribbens & Edwards (1998) argue that in the process of transformation, private accounts will be changed by and infused by the identity of the researcher, and become different to the versions originally told by the respondents. It is argued that it is not possible to resolve this dilemma but researchers can work with it (Mauthner and Doucet, 1998). I have aimed to work with this dilemma by presenting the women's own accounts separate from my interpretations of them, and by reflecting explicitly on the ways in which my own identity has influenced the interpretations I made of the data. Where there are contradictory voices I have tried to reflect on these.

According to Maynard (1994) however, to solely repeat and describe what women might have to say, while important, can lead to individuation and fragmentation, instead of analysis. Thus Maynard (1994) argues that

feminism has an obligation to go beyond citing experience to make connections that may not be visible from the purely experiential level alone and use the theory to make sense of the experience (Maynard, 1994 cites Cain, 1986). Thus, as a researcher, I have felt that I have a responsibility to my participants to represent their accounts in a way that is sensitive to their experiences and also to go beyond mere description to make interpretations that draw upon and contribute to theory. In drawing upon and developing theory I have aimed to contribute to new understandings and ones that I would hope are not experienced by women as disempowering.

There is also the question of who we write for (Standing, 1988). There are differences between feminist academic language and the everyday voices of groups of less powerful women. There is a dilemma of how we represent the voices of women in our research in a way that is faithful to their experiences and language, but does not position them as 'other' and reproduce hierarchies of power and knowledge. In the current research I have tried not to conceptualise the women I have interviewed as other, and I have tried to question the interpretations that I make about their experiences, to ensure that the claims that I have made are grounded within the data. I have tried to write the research thesis in a way that is as accessible as possible for a non-academic audience, only using academic terminology where I thought it was needed. Furthermore, I will endeavour to write an accessible summary of the research for the participants.

There is a concern that data collected could be interpreted by others in a way that could be used against their interests (Campbell 2002; Finch, 1981). Thus I have tried to reflect on the ways in which it could be read by others, when my discussing my analysis. I have taken care with my phrasing and developed my explanations to try and avoid (as far as is possible) misinterpretation of my comments.

Marshall, Woollett & Dosanjh (1998) also note how ethnicity has long been excluded from the psychological agenda (citing Graham, 1992). They argue that the aim is not to produce ideas of difference, but to include others' experiences as part of a normative model. I have, therefore, tried to pay attention to the commonalities as well as the differences in the experiences of the women that I interviewed. Concern with commonalities has been used to point to ways of putting policy into practice (Marshall et al, 1998).

Marshall et al (1998) argue that several factors influence spoken accounts. These include the constraints of the interview questions, the interviewer, the context of the interview and the perceived purposes of the research. Thus many aspects of experience may remain unvoiced in the interviews. Marshall et al (1998) therefore emphasise the partiality of the processes of knowledge production. I have, therefore, tried to reflect on the partiality of the knowledge that has been produced by my analysis of the accounts from my participants. For example, all of my participants were white, heterosexual women. My analysis cannot, therefore, be said to include the experiences of all women, regardless of ethnicity or sexual orientation. Marshall et al (1998) also talk about their reluctance to claim a privileged status as researchers having access to the reality of women's experiences. Thus they argue that the analysis and representation of accounts should always be situated in some context. Within my analysis I therefore discuss the context in which I have analysed and put forward my representations.

## **Summary**

This chapter has outlined the qualitative nature of the research and discusses the development of the research strategy and design. The process of gaining ethical approval for the research was an important part of the research. Another fundamental phase of the research was the

process of sampling and negotiating access to professionals and survivors. A purposive sampling strategy enabled professionals and survivors with a range of different perspectives and experiences to be included in the research. I have negotiated a number of important concerns during this stage of the research and faced a number of challenges. My discussion has shown how sampling survivors of sexual violence for research can be problematic for a number of different reasons. This had a successful outcome, however, in that I was able to interview three women about their experiences after being subjected to sexualised violence including DASA, and those interviews produced a rich source of data for analysis.

This chapter has outlined the reasons why I chose to carry out semi structured interviews with professionals and in-depth interviews with survivors. Discussion has been given to a number of specific ethical issues that have arisen from seeking to carry out narrative interviews with women who have been subjected to sexualised violence. Furthermore, there are particular concerns that arise in terms of how to interpret, theorise and represent the experiences of women who have been subjected to sexualised violence. Although feminist researchers talk of seeking to 'give voice' to women, this has not been a straightforward issue, particularly in view of the dynamic power relations that were part of the research process. A major concern of mine during this stage of the research was that I did not disempower my participants, given that they may feel that they have been disempowered already by their experiences of sexualised violence. I have sought to identify and address these issues by drawing on the accounts of other researchers and trying to adopt a reflexive approach throughout the research.

# **Chapter 5: Professionals' Constructions of DASA and Rape**

## **Chapter Outline**

Stage one of the research aimed to understand the discourses of rape and DASA drawn upon by a small number of professionals in their accounts of working with survivors of DASA. This analysis draws upon the notion that within any discourse subject positions are available to the individual. These subject positions offer us ways of being and behaving, understanding ourselves and understanding events in our world (Davis & Harré, 1990). It will be argued that the way in which professionals make sense of their experiences may have implications for the development of policy and services, and for the actions of some professionals working in the area of DASA. The analysis thus focused on the ways in which rape and DASA were constructed and the possible implications for survivors and for the provision of services. The following chapter presents an interpretation of the ways in which professionals made sense of the issue of responsibility for sexual violence. It then explores two particular effects - denial and the construction of rape and DASA as gender neutral and passive - of their accounts of working in the area of DASA. The ways in which these seemed to have a consequence of undermining the need for action within service provision, the criminal justice system and wider society are explored.

## **Participant Information**

The following analysis is based on interviews with professionals involved in working with survivors of DASA. Of the seven interviews conducted three were with police officers of differing ranks and levels of experience, two were with managers of statutory agencies specialising in rape, and two were with counsellors working for statutory agencies. This enabled an

analysis of the experiences of a limited number of professionals who work with women who have been subjected by men to DASA. As said previously, it is interesting to note that all seven interviewees were women even though men worked in a number of the places from which the sample was drawn. This may reflect an assumption that women will be more sympathetic than men or women prefer to talk to a female. Such notions may be based on stereotypical constructions of masculinity and femininity and associated gender roles.

Gregory and Lees (1999) note how research evidence indicates that male police officers are likely to hold traditional views of women's roles within society (Gregory and Lees, 1999 cite Brown and Campbell, 1991). In addition Jordan (2004) cites international evidence that women are deployed within the police differently than men (Hyman, 2000; Jones, 1986 both cited in Jordan, 2004). Previous researchers have noted an assumption that women are more suited to working on sexualised assault cases than men (Adler, 1991; Brown et al., 1993b both cited in Jordan 2004) and that they require less experience and training to do so (Easteal, 1993; Pollock, 1995 both cited in Jordan, 2004). Contrary to these assumptions, however, research suggests that many survivors do not automatically prefer to speak to a woman or indeed find them more understanding (Goodstein and Lutze, 1992, Radford, 1987 both cited in Jordan, 2004). In addition, it seems that survivors are more concerned with receiving a caring and professional response, than about the gender of the officer (Jordan, 1998a, 2002, 2004b cited in Jordan 2004). The level and nature of experience of all of the professionals in relation to dealing with rapes and DASA varied.

The following professionals were interviewed for this stage of the research<sup>4</sup>:

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<sup>4</sup> Pseudonyms have been used to maximise anonymity

Julie, Counsellor:

Julie is a female counsellor working part-time for a statutory agency that provides services for survivors of rape and DASA. Julie stated that her experience involves relationship work and individual work as well as working with survivors of rape. Julie had worked for the statutory agency for seven years prior to the interview, and when asked by myself described herself as having had *“quite a lot”* of experience of working with rape survivors. Julie described the basis of all her work as *“self empowerment”*.

Lucy, Counsellor:

Lucy is a female counsellor working within a model that she describes as clearly defined as psychodynamic. Lucy works in other areas as well as with survivors of rape. Lucy had been working for the statutory agency for around 18 months prior to the interview. Lucy had worked with two survivors of DASA in the two months prior to the interview being carried out.

Lynn, Police Detective:

Lynn is a female detective sergeant. Lynn had been in contact with survivors of rape through her police work for 18 years prior to the interview. Lynn reported that in all that time she did not think she had ever dealt with a man who had reported as a ‘victim’. Lynn reports having worked with survivors of DASA. Lynn is involved in police training on rape.

Fiona, Police Detective:

Fiona is a female police detective with at least eight years’ experience of working in the area of rape. Fiona’s experience includes working with survivors of DASA. Fiona is involved in police training on rape.



Joanne, Police Detective:

Joanne is a female police detective constable, with 25 years' experience of working within the police. The greater part of this has been spent as an operational detective. Joanne stated that she had no recollection of ever having dealt with what was recognised as a DASA. Joanne is involved in police training on rape.

Jenny, Manager:

Jenny is a female manager of a statutory agency that provides services to survivors of rape. Jenny has also previously studied women's studies. The agency has worked with survivors of DASA.

Jill, Manager:

Jill is also a female manager of a statutory agency that provides services to survivors of rape. The agency has worked with survivors of DASA.

## **My Experiences of Conducting the Interviews with Professionals**

The length of the interviews ranged from one of the interviews lasting just over 20 minutes to the rest lasting about an hour or just over. One thing that struck me was how different respondents would answer the same question in completely different ways, thus highlighting the diversity of perspectives and experiences. Though the schedule was semi-structured, new issues emerged through the interviews that I incorporated into subsequent interviews, thus taking a grounded theory approach (Hoffmann-Riem, 1980 cited in Flick, 1998) was useful for the research. My aim was to keep the interviews informal; however I am unsure about how far I achieved that.

Almost all of the interviews were carried out in the place of work of the respondent. For some interviewees it was the first time we had met and a

couple of interviews were interrupted by other work activities. Participants asked me about my own interest in the research, the aims of the research, what would happen once the research had been completed, would it effect change and, if so, how? An interview summary sheet was devised to note details about each interview such as the questions asked by the interviewee, any materials they wished to access after the interview and to keep a record of any further contact made. Although I had devised an interview schedule that was broadly the same, and each professional group was asked the same questions in many instances, I also made slight changes for each of the professional groups to reflect their differing roles.

As a feminist researcher I was concerned with the power relations within the interview itself. Oakley (1981) notes how participants are often asked to give of themselves within the interview without any such participation from the researcher. I therefore briefly discussed my own background with participants prior to starting the interview. Oakley further notes how the researcher often controls the interview, which can leave the participants feeling disempowered rather than liberated. It is argued that it is important to empower research participants (Maynard & Purvis, 1994). Feminists have, however, argued that simply being a woman and interviewing other women does not mean that a non-hierarchical relationship exists, as other social attributes also contribute to power relations (Tang, 2002).

When carrying out the interviews with the police and service managers I would dress smartly and less so in the interviews with counsellors in an attempt to appear as 'one of them'. Similarities that I noted between the interviewees and myself were that we were women, white, and had knowledge of sexual violence. Differences included age (I was younger), and the nature of our knowledge or experiences in relation to the issues. Furthermore I was an independent researcher and therefore had a certain freedom to speak; those speaking within their agencies may not have felt

the same. Although in the interviews I endeavoured to appear confident, I did not always feel it. Although we were both women, in spite of my knowledge of the area, I felt an outsider in view of my lack of professional experience.

The fact that most interviews with the professionals were conducted in the workplaces of the participants meant that for counsellors this was in their own homes, for others it was a room at their place of work. One would have thought that those interviews in participants' homes would have made them feel more in control of the interview. However, the participants often seemed to work on deflecting any potential criticisms of current provision. This was not because I was being critical but a number of participants seemed to perceive a need to state how existing provision sufficiently met the needs of survivors, thus suggesting that, at times, they too experienced vulnerability. In general, however, the professionals responded well to the questions.

Borland (1991) highlights the possibility of conflict between the researcher's and participant's interpretation of experience. In an attempt to minimise dissatisfaction with the analysis I therefore gave professionals the opportunity to view and edit their transcripts. Opie (1992) points out that the researcher always holds a privileged position as more 'ideologically' correct. The assumption that the researcher always has a more powerful position has, however, been questioned. Power dynamics within the interview are characterised as fluid rather than fixed and stable (Tang, 2002). Indeed within the interviews I carried out, at times the professionals and I seemed to share views and understandings, at other times differences seemed more apparent. Within the interviews, when asking questions, Smith (1995) emphasises the need to make sure that they are clear, open ended and not leading. Looking over the transcripts, however, this was not always the case. Some questions were not very clearly phrased, something that I need to be more careful of in the future.

Furthermore, in my efforts to appear knowledgeable, on a number of occasions I would interrupt the professional's response to a question with a contributory comment of my own. In future I need to hold back more and enable the participant to have more 'room to speak' (Mishler, 1986), thus eliciting their own response to an issue rather than my own. According to Gorden (1969), however, this does not mean that an interviewer should refrain from expressing their own feelings and thoughts, rather that they should consider the implications of doing so on the completeness and accuracy of the interview.

## **Service Provider's Constructions of Rape and DASA**

The chapter will now go on to explore discursive constructions of rape and of DASA interpreted from the professionals' accounts.

### ***'Rape and DASA as Women's Issues'***

Within the interviews a number of the professionals did indeed construct rape and DASA as women's issues, as the extract from Joanne (policewoman) demonstrates (salient text highlighted in bold)<sup>5</sup>:

*Joanne: And then on a personal level, let's have a think, **I've got friends who have undergone serious sexual assault, as have most women in the world, certainly in the western world** have been subjected to unwanted sexual advances and minor indecent assaults and things like that*

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<sup>5</sup> (Inaud) represents brief sections where background noise such as police sirens obscured one or two words from the recording.

Jill, a service manager, also constructs sexual violence as a women's issue noting how it seems that women are held responsible for their own personal safety.

*Jill: And it's the same with personal safety information from the police, you know. Often when I'm asked to do interviews, I'm asked you know, and what advice would you give to women? And I never go down that road because I just think you know, **it's very much putting the onus on us to stop ourselves getting raped**, we're not doing anything about the offenders, you know, they can carry on as normal, it's like when the ripper was about, the advice that was given was, do not go out alone late at night. So women had to stay in the house, locked securely in the house, but men could go out and do whatever it was that they wanted to do.*

*Claire: [yeah]*

*Jill: Em, and I've gone right off track there haven't I?*

*Claire: (laugh)*

*Jill: And I think these swizzle sticks are the same thing, you know. **We're (women) having to take responsibility to make sure that we're safe**, why should we? You know, of course we should, but at the same time, there should be work done around men and education about sexual violence and respect for others and all that kind of thing. Because it's very much putting the onus on us. If we don't want to be drug assisted sexually assaulted, then we need to be carrying around a handful of these swizzle sticks to test every drink that we get in a club and if we don't test....*

Jill asserts that police discourses around personal safety position women as responsible for the behaviour of men. Even in the case of DASA Jill expresses concern that women will be held responsible for men spiking their drinks, to the extent that women will be expected to routinely test their own drinks in order to prevent men raping them. Swizzle sticks refer to cocktail stirrers that change colour if they come into contact with certain drugs. Swizzle sticks are one of a number of products that have been marketed to women as DASA prevention aids. Such products are not yet 100% reliable as they only test for certain drugs. The discourse that women are responsible for preventing themselves being drugged in order that they may be sexually assaulted may reflect general beliefs held about women within society.

Hollway (1981, 1984) has noted how women are held as responsible for rape by being positioned as 'potential triggers' who may set off an attack

by the way they dress or behave. Nicholson (1994) describes how women are held responsible for protecting their own reputations. As previously noted in the review of the literature, Ussher (1997) argues that the belief that sexual violence is the fault of women is the most pervasive of the myths about rape. The belief that women are responsible for sexual violence can then be seen as part of the current 'truth regime' (Foucault, 1980) in relation to the cause of rape. Women's responsibility for sexualised violence thus becomes taken for granted and frequently not subjected to question. Jill here challenges the discourse of rape being the (sole) responsibility of women "*why should we?*" Jill seems to imply a lack of societal response to sexual violence in her phrasing "*there should be*" work done around sexual violence, i.e. she did not use "*there is*" or "*there has been*". It is interesting to note that here Jill refers to herself as affected by such discourses and not just the women to whom she provides services. This seems to imply that she sees such discourses as affecting all women.

### ***'Women as Untrustworthy/Unreliable'***

Another way in which survivors of DASA are disempowered is through the operation of a discourse that women are untrustworthy/unreliable. The following quotes illustrate how the use of drugs by men to facilitate sexualised assault has particular consequences for women, in that they are frequently viewed by the police and others as simply lying or having got "*too drunk*" and then changing their minds:

*Lucy: And the bit that really stuck in my mind was the sort of kudos among the male officers who **say oh I didn't believe her or you know I'm not gonna be taken in by another rape story***

And also

*Lynn: Em, yeah there are, there's specialisms within it, there are certain things that you must be aware of, certainly with the victims recall of the incident and start from the beginning when **you really have to...be...aware that this person isn't just drunk**, you have to have that awareness straight away in order to pick up and go with the various evidence gathering at an early stage ...*

Thus it seems the myths around women as untrustworthy continue to exist in contemporary society. One officer referred to a case that went to court after evidence of spiking a woman's food was found. Despite the evidence, the jury refused to believe that the woman did not know that she was ingesting the drug. The need for evidence can be said to reflect Foucault's description of 'games of truth', where certain rules are relied upon to distinguish truths from falsehoods, here there seems to be a rule that if rape occurred then there must be physical evidence. In this case however, even though there was evidence of drugs and a woman reported being raped, there was a refusal to believe that the woman was telling the truth. It is extremely problematic to have a criminal justice system in which the accounts of women who have been subjected to rape by men are distrusted (Fine and Carney, 2001).

To have consumed alcohol or to know the perpetrator makes survivors of DASA even more subject to question by others. Indeed, within Lynn's (police woman) account of the DASA cases that she had dealt with, she made a point of stating the low level of alcohol consumption in many women who have reported DASA. Furthermore Lynn outlined the need for testing the woman's level of intoxication in case the lawyers in court try to argue that she was "*just drunk*" when she was not. Labelling DASA survivors as "*just drunk*" is even more problematic in the light of the research based on laboratory analysis of blood and urine samples, which suggests that drugs are frequently administered to women in combination with alcohol.

Thus, within parts of current service provision and in the criminal justice system, it seems that many survivors of DASA are positioned as unreliable or untrustworthy, and/or merely having had too much to drink.

Ussher (1997) notes an early discourse on drug assisted rape, that suggested that women who were drugged were untrustworthy. An increase in accusations of rape was noted following the newly developed anaesthetics in the late 19<sup>th</sup> century (Ussher, 1997). Ussher notes how these cases “*were not examined seriously for signs of abuse of power – or abuse of the woman's chemically induced vulnerability – but dismissed as the wanderings of the errant female mind*” (Ussher, 1997: 310).

Ussher goes on to cite the following;

*There is a particular risk in medicine or dentistry of unfounded allegations of indecent assault, either through malice or through confusion following anaesthetics for dental or minor operations. The allegations of a women when recovering from the effects of gas and oxygen or intravenous barbiturates are not always malicious, the effects of the narcosis sometimes leaving genuine belief in a woman's mind that she suffered sexual interference.*

*(Knight, 1972 cited in Ussher, 1997: 310).*

This portrays early allegations of drug assisted rape as either deliberately malicious or as based on genuine confusion brought on by the effects of the drugs. It seems then that many professionals may not have moved on from these beliefs. This illustrates Foucault's (1972) point that societies do not necessarily become more progressive in their beliefs over time. More widely 'drunk' women are positioned as a threat to all men, as any man may have a 'false' allegation made against him. The focus is on the behaviour of the woman (e.g. 'she got too drunk and changed her mind'). The focus is not on the behaviour of the man (“*if he knew she was drunk, how did he know she was consenting?*”). This reflects a number of beliefs including the view that a woman is able to give consent even if she is intoxicated, and that it is up to women to make sure that they do not get 'too drunk'. Once again women are positioned as responsible for the behaviour of men (Ussher, 1997).



The construction of women who have had a drink as not to be trusted may reflect a wider expectation that 'good women' don't drink, another possible product of the current truth regime. Fine and Carney (2001) refer to a number of gender role expectations to which women are expected to conform and are punished if they do not. Such behaviours are said to include drinking and going to bars without the company of men (Wesson, 1992 cited in Fine and Carney, 2001). The construction of survivors of DASA as 'just drunk' implies that women who drink cannot be raped and that men can rape women who have consumed alcohol and/or drugs (either voluntarily or forcibly) and get away with it. The way in which rapists can use such notions in their defence is illustrated in the following account from Lynn (policewoman):

*Lynn: He said that that night he had slept with her, essentially, she had got very drunk. He was so drunk that he can't remember what he did. But he remembered getting up in the morning, totally out of it. **He said I don't know what I did, I could have had sex, I really don't know what we did cos I was far too drunk.** Which is quite clever stuff really. And that basically was it because we could never prove intercourse.*

Thus it seems that lack of memory works against the survivors of DASA but can be used by perpetrators in their defence.

There is a sense of Lucy (counsellor) 'judging' the validity of accounts that women present to her when she states within her *interview* "I didn't doubt her account at all":

*Lucy: and I have to say limited though my experience is, **I didn't doubt her account at all.** You don't sort of get unconscious while somebody's kind of fucking you. I mean you know (...) I just there was erm, yeah that was awful, that was really.*

This highlights the way in which women are always at risk of potential disbelief of their experiences, from those working in the criminal justice system or support services. Lucy (counsellor) describes how the police portray themselves as having to deal with the menace of drunken women, either making claims that they mistakenly believe to be genuine or deliberately making false allegations. Thus women who come forward to

the police to report DASA risk being seen as another drain on scarce resources or a waste of police time. Disbelief of women means they are less able to access support. For survivors of DASA who may be struggling to trust their own memories of what happened (Abarbanel, 2001) disbelief may be devastating. The possibility of women receiving social justice is closed down by the operation of a discourse of DASA survivors as 'just drunk'. All of these discourses seem to suggest another example of the current 'regime of truth' (Foucault, 1980), that women are unreliable and cannot be trusted, whether or not they are drunk or drugged.

### ***'Women as Responsible for Rape/DASA'***

On the one hand, Lucy seems to construct survivors as able to prevent being raped *"there are things that women can do to avoid situations in which it's likely to happen"*. Yet, on the other hand, she then goes on to construct survivors of DASA as in reality unable to take such preventative measures: *"what do you do to protect yourself against something like that?"*:

***Lucy: What do you do to protect yourself against something like that?***

*It's an incredibly sort of vexed question isn't it and I don't you know, I certainly don't think, I absolutely don't think women are responsible for being raped. I mean it's a kind of, you know it's an outrageous thought.*

***Having said that, there are things women can do to avoid situations in which it's likely to happen. Em, or more likely to happen. Em, and this wasn't one of these situations.***

This again seems to reflect the idea that women should take action to protect themselves. There is no consideration given here, however, to the issue of how society can protect women. Furthermore, as Jones notes; *"men are not questioned about how they interpret the potential risk involved in a date"* (Jones, 2002/2003:29). Here Lucy seems to construct rape as avoidable if women change their behaviour in order not to put themselves at risk:

*Lucy: You know you can sort of make sure you're not out on your own at night, make sure you don't spend time with strangers, all sorts of things. But there she was at a sort of works do, in public, em, so it was that really.*

Risky behaviours were said to include going out at night on one's own, making sure you do not “*spend time with strangers*” and “*all sorts of things*”. Interestingly, the understandings of appropriate behaviour cited in this instance rely on stereotypical notions of most rapes being carried out by strangers or at night. So once again women are positioned as (in part at least) responsible for the behaviour of men. Lynn, (policewoman) however challenges this assumption:

*Lynn: and then of course you have this where the victim is always on a bit of a loser, I have got to say, I say because the fact that they will invariably have had alcohol as we all do and so straight away you have the perception, oh well you know it's not really their responsibility and once they turn it round, the responsibility is on the man, that's his responsibility to treat that person properly and apart from the, you just can't, **if someone was in that state, that to me would be the flashing light to say this is definitely not intercourse time, rather than take advantage**)*

Constructing rape and DASA as the responsibility of women then removes the responsibility from men themselves for their behaviour, and undermines the need for the criminal justice system and society to respond to the problem of male sexualised violence towards women. Berrington and Jones (2002) cite Stanko's (1996) point that prevention advice given to women about how to prevent being subjected to sexualised assault assumes that women do not already have strategies in place in order to minimise danger to themselves when, in actual fact, many women do. Berrington and Jones (2002) argue that this is also reflected in advice given to women about how to prevent being subjected to DASA. For example they describe how prevention advice includes the notion that:

*When in public it is safer to drink out of a bottle than a glass. It is suggested that women should not accept a drink from anyone, even friends. There is a lack of awareness in such advice. In the real world, women who prefer a gin and tonic will*

*not drink from a bottle. It is also more difficult to see a pill dissolving inside a bottle than in a glass. In addition it is easier to switch bottles than to switch glasses and buying a 'round of drinks' is something women, as well as men, do.*

*(Berrington & Jones, 2002: 318).*

Thus there is again a focus on women's behaviour, and women are responsible for ensuring their own safety. These excerpts reflect myths that women are in some way responsible for being raped by men, and that it is certain kinds of women who men rape. We can explore this further by considering the following discursive formulation by Lucy (counsellor) of the atypical rape survivor as "*very independent, very feisty, very intelligent, very strong-minded*". Thus implying that the typical rape survivor is someone who has the opposite characteristics to those cited, (dependant on others, weak minded and not very bright). This seems to reflect the myths that women who are raped bring it on themselves such as by not recognising so-called warning signs, leading men on by their behaviour, or not fighting back (Jones, 2002/2003).

Rather than locating responsibility with individual women, Fine and Carney (2001) argue a need to consider the social context in which notions of individual responsibility are located and to question the responsibility of society as a whole for acknowledging and eradicating social injustices. They cite Tronto's (1993) definition of responsibility as 'taking care of'. Fine and Carney (2001) note how women are expected to take care of themselves and of others, both within public and private arenas. They note also how:

*Women are viewed disproportionately as the cause, the problem, the provocateurs, and the whistle blowers deserving of punishment for betraying the social conditions that depend on these very women's silence and complicity.*

*(Fine and Carney, 2001: 389).*

## **'Rape is Rape'**

Within the discourse of police detectives 'rape is rape' was a recurring phrase:

*Claire* Yeah I read a bit about it, yeah I read a bit about it. Em, and can you tell me does the project have any specific aims related to em drug rape?

*Lynn* Em, I'm not sure without looking at the strategy document, **but rape, we'd just look upon rape** and it's just one method of facilitating that assault.

*Claire* [right]

*Lynn* Em, yeah there are, there's specialisms within it, there are certain things that you must be aware of, certainly with the victim's recall of the incident and start from the beginning when you really have to.... be .....aware that this person isn't just drunk or they might be, but isn't just drunk, you have to have that awareness straight away in order to pick up and go with the various evidence gathering at an early stage, so..

*Claire* [yeah]

*Lynn* .. rape is rape, it's just different ways of facilitating that assault.

The construction 'rape is rape' could imply that all rapes should be treated as equally serious. Here, however, the use of drugs is portrayed by Lynn, as one of a number of methods that may be used by perpetrators to facilitate assault. This may function to minimise the prevalence of the use of drugs in sexualised assaults, thereby also minimising the need for a response within service provision and the criminal justice system specific to the use of drugs. The interview with Fiona implied that she was not used to thinking about drug rape as a particular form of sexualised assault. Furthermore when asked towards the end of the interview if there was anything else she wanted to comment on, Fiona argues that DASA should be treated in the same way as any rape.

*Claire* Is there anything else that you want to comment on? Specifically about drug rape or generally....?

*Fiona* **Gosh, specifically about drug rape, I think you can't ignore the fact that you've got to treat it as you would any rape** and you will

*deal with rape as well as you can do and all the circumstances you will take all the exhibits, you will get all the house to house enquiries done, you will speak with all the witnesses you can (inaud) **for me em, when you came down here I said well what's so special about drug rape, apart from we don't know how prevalent it is, because people don't know whether it's happened to them**, how do we get those people to come forward? By having services available? By having these one stop shops?*

This puts DASA back on the same level as other rapes, despite my separating them as distinct in my question. In fact, Fiona then goes on to explicitly question any distinction between DASA and other sexualised assaults in her question “*what's so special about drug rape?*” This construction of DASA is surprising in the light of Fiona's position within the police as a rape specialist. At a different stage within the interview Fiona asserts:

*Fiona: For victims, you can only (inaud) well, **we're all victims in a sense that we all go drinking and we get drunk**. That's a form of drug rape, isn't it? you get drunk on alcohol, you're so blotted that (inaud) you couldn't even say yes or no.*

Fiona is here constructing alcohol facilitated DASA as a widespread phenomenon. However, Fiona's assertion “*we are all victims*” constructs DASA survivors as ‘just like us’, i.e. the same as anyone else. This then may be seen to minimise any notion of DASA survivors as a specific group with specific needs. The following quotes from Joanne, a policewoman, show the ways in which she also diminishes the distinct quality of DASA. When asked if survivors of DASA face any particular difficulties Joanne begins by constructing DASA as a “nightmare” for investigators:

*Joanne Well investigatively it's a nightmare to investigate.*

Here the police are portrayed as ‘not knowing’ how to deal with DASA and as faced with an impossible dilemma (“*How do you possibly investigate something that you don't know that's happened?*”):

*Joanne: how do you possibly investigate something that you don't know that's happened?*

Joanne defends against critique in her use of “try as you might” in her assertion that, “if you don't have the information you can't actually make sense of it”:

*Joanne You've got a fragmented story, **how do you try as you might, if you don't have the information you can't actually make sense of it.** Em, so lack of information in relation to the events itself make it particularly difficult to investigate. **Nevertheless, we should still be investigating it to the best of our ability and I don't think we do that, I don't think the police necessarily investigate rapes to the best of their ability.***

Joanne's portrayal of the police as not necessarily investigating rapes to the best of their ability puts DASA back on the level of other rapes once again.

Joanne then goes on to frame support for survivors of DASA as already available thereby questioning my construction of DASA survivors as having 'particular' needs:

*Claire: are there any specific areas that you feel that survivors may require particular help and support?*

*Joanne Additional? Cos I mean there is help and support out there in..*

*Claire [yeah]*

*Joanne .. em (...) well I don't, I have a difficulty with that one there. I mean I'm assuming in relation to rape crisis and organisations like this they will have received training in relation to drug-assisted sexual assault, so I do, (.) **I don't think there's a hierarchy in relation to rape**, so I think if workers have the information, they'd be able to do it, yeah it's the right information about awareness training again I think.*

*Claire Right.*

*Joanne Cos the issues that are felt I think are common across all areas of rape, particularly in relation to this “it were my fault, I've done it and I shouldn't have got drunk and..” I just say people need to believe. Believe in women,*

Joanne seems to take this to mean that I am presupposing hierarchies in relation to rape arguing that she has “difficulty with that one there”.

Joanne goes on to characterise the issues that arise in DASA as the

same issues that arise in non-drug rape. Joanne's ending statement that whatever form of rape, women need to be believed puts DASA on the same level as other rapes, again.

### **'DASA as Distinct'**

In contrast to the construction 'rape is rape' was the construction of certain aspects of the experience of being subjected to DASA as distinct. All of the counsellors and service managers portray DASA as distinct to non-DASA, in terms of a number of the experiences reported by survivors. The following extracts from Julie (counsellor) and Lucy (counsellor) illustrate this (salient text in bold):

*Julie: Em, and the not knowing, I had someone recently said to me **I wish I'd been raped and I'd been conscious through it all, rather than what happened, because it's the not knowing.** Em they lose periods of time where they don't know what's happened and em it seemed like they'd all, from the bits of information, that they'd all been given Rohypnol*

And also

*Julie: (...)I think it just, seems to make clients feel a lot worse about themselves. Because, and how other people see them, because they, originally, I mean anyone maybe seeing them might think they were drunk*

*Claire: Yeah*

*Julie: But every single time they said I only had one drink or, one drink and then they brought me another one and then I don't remember anything else. So, **it's so insidious, it's so, it's like a double assault**, I think that's how a lot of clients see it*

These experiences include the trauma of having incomplete memories or not knowing what happened. Julie went on to talk about other losses experienced by survivors of DASA:

*Julie: they have also had time taken away from them, it's like someone has messed with their minds...it's so insidious it's like a double assault*



Therefore DASA is not only experienced as an assault on the body it is also experienced as an assault on the mind.

Julie then constructed memory loss as preventing the ability of some survivors to move on towards regaining control over their lives:

*Julie: you're left with these question marks all the time about what happened.*

Another distinct experience that is said to arise from men's use of drugs is that some women are more likely to blame themselves. As Lucy states about one woman:

*Lucy: it was easier for her to believe that she'd got drunk and had a one-night stand.*

This is despite the drugs leaving women incapable of resistance. Julie, a counsellor, described how survivors may feel that their accounts will be questioned by partners:

*Julie: Well, I think just that it's the whole question, em, is will I be believed, is the partner going to believe me?*

*Claire: Yeah*

*Julie: and then oh yeah right well that's very convenient, you know, you were out of it then, you didn't know what would happen to you*

So it seems that even when women are forcibly administered drugs, the focus by both the survivor and others is on the women's behaviour and any so-called 'risks' that she took (such as having 'too much' to drink), rather than on the perpetrator(s). Any lack of thought from society around the manipulative nature of men who use drugs in sexualised assault may reflect the notion that 'normal men don't rape' (Stanko, 1985; Ussher, 1997). Once again this reflects the positioning of women as responsible for their own safety and for the behaviour of men. In addition, Julie (counsellor) discusses her own reflection on the pre planned and predetermined nature of DASA:

*Julie: Em, and it's em so pre-determined, it's so pre-planned. You've got to have some with you, you've got to work out when to put it in the drink.*

This seems to imply a notion that rapes where drugs are not used are not planned or predetermined. This constructs non-drug-assisted sexualised assaults as resulting from impulse. This may represent an understanding of rape as arising from men acting on uncontrollable urges, or as a result of having 'misread the signals' in an interaction. Once again then this would be an example of the current 'regime of truth' about men's sexuality and the cause of rape, that men have uncontrollable natural sexual urges.

Julie also noted how women who have been subjected to DASA have particular reasons for fearing that they may not be believed and thus may be unlikely to disclose:

*Julie: they perceive that they might not believe them so they don't want to tell*

In addition Julie notes how women who choose not to disclose to others may also be positioned as untrustworthy:

*Julie: and then the fact that they don't tell makes people suspicious anyway and it's just, it just leaves more chaos for them to deal with.*

Lucy (counsellor) describes the work that she did with a DASA survivor as largely about "making the event real".

*Lucy: I would say a lot of the work we did, a lot of the work we did was on (sigh) (...) making the event real. I think what she'd struggled with right from the moment of waking up, probably and probably will continue to struggle with was that she doesn't know what happened, this, there is and that's, there's something awful about that*

Lucy constructs survivors as potentially continuing to struggle on a long-term basis with the fact that they don't know what happened.

## Variation within Individual Accounts

The police constructed DASA as distinct in terms of the additional investigative issues that need to be taken into account due to the fact that drugs had been used. Based on their experiences of working with survivors, all of the counsellors and service managers drew upon the discourse of DASA as distinct in terms of the psychological consequences for survivors. However many of the professionals also drew upon the (seemingly contradictory) discourse 'rape is rape', which may undermine those distinct aspects. When Julie (counsellor) discussed the differences between rapes where drugs had and had not been used she seemed concerned that to do so may be seen as undermining the magnitude of non-DASA. In addition Jenny (service manager), when talking about the ways in which she views DASAs as different to those where drugs are not used ends with *"I don't think it's any worse or better, you know just different"*. This may represent an acknowledgement that all rapes are equally serious, however it may also reflect a wider concern within service provision, the criminal justice system, and society in general, that to acknowledge the differential psychological consequences of one type of rape over another may risk others being undermined. The wish not to undermine other rapes seems particularly likely in a context where the struggle continues to get the impact of any rape acknowledged within both the criminal justice system and wider society, not just within the UK but in many European countries (Regan & Kelly, 2003). The notion that to recognise the distinct nature of DASA is to take attention away from non-DASA may reflect Derrida's argument that much western thought is based on the logic of 'either/or' rather than a logic of 'both/and' (Burr, 1995).

## ***Resistance: Constructions of Gender Neutrality and Passivity***

There were a number of further significant aspects of the way in which professionals talked about DASA. Professionals drew upon gender neutral and passive talk. The statistics on the extent of rape against women suggest that rape is an issue predominantly affecting women. Furthermore Rush argues that even though men rape other men, rape is not gender neutral as male rape involves the feminisation of “*victims within heterosexual patterns of dominance and subordination*” (Rush, 1990 cited in Gillespie, 1996: 150). Berrington and Jones (2002) note the arguments previously made by feminists that language is central in defining violence (Berrington and Jones 2002 cite Dobash & Dobash, 1992; Kelly, 1988; Maynard, 1993; Stanko, 1985). These writers have argued for the importance of language in making visible the perpetrators of violence against women, and in highlighting sexual violence as predominately experienced by females and perpetrated by men. All participants in stage one were themselves women and as such one may have expected them to draw upon the construction of rape and DASA as issues predominantly affecting women. However, some of the professionals constructed rape and DASA as women’s issues and some did not.

Furthermore, the majority of participants, when talking about specific examples, drew on women being subjected to male violence. This suggests that these professionals work with a great number of females who have been raped by men. Despite these factors, not all participants drew upon the construction of rape and DASA as a women’s issue and all of the professionals drew mainly upon gender neutral and passive talk. An acknowledgement of the effects of language use is however demonstrated by Joanne (policewoman), who, when she describes women as having “*been raped*”, then goes on to rephrase this saying that such phrasing puts the responsibility onto women for men raping them.

This suggests that Joanne is aware of the effects of language use. However, as the following extract from two of the policewomen shows, the police refer to those who have been raped by men in a gender neutral way, and refer to them as “*victims*” or “*people*”:

*Lynn      The first contact with **the victim**, em, the forensic examination, and the gathering of exhibits, forensic exhibits from the victim and getting the best possible evidence from them by way of statement.*

*Fiona: Ok so one-stop shops are the way forward for **people** reporting rapes, specifically drug rapes.*

The counsellors have worked on a different level with many women; they have more one-to-one discussions with women about their experiences and the consequences of sexualised violence. One would maybe expect the language used by counsellors to reflect the gendered nature of sexualised violence and the active role of the perpetrator(s). They too, however, use gender neutral and passive talk. Women who have been raped are referred to by counsellors as “*people*” or predominantly as “*clients*” not as “*women*”. Although counsellors did on occasion refer specifically to “*women*” without prompting by myself, they did not consistently construct rape and DASA as women’s issues within the interviews. One of the two counsellors does not seem to show evidence of constructing rape as a woman’s issue. Within the interviews there does not seem to be mention of men as the ones doing the raping. ‘Clients’ are referred to as ‘being raped’; they do not seem to be referred to as being raped by men. When talking about women being given Rohypnol and being drugged, the person(s) doing the ‘giving’ of the drugs do not seem to be explicitly referred to. The following examples illustrate the use of passive talk by professionals:

*Julie:      So people **who’ve been raped** always feel disempowered. I would say everyone I’ve met, if they don’t feel disempowered then they won’t come for therapy.*

And later

Claire: Ok. Em, can we go on now to talk about your experiences of dealing with drug-assisted sexual assault?

Julie: Em, yeah. Em, the big problem seems to be for the **clients** I've seen. I've probably seen about 4 or 5 is of course you never know for sure. It's just that they have to work backwards and because, they've all described similar scenarios, similar symptoms of times when they just can't remember what happened and yet they know that they had very little to drink, very little alcohol. Em, so one of the, in addition to being raped, there are extra things.

Julie: 'Em, and the not knowing, I had someone recently said to me I wish I'd been raped and I'd been conscious through it all, rather than what happened, because it's the not knowing. Em, they lose periods of time where they don't know what's happened and em it seemed like they'd all, from the bits of information, that they'd **all been given Rohypnol**.

The phrasing seems passive in that there is no explicit mention of men or groups or men doing the drugging or organising for women to be drugged (Asthana, 2003; Baird, 2002; Sturman, 2000). Moffett (2003) states that using the active voice and naming the subject/perpetrator can have major repercussions. She cites one example of the use of educational advertisements about sexual violence prevention in South Africa, which were shown on television and in cinemas and used the active voice, and addressed men rather than women. These were subsequently banned on the grounds that men found them offensive. Note is made, however, that passive constructions are drawn upon within media reporting of crime for *'reasons that have to do with even handed and truthful reporting and the legal premise that one is innocent until proven guilty'* (Moffett: 2003: 5).

In an analysis of educational materials on DASA Moore and Valverde (2000) highlight how they fail to provide images, representations or risk analysis that are explicitly female. They also go on to note *"urban legends about unnamed women being raped somewhere else by unnamed men"* (Moore & Valverde, 2000:522). Moore and Valverde go on to provide an account of the way in which sexual assault is 'de-gendered' through the personification of the drugs men use to facilitate sexual assault of women. They argue that within the *"war on drugs"* literature and in pro-drug or pro-rave writings gender is *"largely, even wholly invisible"* (Moore

& Valverde, 2000: 523). They state that gender is nevertheless present. They also note a disjunction between texts and photographs. Within the texts the terms 'students', 'partying' and 'youth' are mentioned rather than 'gender' or 'women'. With regard to the pictures they note:

*Some photographs have no visible male, showing only a hand throwing something into a drink, thus completely de-gendering the assailant, but this is not a counter example, since the visual context necessitates reading the detached hand as male*

*(Moore & Valverde: 2000:523).*

They further comment on the way in which the intention to commit the crime is displaced from the man to the drug in quotes such as 'it's the perfect crime in a pill' (Moore & Valverde, 2000).

### **Understanding Gender Neutral Talk**

The construction of rape and DASA as gender neutral could reflect an assumption that gains for women will lead to losses for men (Gavey & Gow, 2001). Alternatively it could also be a reflection of the status of feminism within non-feminist organisations. Both of these explanations will now be explored in turn:

#### **'Gains for Women Will Lead to Losses for Men'**

The desire to focus discussion on both male and female survivors of rape may reflect the assumption that "*gains for women will lead to losses for men*" previously noted by Gavey & Gow in their analysis of discourse around false rape allegations (Gavey & Gow, 2001: 354). Gillespie (1996) notes the disquiet among men over being unable to access women-only services provided for rape survivors by Rape Crisis. Some men have been said to see themselves as competing with women only services for

support service funding (Gillespie, 1996). Kessler & McKenney (1978) in their analysis of gender in talk argue that when considering issues that involve dichotomies, it is difficult to avoid evaluating one in relation to another (cited in Stokoe & Smithson, 2001).

Indeed when one of the police interview participants is talking about men raping women she feels she must clarify her acknowledgement that men get raped too. Gavey & Gow (2001) argue that notions of scarcity are central to such constructions. They argue: *"The iconic 'swing of the pendulum' images a society in which the gender tables have turned to the detriment of men and the unfair advantage of women – the reversal of a patriarchal system"* (Gavey & Gow, 2001:354). Defining rape and DASA as gender neutral may be seen to remove any responsibility for professionals to provide women specific services.

### Feminism within Non-Feminist Organisations

Although sexual violence was constructed by some in the interviews as a women's issue, the word feminist was not used in this context by any of the professionals. Perhaps the failure of the professionals to explicitly and consistently construct rape and DASA within the interviews as feminist issues was due to the professionals speaking as employees from partially police-funded agencies. Perhaps they may construct rape and DASA as women's issues if speaking within a different social context. Researchers have highlighted how feminists and feminism are constructed in particular ways that undermine feminist theory and activism (Riley, 2001; Edley & Wetherell, 2001). Gillespie (1996) tells of how:

*The success of feminist support services was followed by a political and ideological backlash in the late 1980's. This backlash has sought to undermine and marginalise feminist services in a range of ways (Lupton & Gillespie, 1994). This*



*has been apparent both in the media and within academia, most notably in the concept of 'post feminism' and in the knee-jerk reaction by right wing ideologies to 'political correctness' or any other acknowledgement of the effectiveness of feminism in changing perceptions and behaviour.*

*(Gillespie, 1996:149).*

The negative constructions of feminism and feminists may contribute towards reluctance within service provision and the criminal justice system to explicitly draw upon constructions of sexual violence as a feminist issue. Kelly (1999) expresses concern that the 'f' word may be one from which women may seek to distance themselves in order to achieve acceptability. Kelly argues in the context of domestic violence that the erasure of feminism from the agenda can result in:

*Lowest common denominator politics and policies – where minimal challenge and change occurs. It is on these contexts that calls for neutrality in how domestic violence is defined and understood are accepted as valid, rather than thoroughly discussed and the intended and unintended consequences explored.*

*(Kelly, 1999: 91).*

Kelly (1999) notes the emphasis on status, resources and confidence and the importance of gender and race in the emergence of leaders within organisations. All are factors noted as putting women's organisations at a disadvantage. Professionals may not feel in a position to freely define the causes of sexual violence in their own terms. They may be obliged to adopt a 'rhetoric' of gender neutrality in order to secure funding from agencies such as the police or to be accepted as a true, politically correct 'professional'.

## The Consequences: Invisible Men

Previous researchers have highlighted how men are effectively removed in writing about sexual violence (Milner, 1996, Moffett, 2003). Milner (1996) describes the way in which men who abuse children are not considered with regard to the family's responsibility. This arises within a child protection system that has increased the focus on mothers throughout the processes of investigation and therapy (Milner, 1993a) to the extent that male abusers in effect become 'invisible' (Beagley, 1989: Department of Health, 1994). Moffett (2003) comments on a number of trends observed in public discussions and media representations of rape.

Denial is argued by Moffett (2003) to be central to the way in which we speak, write and think about rape and is said to result in a number of myths and distortions, one of which is said to be the erasure of the rapist himself from the rape scenario. In such scenarios rape is portrayed more as an act of fate than a crime perpetrated by men against women. Moffett (2003) argues that the most common media representation of rape is where it becomes a 'perpetrator-less' crime. Thus Moffett (2003) argues that rape has become redefined in terms of *"the burden of womanhood, one of the nastier but inherent risks that arises from having a female body"* (Moffett: 2003: 3). Moffett (2003) notes how men are not mentioned in advice given to women about ways in which they should behave. In addition Moffett argues that there are a number of ways in which the rapist as an active agent is erased from public and media rape discourse.

## Implications

The construction of women as responsible for rape and for DASA, maintains a focus on the behaviour of survivors. Once again the role of perpetrators is minimised, and they are not held accountable for their actions. Even in DASA where drugs and/or alcohol are forcibly

administered to women or unknowingly ingested by them women are expected to interpret their experiences as events where they are to blame because of their prior behaviour or where they consented and cannot remember doing so. Where DASA is recognised, it is women who are held responsible for responding to it, and it is women who are left to deal with the consequences.

The view that women are in any way responsible for rape and DASA has implications for survivors who are seeking to make sense of their experiences and for professionals' 'judgements' about the validity of accounts from survivors. If a survivor does not fit the stereotypical 'criteria' (as survivors of rape and DASA frequently do not) then they may be less likely to see their experience as rape and/or be more subject to question from others. Furthermore, Ullman (1997) argues that blame from self or others can have a negative effect on the ability of women who have been subjected to rape to move on and regain control over their lives. More widely, the discourse that women are responsible for rape and DASA has implications for all women. Women are thus expected to routinely restrict their freedom to live their everyday lives as they wish. Berrington and Jones (2002) argue for all women's rights to live their lives without fear. They ask the question "*Are we expected to accept and fear drug rape as part of the danger of living in the 21<sup>st</sup> century?*" (Berrington and Jones, 2002: 319).

In addition to the construction of women as responsible for rape and DASA, the construction of women as untrustworthy and unreliable continues. Women who are thought to have consumed alcohol and other drugs (whether voluntarily or not) are doubly 'othered'. This has serious implications for survivors of DASA where the drugs leave them appearing drunk to others or when drugs are administered in combination with alcohol. Being acknowledged and taken seriously is problematic for any rape survivor, it is even more problematic for survivors of DASA when there is seen to be no 'evidence'. This leaves women most often unable

to seek justice within the criminal justice system. Moreover, the operation of the discourse of women as unreliable, allows the denial of DASA to continue. This minimises the need for a societal response. Perpetrators are allowed to continue to sexually assault women through the use of alcohol and/or drugs and to use fear of DASA for further control of women.

The 'rape is rape' discourse drawn upon by the two policewomen in this study seems to have a consequence of obscuring the particular consequences that may arise from men using drugs in sexual assault. Thus, not only are women 'othered' within current discourses for being women, not only are they othered for being subjected by men to sexualised violence, the 'rape is rape' discourse seems to have the additional potential consequence of 'othering' survivors of DASA. In addition, the construction of DASA as the same as any other rape seems to undermine the need for specific practices. Of course the sample size in this study was very limited, further research would help indicate if other people draw on such discourses, under what circumstances and the potential implications for social action. A specific focus on DASA has been argued to play an important role in the recognition of the use of drugs in sexual assault, Abarbanel (2001). Specific DASA policies also contribute to the development of services for survivors of DASA who may state needs that are not currently met and influence current practice within the criminal justice system. The lack of focus on the use of drugs will also mean that lack of policies in relation to DASA may be more likely to continue. Women who have been subjected to DASA may continue to be positioned as not requiring any specific provisions. This seems likely to lead to less and less women coming forward, the prevalence and consequences of DASA remaining largely unrecognised, and more risk of DASA in effect becoming legitimised within the current criminal justice system.

Furthermore, constructions of rape and DASA as a gendered issue were significantly minimised through the use of gender neutral talk. Within the interviews the majority of professionals constructed rape as a women's issue. The explicitness with which they did this however varied. Further research into constructions of sexual violence as a gendered issue by professionals would be beneficial. The construction of DASA as distinct by counsellors and service managers provides further support for the claims made by Abarbanel (2001) that the experiences of being subjected to DASA are different in a number of ways to those where drugs are not used. Until this is recognised within service provision and the criminal justice system, a number of survivors may not have all of their needs met or be able to obtain social justice. Again, it is acknowledged that the sample on which the study is based is limited and further research would allow us to develop our understanding of the similarities and differences between experiences of rape and DASA further.

Those service providers and those working within the criminal justice system interviewed for this study did not explicitly and consistently acknowledge the true nature of DASA and rape as gendered sexualised violence. If this reflects the way that others make sense of this issue then this could potentially have significant consequences for the future directions in which services and practice in relation to DASA is developed. The ways in which language is used are said to shift responsibility for violence from the perpetrator to the survivor (Moffett, 2003). Researchers note how language has previously been used to obscure the male actor which serves to *"further add to his normalised absence"* (Berrington & Jones, 2002: 308). Berrington and Jones (2002) cite the argument made by Jones (1999) for wording to reflect the agency of perpetrators. They argue that *"the gender neutral approach to language is a further denial of the context of patriarchy"* (Berrington & Jones 2002: 308). Moore & Valverde (2000) note how such language functions to not only de-gender the criminal act itself, but also the desire of men to assault women.

Berrington & Jones (2002) note that in DASA it is men who carry out the assault, not the drugs. Gillespie (1996) argues that constructing rape as gender neutral serves to ignore the gender–power relations between men and women, that are expressed through men’s sexual violence towards women. Moffett (2003) argues that the erasure of men results in rape being seen as a ‘woman’s problem’ and therefore it is said to be the responsibility of women to stop it. Thus Moffett argues that educators and practitioners should use the active voice and name subjects as male or female in their discussions of rape. As Doherty and Anderson (1998) point out in their analysis of sexual violence discourse, the suggestion being made here is not that prejudiced individuals perpetuate rape supportive culture. The focus is rather on the way in which the use of particular discursive resources has particular effects and consequences. The erasure of men from DASA discourse could result in women being positioned as responsible to prevent victimisation. Milner (1996) cites the argument made by O’Hara (1993) that the failure of professionals to be explicit about the perpetrators of violence in their practice may result in lost opportunities for safeguarding the welfare of those at risk from abuse. Radford et al (2000) argue:

*While New Labour’s commitments around violence against women are indeed welcome, it’s failure to understand its nature as structural violence rooted in the power relations of patriarchy, heterosexuality and masculinity as currently constructed, inevitably limits its capacity to respond with effective measures, either at the level of law change or in social policy.*

*(Radford et al, 2000: 5)*

Thus they argue a need for society to recognise the true nature of sexual violence as a gendered phenomenon in order for it to be able to effect change.

## Summary

The interviews with the professionals contain many contradictory discourses. Within these discourses a number of 'facts' are said to be present within the current 'truth regimes' relating to sexuality, and the causes and consequences of sexualised violence and DASA. Whereas women were portrayed by all the professionals as not responsible for rape and DASA on the one hand, at other times it was argued by some that women can prevent themselves being subjected to rape and DASA. Where rape and DASA were constructed by a number of the professionals, regardless of their role, as women's issues, the word feminist was not used, and the status of rape and DASA as women's issues was undermined through the use of gender neutral language. Whereas, on the one hand professionals from each of the professional groups constructed DASA as distinct in a number of ways due to the men's use of drugs, this was on the other hand undermined by the discourse drawn upon by the police women interviewed, 'rape is rape'.

Furthermore, despite rape and DASA being feminist issues as well as women's issues i.e. political as well as personal, this was not reflected in the discourses drawn upon within the interviews. It is suggested that professionals may not feel able to draw upon certain discourses about rape and DASA whilst engaging in work with survivors of DASA. This has significant implications, both for the understanding of rape and DASA within the public, and personal realms; and for the behaviours of perpetrators and the experiences of survivors. DASA is very much a hidden phenomenon. Thus it seems that current discourses within service provision and the criminal justice system may frequently function to further obscure the perpetrators of DASA, the significance of DASA and many of the personal and political consequences for women. Going back to Foucault's (1980) assertion then, of how the production of such 'truths' induces a number of effects of power, it is suggested that a number of

these 'truths' about DASA may have the effect of constraining women in several ways.



# **Chapter 6: Professionals' Constructions of Working with Survivors of Rape and DASA**

## **Introduction**

The previous chapter outlined a number of discursive constructions of rape and DASA that professionals draw upon when working with survivors of DASA. It described a social context in which current 'regimes of truth' place the responsibility for rape upon women. It then outlined the use of a number of discursive resources that were drawn upon by professionals when making sense of their experiences. The discussion was then focused on how these functioned to further undermine both survivors of the already 'hidden' phenomenon of DASA and the presence of perpetrators. This chapter revisits further aspects of the social context in which women experience DASA. The previous chapter focused on how professionals made sense of rape and DASA (in terms of how it happens, who does it, who are subjected to it, who is responsible, and what are the consequences). This chapter develops this with a specific focus on how those professionals make sense of working with women after the assault. This includes what the aim of support services and the criminal justice system should be, how the experiences of survivors should be interpreted and issues relating to the future development of services, policy and practice in relation to survivors.

## Professionals' Constructions of Working with Survivors

### ***'Working with Survivors as Problematic'***

Indeed within the interviews both of the counsellors constructed working with survivors of DASA as problematic both for themselves and for survivors. Lucy (counsellor) describes confusion around the issue of how she can enable survivors to move on in the absence of any memory of the assault:

*Lucy: I would say a lot of the work we did, a lot of the work we did was on (sigh) (...) making the event real. I think what she'd struggled with right from the moment of waking up, probably and probably will continue to struggle with was that she doesn't know what happened, this, there is and that's, there's something awful about that **and I sort of struggled with that in the sessions, you know, at times I found that really hard, that thought that we don't actually know you know, how, I suppose a lot of my work is about making the unconscious, conscious, well if there is nothing to make conscious then there seems to be a real kind of full stop on something, so that's hard, I think that's really, really hard. I mean some erm, it's almost like how do you do the work, how do you do the work of processing, of making sense?** So that, I half remember with her particularly it felt like a huge issue. It's almost like a void at the centre of the work that you just have to work around and she'd thought about things like should she have hypnosis, might that bring back*

In addition to this, one service manager describes how support workers working with survivors of DASA often feel that they have not been able to fully be of help, because they have not been able to assist in memory recall. Thus it seems that memory recall is currently constructed by some professionals as the way forward for survivors of DASA. The construction of memory recall as the way forward is highly problematic. Survivors of DASA are frequently left with little if any memory of what they were subjected to. Thus it seems that if survivors are left unable to narrate the assault, they can do little other than narrate themselves from the time at which their memories were regained. As a consequence of the inability to recover memories of what happened, later on in her interview, Lucy

(counsellor) describes her work with survivors of DASA as “*managing what is not OK*”:

*Lucy: It might quite suit somebody you know to work through some stuff and say well you know it happened and for this particular woman it was really really difficult and so think that was my sort of counter transference response was to feel oh what can we do, how can we make this ok? Well we can't virtually, we can't. So **a lot of the work is about, you know, how do we manage what's not ok.***

Constructing working with survivors of DASA as ‘managing the not OK’ as this counsellor does, positions women as having to deal with the memory loss and other consequences of the assault on a long-term basis. A similar construction is drawn upon by one of the policewomen interviewed who commented that it was then up to the women how they managed their memory loss in the future. This then serves to minimise any need for social action. This construction was not, however, interpreted within any of the accounts from the service managers.

### ***Constructions of Perpetrators as Powerless***

Within the interviews the disempowering nature of the experience of being subjected to DASA seems to be denied. On the one hand, a number of the professionals interviewed discussed at some length the powerlessness experienced by survivors as a result of men’s use of drugs. Despite this, however, Julie (counsellor) constructed perpetrators of DASA as powerless:

*Julie: Em, it's helping them to get back in control because they've invested now, the person who attacked them, with massive power, em, and my, I see my job really as just helping them to take their power back.*

*Claire: Right*

*Julie: Helping them to understand that people like that are absolutely Powerless that's why they have to steal things from other people because they can't ask and cope with the rejection, so they take what they want, em and that's a very powerless position really and a very insecure position. Em, so really that's the whole of it.*

So while professionals in the interviews constructed perpetrators as powerful, Julie here also constructs perpetrators of sexualised violence as powerless. Ussher (1991) has argued that many existing interventions for women do not take into account their sex or their oppression. She states how:

*In the feminist view, therapy is not gender neutral. It is based on patriarchal principles and supports a patriarchal and misogynistic culture. The transformation of oppression into illness during the course of therapy is seen as rewriting women's lives, women's pain within a framework which conceals misogynistic control of women, encouraging women to conform and be controlled.*

*(Ussher, 1991: 176)*

Thus it has been argued that women should define and interpret their own experiences, and that women need to “*redefine and rename what other people (men, experts) have previously defined and named for us*” (Andrews, 2002 cites Stanley and Wise, 1983; 194). As a consequence of the disempowerment experienced by survivors of rape, a number of feminists have emphasised the need for services to empower women (Marecek, 2001; Lippman, 1999). Marecek (2001) notes the assertion that therapy can empower women by:

*Honouring the client's own perspective on her life; placing the person and her problems in a social context; attending to the power relationship in therapy; scrutinising a clients situation for multiple sources of oppression in addition to gender and fostering social change.*

*(Hill & Ballou, 1998 cited in Marecek, 2001: 312)*

The question remains, however, as to the degree to which current support services for survivors of DASA contributes towards this. Within her interview Julie does not select one ‘version of events’ over another but draws on both discourses at different times within the interview. Julie

talks about the “*totally disempowering*” nature of DASA on the one hand and of the powerlessness of perpetrators on the other hand - even though these understandings contradict each other. The construction of perpetrators as powerless was not, however, drawn upon by any of the other professionals within the interviews. The construction of rapists as powerless drawn upon here by Julie may represent an attempt to portray women as capable of resisting men’s power. However the construction of perpetrators of DASA as powerless may also have a consequence of minimising the power men do have.

### **Understanding the Construction of Rapists as Powerless**

The construction of rapists as powerless by Julie, then, perhaps represents a dilemma of how women can resist male power and reclaim control without minimising or denying the power that men have yielded over them (and indeed continue to yield) through any form of sexualised assault. Berrington & Jones (2002: 309) argue:

*Identification and promotion of particular types of risk or danger serves a function. Fostering women’s sense of fearfulness instils insecurity, undermines their autonomy and reinforces patriarchal ideology that presents men as their ‘natural’ protectors.*

Feminist researchers (Stanko, 1997: 492 cited in Berrington & Jones, 2002) have also mentioned a concern with how to theorise men’s violence without contributing to the “*demonisation of the symbolic other?*” However, to state that rapists are powerless seems to minimise both the extent of sexualised violence and its effects and consequences for women. This undermines Julie’s own construction of counselling as empowering in her characterisation “*it’s helping them get back in control*”. In contrast to the characterisation of empowering therapy as ‘honouring the client’s own perspective on her life’ or ‘placing the woman and her problems in a social context’ as advocated by Hill & Ballou, 1998 (cited in

Marecek, 2001) recovery for this counsellor seems to entail the survivor 're-storying' the event. A DASA survivor's interpretation of her experience as 'the rapist(s) demonstrated extreme levels of power and control over me' is thus rejected in favour of one that is considered by the service provider to be more appropriate 'that man/those men were powerless, that's why they subjected me to...'. This then seems to pathologise women's understanding of their experiences as disempowering.

Earlier in the interview Julie constructed support as being about normalising survivors' reactions to being subjected to DASA. However, it seems that feeling disempowered by DASA may be seen as 'normal' but not as 'appropriate' or 'healthy'. Support for survivors of DASA then potentially becomes an encounter in which women's own understandings may be undermined and other alternatives are portrayed as 'better'. This seems far removed from the practice of allowing women to understand and interpret their experiences in their own way, and giving voice to and validating these. This also seems contrary to the argument that those supporting women should encourage women to "*own their true feelings*" (Ussher, 1991: 203 cites Hunter & Kelso, 1985).

Lucy (counsellor) also seems here to construct her role as that of 'sensemaker':

*Lucy: So, I mean in terms of, in terms of the kind of hoped for outcome and way of working, I would always, always be listening to the client's story and I use story in the sense of you know, they're there to tell me what happened, that's the meaning of story. I would always be listening to the client's story with an ear for ok, what's happened? But what does it mean to you particularly? So I generally, I generally ask for a sort of wider picture. You know tell me about your childhood, what? You know very specific questions like what's your earliest memory and do you dream? I mean I don't always ask those things by any means, but erm, so in other words what I would be doing is making sense of what's happened in terms of a bigger context.*

Again, this raises questions about whose sensemaking is given priority, the counsellor's or the survivor's? Are these both taken into account, and what happens if these differ? Many researchers have referred to ways in

which the experiences of women become pathologised and rewritten. This has included a wide range of women's experiences such as infertility (Throsby, 2003) sexualised assault (Raitt & Zeedyk, 2000) and childhood sexual abuse (Livesey, 2002). For example, Livesey (2002) looked at women's experiences of disclosing childhood sexual abuse. She found that the sense that women made of their experiences did not always correspond to societal understandings of what that experience should be like. Livesey noted how the 'listener' thus rewrote one woman's account of her experience so that:

*The tellability of the story about wanting to disclose has been transformed into another story which is apparently, more tellable – the story that women who have experienced abuse need therapeutic intervention, that their stated intentions mask their real (if unconscious) intentions, and that women who have experienced abuse are infantilised and unable to move on in their relationships.*

*(Livesey, 2002:57)*

Within the interview Lucy constructs the sensemaking process here as joint in her description *"let's make sense of this together"*. This is, however, contradicted later in the interview when Lucy characterises some 'defences' as *"inappropriate or too much"*. Both counsellors construct themselves as seeking to include survivors in the process of making sense of their experience, but in reality it seems that it is counsellors who have the ultimate power to define women's experience. Furthermore, the construction by both the counsellors of some responses as 'inappropriate' or 'too much' seems to be contrary to Kelly's argument that coping should be defined as *"the actions taken to avoid or control distress"* (Kelly, 1988: 160), thus emphasising the right of the woman to autonomy in making her own choices in the aftermath of a traumatic event. The question of how much does existing practice empower survivors of DASA? also arises from comments from participants from other areas, Jenny, (service manager) and Lynn, (policewoman). As the quote from Lynn below illustrates:

*Lynn: All she wanted was the result of the forensic samples, which is fine. Which is a reasonable request.*

*Claire: Yeah*

*Lynn: I was in charge of the investigation, I went round to see her and I said that I couldn't do for her. The samples were submitted, but they took time to be analysed, **in the meantime, I had to look at a bigger picture. If he's a (occupation of perpetrator), and this is his M.O. this is what he does, he has ample opportunity to do it everyday of the week and that's something in the bigger picture that I can't take a chance. I said I'm sorry I'm gonna really upset you but I have to look at the bigger picture of this** and he's going to be arrested because he can't, at the end of the day, say it comes back with nothing on the samples, where do we go then? You know, do we just forget it? No, if we don't, we go and arrest him. So that's what we're gonna do. So we did*

In this case, the survivor had requested that the perpetrator not be arrested once she had reported him. Lynn characterised this as a reasonable request. Lynn then went on, however, to construct a need to consider the “*bigger picture*” and go against the wishes of the survivor. This was attributed to the fact that Lynn considered the perpetrator to be a high risk to other women because of his occupation. The use of a ‘crime fighting identity’ to justify the exercise of such authority has previously been noted by Dick & Cassell (2004). Although survivors seem to state needs for confidentiality when accessing services, or not to experience the criminal justice system; it seems then that if the priorities for future courses of action are contradictory, professionals may go against the wishes of survivors. So there are discourses of empowerment and of disempowerment contained within the accounts of several of the professionals. Furthermore, it seems that with a policewoman, a service manager and both of the counsellors drawing on these discourses, contrary to the aim of empowerment, a number of services to survivors have the potential to further disempower survivors of DASA.



## ***Professionals as ‘Not Knowing’/DASA as ‘Unknowable’***

The chapter now turns to an analysis of the ways in which professionals construct themselves as disempowered (in this case by emphasising their own lack of knowledge of DASA and by a characterisation of DASA as impossible to ‘know’). For example, in the extracts below, policewoman Fiona’s tone of speech is often tentative (“*I guess*”) and (“*I don’t know really*”):

*Claire: Are there any other particular difficulties that (inaud) face with regard to drug rape survivors?*

*Fiona: I **guess** whether or not it’s happened. I mean you know if a drug rape, a lot of it (inaud) I **don’t know whether** it’s the media that have certainly had something to say, “watch your drink” and **half the time you wonder if** men are out there are specifically looking for victims to see how drunk they are before they spike their drinks. I **don’t know really**.*

*And later*

*Fiona: how do we get those people to come forward? By having services available? By having these one-stop shops?*

It is also interesting to note here how Fiona’s responses are often here phrased as questions, thus portraying herself as one who does not necessarily see herself as having the answers. However, this tentative tone may also, in addition, undermine any notion of DASA as a potentially knowable phenomenon. Professionals’ portrayal of themselves as not knowing may be a reflection of the complexity of the issue about how best to respond to DASA. Kelly (2002) notes the complexity of the issues involved in DASA and a lack of reliable research in this area. For example, the difficulties in gaining evidence of the use of drugs in DASA has led to conflicting opinions on current patterns of drug use by DASA perpetrators. This is problematic where there is a focus on evidence based practice. Professionals are then faced with questions of what status to attribute to knowledge that comes from a variety of different sources? However, professionals portraying themselves as ‘not knowing’ also serves to minimise any expectation that they are able to provide any

definite answers about how best to respond to DASA, thus also undermining the potential for action.

Despite her construction of perpetrators as possibly deliberately targeting drunken women, there seems to be no conceptualisation within the interview with Fiona (policewoman) of DASA as a very real and widespread threat. In fact, the lack of information around DASA is used here to undermine the notion of DASA as a social problem of any enormity (as reflected by Fiona's challenge "*what's so special about drug rape?*"). It is interesting also to note that Fiona attributes the lack of information around DASA to 'people' who think they may have been drugged not coming forward.

Thus women are not only positioned as responsible for being raped, they are here positioned as responsible for providing information about DASA by coming forward to the police. There is no critical reflection on the fact that those that do come forward to the police may not be taken seriously enough for evidence retrieval to even be attempted (Abarbanel, 2001). Nor is there any reflection at this point on the reasons why women do not come forward and what measures can be taken to address this. Furthermore, Fiona portrays the police as unable to take action even if women do come forward. The police are therefore positioned as constrained by a need for evidence. Neither does Fiona here question the assumption that if rape occurred there must be evidence.

When Lynn, another policewoman, is asked the same question about whether she faces any particular difficulties when working with survivors of DASA, she more explicitly portrays DASA as unknowable:

*Lynn: I just don't think we know, we just haven't got you know, reliable statistics on it because of the nature of the offence, that's the problem.*

*Claire: Yeah.*

*Lynn: And whether we ever will, I don't know.*

*Claire: So you think that's the problem?*

*Lynn: Yeah yeah.*

*Claire: So you think it would be useful or..?*

Lynn: Useful?  
Claire: To have that kind of information?  
Lynn: Well the trouble with it I suppose, is the media likes it.  
Claire: Yeah.  
Lynn: And I don't think it is, the biggest drug is alcohol and continue to be and that should be, that is a drug and that is drug-facilitated sexual assault, so you know, it depends how you measure it.  
Claire: Right.

Lynn highlights the role that is played by 'reliable statistics' and questions whether these will ever be available for DASA. Once more we have an example of Foucault's 'games of truth', here it seems that again the rule about evidence, this time, in the form of reliable statistics, is seen as necessary to establish what is true and what is false about DASA. However the lack of reliable statistics does not rule out the existence of DASA, nor the possibility that it may be increasing or may do so in the future. Indeed Petrack & Hedge (2002) cite the argument made by Dworkin (1983) that "*we use statistics not to try to quantify the injuries but to convince the world that those injuries exist*" (Petrack & Hedge, 2002:10).

This suggests that it is not just knowledge that is considered reliable by traditional scientific standards that can help inform how best to respond to DASA. In reality, the lack of evidence in DASA means that to some extent its exact prevalence will always remain hidden. Constructing DASA as 'unknowable' may undermine the need for any definite action. It also may remove responsibility from professionals to seek and provide information about DASA (for any information will not be a reflection of the true picture). Constructing DASA as unknowable positions professionals as extremely limited in the actions they are able to take. Interestingly, however, in contrast to 'not knowing' one particular aspect of DASA is here presented by Lynn as 'known' ("*the biggest drug is alcohol*"). This is taken to be factual, i.e. accepted as part of the current 'regime of truth' in the light of the lack of evidence to the contrary. Thus the existence of DASA facilitated by drugs other than alcohol is undermined. However the lack of evidence does not mean that drugs other than alcohol are not

being used. Evidence of DASA is constructed here as potentially a bad thing as Lynn (policewoman) comments “*the media likes it*”. Though it is unclear what Lynn means by this comment she may be suggesting that the provision of information on DASA may lead the media to contribute to some kind of ‘moral panic’. Another policewoman, Fiona, expresses a similar concern that the provision of information about DASA may result in social anxiety:

*Fiona: But maybe making people aware, making them aware that gosh yeah I mean they say take your drink with you, don't leave it on the side when you go to the toilet. **But then doing an advertising campaign like that, does it just make people more scared?***

Here Fiona draws on a number of contradictory discourses in her attempts to make sense of the issue of how to prevent victimisation of DASA. First, she suggests that information may need to be made available to people to make them aware of DASA. In contrast to this, however, information in the form of advertising campaigns is then constructed as potentially making people “*more scared*”. Information is constructed as potentially a bad thing. The 2 service managers and 2 counsellors that I interviewed did not draw upon this construction, the service managers in fact described work that involved the provision of information about rape and DASA to the public. This portrays the police as having to make decisions about what information should be made available to the public. Here the notion is put forward that people may become ‘more’ scared. This may mean that people’s fear of DASA may become worse than the actual level of threat (in reality the actual level of threat is not known). The police are thus portrayed, in this instance, as ‘guardians of women’, in that they must consider whether or not to make information available to them is really in their interests.

Neither the counsellors nor the service managers interviewed were interpreted as drawing upon this discourse within the interviews. Thus the police are portrayed here as knowing what is best for women. This brings to mind the notion of the hysterical woman, who may panic and be unable

to deal in a considered and rational manner with such information or the vulnerable woman, who here must be protected at all costs. Ussher (1997) notes the representation of women as prone to hysteria. In addition, beliefs about the actual threat of rape as low may be linked to the existence of rape myths. These include beliefs such as: women lie about being raped, unwanted sex is trivial, women see acts that are sexual in the eyes of men as rape (Ussher, 1997). The construction of the police as 'guardians of women' seems contradictory to the construction of empowering survivors of DASA.

## **Implications**

The ways in which the small sample of professionals interviewed here made sense of their experiences, whilst possibly not intentional, seem to have a number of possible consequences for those women subjected to DASA. The construction of perpetrators of DASA as powerless by the counsellor within this study may minimise both the effects and consequences for survivors who have been subjected to this crime. Furthermore, it may have the effect of denying the patriarchal power relations that are maintained and reproduced through all forms of sexual violence, including DASA. This rewriting of women's experiences implies that current support for survivors may not enable them to voice their own interpretations of their experiences. Thus our understandings of what it has meant to women to be subjected to DASA may not be recognisable to women themselves. Further research into how other professionals interpret and construct the power relations in sexualised violence would further highlight the likelihood of this. Survivors of DASA may potentially feel further disempowered by not having their own accounts validated and acknowledged. In addition, it then becomes problematic to theorise both the similarities and differences of women's experiences of being subjected to DASA.

The policewomen interviewed here seem to acknowledge the complexity of issues related to DASA. At the same time, however, they seem to position themselves as authorities on what information about DASA it may be good to have, what may be good not to have and what current information may be valid and not valid. Moore & Valverde (2000) argue that *“dismissing the ‘date rape drugs’ scare as a moral panic would have the effect of trivialising the experiences of those women who have been raped by men who ply them with drugs or alcohol”* (Moore & Valverde, 2000: 522). In addition, the two policewomen interviewed seem to portray themselves, as knowing what is best for women in terms of the information that is made available to them. This may position women as not necessarily knowing what is good for them. Women are thus potentially expected to accept that others know what is best for them. This seems to have the effect of infantilising women and undermining their autonomy and ability to make their own informed choices. Thus this is contradictory to Lippman’s (1999) argument that women should be able to actively participate in the process of determining what options are made available to them. Given that these concerns are based on interviews with only two policewomen, further research with other members of the police would allow these discourses to be explored further.

## Summary

Whilst the 2 service managers and 2 counsellors constructed the experience of being subjected to DASA as extremely disempowering for survivors, one counsellor also drew upon a construction of perpetrators as powerless. The service managers and counsellors interviewed explicitly constructed service provision as empowering survivors, and this was implicit also within the accounts of the policewomen. In contrast, however, several professionals (regardless of occupation) also drew on discourses that seemed contradictory to notions of empowerment. This

included the construction of memory recall as the way forward for survivors which is highly problematic for those subjected to DASA. One major effect within these accounts that has important consequences for survivors of DASA seemed to be the justification of inaction. The accounts and the discursive formations contained within them frequently functioned to minimise the need within service provision for a DASA specific response, both in terms of policy and practice. It seems then that current 'regimes of truth' about DASA may potentially work against the interests of women who are subjected to it. Given the limited sample within this study, further research would be beneficial in allowing us to assess if these discourses are drawn upon by other professionals.

# Chapter 7: My Readings of the Overall Shape of the Narratives, the Research Relationships and How the Survivors Experienced Themselves

## Introduction

This stage of the research aimed to explore the experiences of women after being subjected to DASA and what might be the psychological consequences. It is argued that telling stories about our experiences allows us to make sense of ourselves and our experiences in the world (Crossley, 2000). Furthermore it has been argued that the telling of a story serves a particular function in enabling individuals to make sense of traumatic experiences (Frank, 1995; Riessman, 1994). It has been argued that in traumatic experiences *“The central task of narrative, according to most theorists, is to provide coherence to the confusion and chaos”* (Mattingly, 1998: 107). Given that stories are often about those events that differ from our usual, everyday experiences, they are key in enabling us to create a sense of continuity and order from the disorder that arises from experiencing diversions from our normal everyday lives (Mattingly, 1998). In order to tell their own stories, people are seen as drawing on those narratives and discourses that are already part of the culture in which they live. It has been argued by Crawford-Cressey et al (2002) however that, women may succeed in telling their own stories that challenge those currently dominant in society. Utilising a narrative approach allows consideration of the ways in which women may seek to resist drawing upon dominant stories.

By using several of the different readings advocated by the voice centred relational method, the analysis considered the stories that women tell in order to try and make sense of their experiences, the discourses that they seemed to reflect and the implications in terms of the psychological



consequences for women. This chapter discusses the first readings that I carried out for the voice centred relational method; reading for the overall shape of the narratives, reading for my responses, and reading for how the women experience themselves. The focus of each of these readings is briefly summarised followed by the analysis of the women's accounts. The women did not order their accounts in relation to the timing of events, thus I have imposed my own order on the way in which the quotes from the first readings (the overall shape of the narrative, the main events and the research relationship) were presented. I did this in order to try and facilitate a summary of the main events within each woman's account. I chose not to do this in my second reading (how the women experienced themselves), as I wanted to convey the fragmented nature of the women's accounts to the reader.

## **Focusing the Analysis**

The interviews that I carried out with three women who had been subjected to sexualised violence generated a great deal of data. Each interview lasted over one and a half hours and in total they generated 198 pages of transcript. For this reason I had to be selective in terms of the analysis I carried out. I thus carried out the following readings from the voice centred relational method: reading for the overall shape of the narrative and my reactions to the interview, reading for how the woman experiences herself, reading for voices of political resistance, and reading for cultural contexts and social structures. Even restricting myself to these readings produced a multitude of analytic notes. It therefore became necessary to be selective according to my research aims.

As previously stated, the research aims to explore those aspects of experience that arose from the perpetrators use of drugs in DASAs, to try and give some 'voice' to women and to consider the role of power relations in the experiences of women subjected to sexualised violence. I

thus chose to concentrate on the following aspects during the analysis for both this chapter and the next: issues that seemed to relate to the perpetrators use of drugs, aspects of the stories that seemed to be particularly significant to the women, experiences that seemed to be related to power relations, and those that related to my analysis of the experiences of professionals.

## **The Context of the Interviews**

### ***Emma***

My first interview was with Emma. Emma had been raped, but drugs had not been used to facilitate the rape. Including a non-DASA within the sample allowed me to explore some of the issues that may be specific to DASAs. Although I was nervous, I felt that Emma and I soon established rapport. The interview took place in Emma's home, a shared student house. Emma told me of how she was good friends with the others that live in the house and the interview took place at the kitchen table, whilst others who lived there came in and out. Emma had told her housemates about the interview and was happy to continue talking when they were there in the background.

### ***Jane***

The interview with Jane was my second interview, but my first interview with a woman who had been subjected to DASAs. When we met to do the interview, it was our first time of meeting, though we had spoken on the phone previously. The interview took place at a sexual assault centre, and Jane commented on the intimidating nature of the surrounding setting, which included police buildings. In comparison with the first interview I felt that I used prompts and questions more often in order to elicit further elaboration from Jane. I did however feel that Jane talked at

greater length as the interview went on, and as she got used to me asking her to talk more about particular aspects of her experiences. At the interview Jane commented on how it had felt a bit like a counselling session in that it had been very emotional. Although Jane did get emotional when talking she wanted to carry on with the interview. Jane said after the interview that she felt tired, but was OK. Although Jane said at the end how it is often hard for people to verbalise their thoughts, I felt that Jane had talked at length and in detail about many of her experiences.

### ***Sue***

The interview with Sue was the third interview that I had conducted. Again the interview lasted for over two hours. The interview was the first time that I had met Sue, though we had spoken on the phone prior to the interview. The interview took place at Sue's home. The interview took place in a setting in which normal family life went on in the background, Sue's husband came to bring us drinks and the children came to say goodnight to their mother before going to bed. Sue talked at length about her experiences, and expressed concern at one point in the interview that she had diverged off the topic area. I told Sue that anything that was significant to her about her experiences after the assault was relevant. Once again I felt that as Sue got a feel for the kind of detail that I was looking for, she articulated this without prompting from me.

## **The Backgrounds of the Participants**

### ***Emma***

At the time of the interview, Emma was in her early twenties and an undergraduate student, nearing completion of her studies:

*Emma: I'm 21 years old, and I was raped just before my 21<sup>st</sup> birthday, erm... I've just finished my degree at the university of (location) in (subject) and I'm about to start (career) training, erm... I've worked..I've worked all the way through my degree aswell, I've been like pretty much self supported, erm because I'm from a single parent family, erm, I've just lived with my mum and two of my brothers.. for most of my life, so I've always had a job while I've been at uni (Claire: right) and all that kind of business erm*

## **Jane**

At the time of the interview Jane was 31 years old. She had always been in some sort of managerial job and for the last few years had been doing contract work. She tells me about her mum, dad and two brothers. She talks of how she likes going to the gym, socialising and drinking:

*Jane: right, ok, erm I'm 31, (Claire: if you don't mind me asking your age?) not it's alright, don't worry (both laugh), erm since I was.. 21 I've been in, well I was a training manager in (area) and then I've always had..sort of managerial job, so as team leader or manager, mainly, mainly in erm.. financial services, (Claire : right, ok) erm but I've been doing contract work...well probably the last couple of years really..so that's I guess my occupation, erm oh god what else*

*Claire: was that management contract work?*

*Jane: yeah basically, sort of six months period I've worked in (companies) and all sorts of different places, to get the experience (Claire: right, ok) and err, a bit of variety (Claire: ok) erm, god what else, I'm originally from (location – identifying details removed) erm mum and dad (laughs), I've got two brothers, one older, one younger, erm, hobbies.. I like working out, go to the gym a lot, socialising, drinking, lots of gin and wine..(laughs) that's my life really it sounds really crap doesn't it! (laughing)*

## **Sue**

Sue is a professional woman, who told of how as part of her work she is used to travelling widely. She is married with children. Sue enjoys horse riding in her spare time:

*Sue: I've been with my husband since 1988, we'd studied on the same degree course and after that we went off to work and I went on to do a PhD after which I started working, I've worked in a variety of different settings, basically I have worked for myself, I have been a contractor so I have travelled all over the country, it's been typical for me to have to stay away or days or a week on end and I took out a contract in (location) which was a longer term contract....so I did quite a bit of travel to there and at the end of that I finally took a permanent job with them, but I couldn't keep up with the travel and then I took a job in (location) and*

And also

*Sue: Yeah.. (Horse) has been a big saving grace..erm*

## **The Overall Shape of the Narratives - A 'Road of Trials'**

Sue, Emma and Jane had to deal with a number of problems that arose from men subjecting them to sexualised violence. In this way, the overall shape of the narratives from each woman seems to reflect Campbell's (1968) depiction of a 'road of trials'. Indeed, Sue reflects here on her experiences:

*Sue: there will have been lots of difficult times that I had to of faced.. they haven't been easy*

Campbell (1968) talks about the predominance in current culture of stories relating to what he calls 'the road of trials' whereby "*once having traversed the threshold, the hero moves into a dream landscape of curiously, fluid, ambiguous forms, where he must survive a succession of trials*" (Campbell, 1968:97). According to Campbell (1968: 11) "*it has always been the prime function of mythology and rite to supply the symbols that carry the human spirit forward*". Campbell argues that it is mythical symbols such as these that form part of the cultural resources that we draw upon to make sense of our experiences. Indeed, Jane, Sue and Emma all tell of the trials that they themselves have overcome and those that they continue to deal with.

The following represents an analysis of the overall narrative that each woman told, the stories recounted by her in her narrative, and details of the people and events that seemed to be significant to her within the interview.

### ***Physical and Mental Debilitation***

Both Jane and Sue talk of the physical and mental effects that they experienced as a result of the attackers' use of drugs. Jane was subjected to DASA whilst on a night out. Jane has very little knowledge of how she was drugged or the events that took place the night she was drugged. Jane woke up the next morning to find herself in a strange bed being sexually assaulted by a stranger:

*Jane: I don't remember a lot of it, it was just the next morning when he was doing things to me that, I recall that*

Jane reports not being able to function physically and mentally as she normally would:

*Jane: I just felt awful..I felt really...erm..don't, out of it, it was a lot worse than a hang over.. my head was throbbing..erm...just..as though I wasn't there...it was like an out of body experience..and I just felt like I, it's hard to explain, (Claire: yeah) I felt like I'd never felt before and I couldn't really move my body, I couldn't kind of get my, my brain to, sort of move my legs away from him*

Jane's main concern was initially to get herself out of the house and talks about how she was polite to her attacker in order to achieve this:

*Jane: Not knowing what to do... panicking, but just knowing I had to get out of the house, and probably that I had to be polite to him and there was another bloke in the flat...and.. I just had to look after myself really...*

The perpetrator acted as if it was a normal consensual situation, driving Jane home.

*Jane: They asked me if I remember the registration plate of the car because he actually drove me home...*

Sue was subjected to DASA whilst away from home at a conference:

*'There was going on conferences with this job which was where this happened'*

Sue does not here define her experience as 'rape' or 'sexualised assault' but instead uses 'this' to refer to her experience. Sue also has very little knowledge of how she was drugged or the events that took place after she had been drugged.

*Sue:... there's just nothing, absolutely nothing*

Sue tells of how she initially felt physically unwell and unable to function physically, like Jane:

*Sue: I was in a really, really dreadful state, when I woke up that morning I had, I had what I thought was a hangover...but it was like no other hangover that I have ever had, I know what my hangovers are like, my head feel as though it is full of broken glass, that would be my description, whereas this was.. my head was just a heaviness and I just, could hardly lift my head up and there was no way I could have got up and walked out of the hotel erm..*

Through the use of drugs, men were able to debilitate Jane and Sue physically and mentally. This is potentially experienced as disempowering by women. This provides support for the notion of DASA as a 'double crime' (Abarbanel, 2001) in that not only do women who have been subjected to DASA have to deal with the effects of bodily rape, but they also have to deal with being subjected to a 'mind rape' (Abarbanel, 2001).

## ***Defining the Experience***

In addition to having to deal with the effects of the rape, all three women talked about how they experienced uncertainty about how to define their experience.

When I ask Jane about how she came to be in touch with her local SARC, she tells me about the time after she had been raped, and before she contacted the SARC for support:

*Jane: Well it was about a week, after the rape, and erm, I was at home, I had the day off work and I was thinking about what had gone on the previous Thursday, it was a Thursday night, and erm, I mean obviously I had been thinking it, but it was that particular day and I was sat at home and.. sort of mulling over things...and I sponse in the back of my mind I was ra..I thought well.. I don't know..sort of come to terms with it and bringing it to the forefront of your mind instead of it being back there, in my subconscious I guess...erm, I started getting upset thinking about it and..I rang, I looked in the Yellow Pages and found the Rape Crisis number and they had a recorded message, erm suggesting that you rang (SARC) so that's what I did, and spoke to one of the ladies here*

It has been argued that a key feature of narratives is their sequentiality. Sequentiality refers to the notion of a story consisting of a sequence of events, actions, emotional states – the meaning of which is characterised by their place within the overall plot, as one is said to lead to another. Thus we are able to gain some sense of the experience of living in time 'temporality'. Furthermore, it is argued that it is relationships between events that give them their meaning (Crossley, 2000 cites Polkinghorne, 1988:4). These cultural meaning systems contain a variety of different kinds of 'knowledge' about the relationships and connections between different phenomena. People can then only draw on the currently available discourses when seeking to understand these relationships and connections. In this way the narratives from survivors of DASA can be linked to current social discourses around sexualised violence.



The notion that the sequence of events and the relationships between events becomes very important is interesting when we consider the fact that this information is frequently not available to survivors of DASA who may not have this information, due to memory loss. The question then arises of how then do survivors make sense of their experiences in the aftermath of the assault(s)? What other meaning systems do they draw upon?

Within Jane's account above it seems that it was the emotional effects of the rape that resulted in Jane deciding to seek support. Jane's use of 'I' here seems to reflect her referring only to herself and her own personal experiences. Jane's later switch to 'you' when talking about the advice of the rape crisis number may represent a recognition that she is one of many women who seek help in relation to having been subjected to sexualised violence. Jane's tentative use of "*I spose*" here illustrates her uncertainty around how to define her experience. Jane's uncertainty about whether or not her experience could be defined as rape has been stated by other researchers to be a common experience of women who have been subjected to rape (Gavey, 2005; Kelly, 1988). Such uncertainty may be argued to relate back to widely held myths about what constitutes 'real rape' e.g. Estrich (1987). Jane's experience certainly did not fit the stereotypical 'stranger rape in a dark alley' scenario.

Sue talks about the difficulty in defining her experience and how it was in part her knowledge of herself that led her to believe that she may have been subjected to DASA:

*Sue: It's very difficult.. and if you don't remember something and you can't keep everything together.. you know and I'm going on how I felt, and I am going on the fact that I have been with John for 17 years and never been with anybody else why would I walk out the toilets you know..just to (inaud) walk off with somebody else?*

Emma, who was raped but not drugged was also uncertain at first whether or not the experience could be defined as rape but talks about knowing that something wasn't right:

*Emma: I remember thinking for two weeks like, well is that what one night stands are like, or.. or am I wrong? And something, in my gut I knew that something wasn't right, erm*

For Emma a particular issue in defining her experience was the fact that the attacker was someone whom she had thought of as a close friend:

*Emma: Especially when it's people that you know aswell because Simon was one of my best friends.. I can't believe he let me down like that*

Abarbanel (2001) notes how women who have been subjected to acquaintance rape experience deep feelings of betrayal. Furthermore the attacker is not someone that they feared prior to the assault, but rather someone they felt safe with and trusted and not someone that they were 'on their guard' with. This does indeed seem to be how Emma herself felt. Abarbanel (2001) cites the work of Katz (1991) which suggests that many women experience strong feelings of self-blame as a result. Furthermore Abarbanel notes the point made by Estrich (1987) that acquaintance rape is not seen by many as 'real rape'.

For Emma her uncertainty in defining her experience was one of the reasons for her delaying in reporting to the police:

*Emma: I think it was two months before I actually reported it to the police, which I think was probably my first mistake.. erm.. partly because I hadn't really defined what had happened to me... and also just out of.. disbelief*

Emma here describes her delay in reporting to the police as a mistake. This demonstrates the implications of these discourses for the ability of women to see social justice.

Despite her initial uncertainty about whether or not to define her experience as rape, Emma later refers to a different way of defining sexualised violence:

*Emma: I think, any woman who suspects she might have been probably has, that's probably the way they work, because if you even have to ask the question, that means that something's not right*

It is not clear however whether this is Emma's own view or one that she perceives the Sexual Assault Service to hold.

The uncertainty within the accounts of Jane, Sue and Emma about how to define their experience can be related back to myths about what does and does not constitute 'real rape'. Speaking through the voices of others is said by Mikel Brown (1998) to be a common way in, which we begin to form our own discourses. Thus, in their attempts to make sense of their experiences, Emma, Sue and Jane may have been 'ventriloquising' i.e. speaking through the voices of others (Mikel Brown, 1998 cites Wertsch, 1991). The uncertainty about whether or not their experiences really were rape seem to be a reflection of the 'moral' voice of society rather than the voices of Jane, Sue and Emma. Mikel Brown (1998) notes the point made by Bakhtin (1981) however that such voices come from other contexts and serve the interests of other people. Thus speaking through others voices is frequently problematic, particularly when the individual seeks to resist them. Mikel Brown (1998) thus notes Bakhtin's (1981) argument that when we hear accounts we need to consider who is speaking and in what context.

### ***Seeking Social Justice***

In addition to having to deal with the effects of mind rape and bodily rape, and having to deal with the uncertainty of how to define the experience,

all three women have had to or are currently still dealing with seeking social justice from the criminal justice system.

In Emma's case, the perpetrator argued consent:

*Emma: I can't prove that I didn't consent, I can only tell them and I did.. and the thing is I can't prove it really.. but Simon can, has just as easily said well no that's not true*

The decision was made not to take the case to court, due to lack of evidence:

*Emma: But he did say like, I've met Simon, I interviewed him, I believe you and he said but that doesn't mean that, he said like there's nothing that can, he said like there isn't enough evidence to send him to prison for it*

For Emma, her attempt to seek social justice represented her wish not to let him get away with what he had done:

*Emma: Like if you put it on paper it was just hilarious, I'm.. living with the man who raped me, quite happily as though nothing's happened and.. he's just gonna get away with it..*

In Jane's case, the police sought evidence.

*Jane: Erm, yeah the officer came to the house..and er..I gave a long statement it was about five hours..*

And also

*Jane: Erm, they got CCTV and they brought that over to the house, for me to watch, and I did that..erm.. they actually found the house, erm they raided his house, where he lived with his wife (Claire: Right) they banged the door down apparently..and then cleared out..things from the house..well the erm.. the flat that it happened in..like the mattress and things..erm.. they took away underwear, clothes from me,*

However, Jane tells of how her case was 'dropped' after it was decided that insufficient evidence had been found:

*Jane: It was dropped due to lack of evidence (Claire: Right) especially with me taking a week to go..forward to the police, obviously they couldn't do the, the drug test and whatever*

Sue is still dealing with trying to seek social justice from the criminal justice system.

*Sue: As soon as they have ruled John out, and I don't know how long that will take from them taking a sample from him, then they'll arrest him.. and then from there, hopefully a decision as to whether they are going to prosecute or not*

This illustrates the uncertainty and waiting that is part of the process of seeking justice.

Despite the pain going to court would cause Sue, she is prepared to try and prevent her attacker being able to rape other women:

*Sue: I am fairly sure I would have.. at some point reported it, I think probably it would have been after I had spoken to John (Claire: Right) that I would have reported it..because I would have thought about it in my own good time and thought, well you know if he was doing this once then he has probably done it before..erm.. and if he had done it before.. and it had been reported.. something may have been able to be done about it*

Sue feels that once the investigation is over she will then feel more able to “draw a line” under what has happened and feel more able to make plans for the future:

*Sue: If they brought him in and questioned him and they found that there wasn't enough evidence to charge him, it would be an awful outcome, I think but it would also mean there would be a point at which I could draw a line under it and move forward*

## ***Disclosure and a Lack of Understanding***

All three women also had to decide whether or not to tell others what they had been subjected to and deal with the consequences of a lack of understanding around sexualised violence.

Sue talks about how she would not have felt able to carry on as if nothing had happened due to the effects that the rape had on her due to the shock and disturbance that she experienced as a result:

*Sue: I also knew there was no way I could have walked out of that room and come back and pretended that nothing had happened, you know I was way too deeply shocked and disturbed..*

Sue sought help from NHS Direct, who then directed her to a hospital where she was given help, which included treatment for the physical effects of the drugs and support in reporting to the police:

*Sue: I really needed help, I didn't just want to go to a chemist, so they sent me to (hospital) because they said that their minor injuries unit dispense emergency contraception, so I managed to find my way there, went in to the hospital*

And also:

*Sue: She gave me the emergency contraception straight away and she gave me some headache tablets for my residual headache erm and she asked me to explain what had happened and so I did and she said I really think you need to report this to the police and I said, you know I wasn't committed to reporting it to the police then...you know I was just taking every minute really as it came.. and I said well you know I didn't know whether I wanted to report it to the police and you know where would that lead to, what would happen, what was I going to do about John, how on earth was I going to tell him about this and she said well, let me just ring the police and find out what would happen and she said I'll erm, you know, we'll take it from there, you don't have to report it, but it just spiralled from there really, she rang the police and I spoke to somebody on the end of the phone, and they said well can we send some officers round just to talk to you? I said, OK, that's fine...and it just kind of went from there*

Emma disclosed what had happened to a number of friends, family members and acquaintances.

*Emma: I've never hidden it from anybody, I told everybody. For the first month it was really bizarre because I was talking about it as though, I had just popped to the shop*

It has been suggested that stories provide a means through which we make sense of experiences that are not part of our ordinary everyday

lives. McLeod (1997:46) notes how it has been argued by Labov & Waletzky (1967) that every story has a 'moral'. Stories convey a sense of moral order, and it is the violation of the moral order that gives stories their drama. The meaning of the story arises from the account of extraordinary events and the social/cultural rules that have been disregarded. Stories allow us to deal with tension when these are breached.

Emma decided to seek help from the Students Union at her university, where she then reported it to the police:

*Emma: yeah, when I first went to talk to the women's officer she sort of said oh well there's Kelly (pseudonym) who works in the Union and she could take your statement for you, she wouldn't be uniformed and all the rest of it.. she's gonna be experienced in this kind of thing*

This illustrates how women may often choose to approach services other than the police for help, and also that they may find the prospect of dealing with a uniformed police officer intimidating.

A problem that arose from their disclosure however was that all three women had to face a lack of understanding of sexualised violence and deal with a lack of support from a wide range of people, including professionals, colleagues, family and friends.

Jane disclosed to a number of friends, family members and colleagues about the rape and tells of how she received some non-supportive reactions:

*Jane: Some of the women..it's just bizarre the way they reacted, they were dismissive towards me and just...maybe they didn't understand, maybe they thought I'd asked for it or what I don't know*

As did Sue:

*Sue: I made it clear to my close circle of friends that the one thing that was important to me was that they keep it to themselves.. you know, if they were*

*going to tell anybody else I would, I would like to know about it, anyway it came to light that she had told.. a couple of other people*

And Emma:

*Emma: And she said 'ah, I have to say that for someone who's supposed to have been raped you've sent him an awful lot of very friendly text messages',*

Jane also found a lack of understanding around DASA from the police:

*Jane: You do get the odd..useless comment from the police like..don't you think you just got drunk or..is this a typical night for you (laughs) (Claire: Right ok) oh yeah, obviously going out round town having a few drinks, and erm..and they do say things like well why didn't you get up straight away..on the morning..after sort of thing*

A problem that may be related to lack of understanding around sexualised violence that the women had to deal with was a lack of information about rape.

After encountering a lack of readily available information about particular aspects of DASA, Jane sought to find information out for herself:

*Jane: I would sort of ask questions and I would end up going to Roofie and ask questions really (Claire: Right, ok) that's where I got a lot of my information or from the Internet (Claire: Oh right) cause you want to, you want to know, really*

Emma also talks about a lack of readily available information about certain aspects of rape, which she sought out:

*Emma:.....I think I must have just sat in front of my computer for about three months.. just the more I found out, the safer I felt I think cause like I knew what was going on, cause the police didn't tell me any of this! (Claire: I was wondering where you got all this information) nothing! Nothing! I found it all out on my own*



## ***The Psychological Consequences of the Attack***

All three women had to deal with the psychological consequences of the attack, which included initial feelings of self-blame, depression, anger towards the attacker, and a changed sense of self. Emma and Jane talk about the negative impact of the attack on a number of their relationships. All of the women talk about the ways in which they have had to, or are currently still rebuilding their self-confidence after the assault. Some of the psychological consequences of the attack are ones that the women have experienced and then felt able to move on from. Other psychological consequences continue to be experienced by the women at the present time. Despite this the women talk about the ways that they have been able to move on and regain control over their lives. All of the women talk about the ways in which support and understanding from others has played a large part in their ability to move on.

Emma initially blamed herself for what had happened:

*Emma: I went through all the different things that you could say that put me to blame, because that was, well it's easier than blaming someone else isn't it?*

Jane tells of the anger that she began to feel towards her attacker:

*Jane: One time I thought I saw him in (location) and I followed him (Claire: Right) really closely, god knows what I was gonna do, it didn't turn out to be him..but I suppose that's.. you know the anger started to develop*

For Jane the lack of a court case seems to mean that she was denied the opportunity to make her attacker face up to his actions:

*Jane: I really wanted to face him Claire, I really wanted to see him..which sounds bizarre..but I really..did..and just see him..make him realise what he's done (Claire: Right..see him in court?) yeah..yeah..just face him and..I don't think..I mean I may feel upset, obviously you don't know but I'd really look at him and.. want him to look at me really*

Jane states that she feels that she has changed as a result of the rape:

*Jane: I feel I've changed in a way*

Jane does talk about issues that she continues to deal with as a result of the rape, for example:

*Jane: I'm seeing, a psychologist, and..I only started that last week and you have..I think four sessions (Claire: Right) it's just so I can get out of this..erm...feeling of...I suppose because I'm still feeling a, feeling a bit low, I'm not quite back to my..happy self (Claire: Yeah) because I'm generally a lot more positive and...happy and...I usually laugh and smile a lot more that I do at the moment*

Sue talks about how self-blame was an issue for her:

*Sue: Erm, I think again.. I had lots of doubts over this, you know thinking it must be my fault, it has to be my fault*

Sue tells of how she feels that her whole mental state has changed as a result of being subjected to DASA and how at times she feels as if she hasn't moved on at all.

*Sue: Sometimes I feel like I am not moving on at all, because I'll get upset at something or, erm.. my whole mental state has been changed because of this, like I was saying it's like a grieving process so I am five months down the line, and life is..much better because I've gone out and started work again..(inaud) and what have you but there still are times when..silly things will upset me and they, they can upset me quite badly. You know so I can end up being close to tears, or having to go out to the toilet because I am in tears or..and I think in that respect I think god, I am not moving on at all..(inaud)*

Emma's self-blame eventually turned into anger against her attacker.

*Emma: ..I think I got angry... I went..I, I'd finished being in denial and suddenly.. I think it's because I, because I really cared about Simon (pseudonym) aswell, it hadn't quite sunk in that.. well you care about this man but he did, he's done you a terrible, terrible wrong*

Emma resented the fact that her attacker had got away with the rape:

*Emma: Because...he's won..really and he has got like, to all intents and purposes he has got away with it..which is..quite infuriating on my side*

Emma talks about the depression that she experienced as a result of the rape:

*Emma: I was feeling this horrible trauma.... and went through the most awful depression for a little while*

Emma also seems to be continuing to try and make sense of the betrayal from someone whom she had previously seen as a good friend:

*Emma: Especially when it's people that you know aswell because Simon (pseudonym) was one of my best friends.. I can't believe he let me down like that*

Emma talks about a number of ways in which she feels she has changed as a result of the rape:

*Emma: I think..in a way it's changed a lot of ..how I see the world and that...this sounds mega corny.. just like I've had my innocence completely blown out of the water*

All three women then had to face the prospect of working towards regaining control over their lives and trying to move on after the assault.

Emma talks about the way in which she had to rebuild aspects of her identity after the rape:

*Emma: I think I've had to like, I think basically what it boils down to is I've had to rebuild a lot of my confidence in my own, what I'm worth in the world and, I had my friends saying to me like 'look, he's treated you like shit but that doesn't mean that that's what you are', and it doesn't mean that..I'm not, I've had to sort of basically regain my belief that I am an intelligent human being and I'm going to be a bloody good (occupation) and..and I have a lot more to contribute to the world than just being a sex object*

The construction of our self-identity is argued to be a key feature of narratives (Crossley, 2000). Crossley (2000) notes how narrative psychology draws on Mead's (1967) notion of the self as “an activity, a

*process, which comes about through our engagements, relationships and connections with other people”* (Crossley, 1996a cited in Crossley, 2000:12). Crossley (2000) describes the ‘basic principle’ of narrative psychology as:

*Individuals understand themselves through the medium of language, through talking and writing, and it is through these processes that individuals are constantly engaged in the process of creating themselves.*

*(Crossley, 2000: 10).*

Furthermore Crossley (2000) argues that;

*the construction of self is always a temporal process through which we have dialogue with different images of the self taken from the past, present and future, and mediated by the anticipated responses of significant and generalised others.*

*(Crossley, 2000: 13).*

It is thus argued that time and identities are fundamentally connected to each other. Our identities may evolve over time as we experience different events.

For Emma the ability to be open about her experience was a key factor in her recovery:

*Emma: I think the reason I have recovered so quickly, because it's only been what nearly eight months since it happened and I think a lot of people it surprises them that I'm still sort of within the first year to, and I'm still sort of managing to get my head together and I haven't, I've never hidden it from anybody, I told everybody.*

Here Emma talks about how she told people about her experience.

McLeod (1997) claims that in telling a story we are able to reduce dissonance and establish a sense of order and control through narrating an account that in itself becomes more complete and ordered as it is told. We have to order it in some way and/or give a certain amount of detail in

order to recount it. Furthermore McLeod (1997) argues that stories may also have a problem solving function in that putting experiences into causal sequences may help us understand how or why something happened. He also suggests that stories may lead to developing a sense of perspective where individual events are placed within a broader context.

Like Emma, Jane feels that in a number of ways she has felt able to move on with her life and feel positive about her future:

*Jane: But no I feel positive for the future..I don't, I probably feel more positive than I did, I know it sounds weird, but just...I spose that I've come through it...so I feel like I can come through anything now...so I feel stronger..as a result*

And also:

*Jane: I s'pose when I look back and I read my diary of the time.. sort of after the rape and the investigation and.. I.. think of how I felt then and..I just feel so much stronger and I think, god I went through that, the way I felt and..how low I was..and unsure of myself.. and.. I think.. yeah..it's like if I can cope with that I can cope with anything*

Sue tells of how she feels that she has moved on due to going back to work, the support she has received, especially from her husband, and from needing to look after her horse and children.

*Sue: I am functioning as a normal person, you know, to all intents and purposes, you know I deal with the children, take them to school and bring them home and what have you, I go to work I am able to go out on nights out, as long as I know I am in a supportive environment..*

In addition to dealing with the effects of the rape, uncertainty about defining the experience, lack of understanding from others and a number of psychological consequences, Emma and Jane also talked about the negative impact of the attack on some of their relationships.

Jane tells of how she has lost a number of friends as a result of her experience and how her relationship with her father has been affected:

*Jane: I spose, it's like since the rape I've fallen out with my dad big time, you know we're not speaking now, and that was April, so, you know.. a good while..sorry (emotional)...yeah that's pretty bad..erm some of my friends...but then I think well (sighs)...you know... they weren't worth it anyway..they're not..they're not my proper friends...so in a way that's good I've cleared them out*

Emma also talks about the impact that the rape may have had on her relationship with the man that she had been planning to marry:

*Emma: Before it happened me and (previous boyfriend) were planning to get married, I was gonna do my (occupation) training but it was kind of...we'd been together since we were fifteen...and I think..I don't want to, I don't want to blame us breaking up on the rape, but I think it was, I think.. it had a lot to do with it,*

Jane talks about still having to deal with the fact that she continues to feel the emotions that she had the morning after she was raped:

*Jane: I still feel the emotions that I had during the time, I don't, certainly very much the morning after the rape, when I woke up*

This highlights the ongoing nature of the process of moving on from the experience of being subjected to DASA for Jane. In contrast to the interviews with professionals in which the perpetrators of DASA were often obscured by the language used it seems then that the perpetrator is very much, present within Jane's account. The emotions that Jane initially experienced are said by Jane to be emotions that she continues to feel at the present time.

Sue also talks about the ongoing impact that the experience has on her everyday life at the present time:

*Sue: I don't think our family really understand the depths of how badly.. this has affected me.. you know they sort of see me up and functioning and think oh yeah she's lost a bit of weight and doesn't she look better for it now and...but because they see me up and functioning they don't actually understand the depths of being there (Claire: Haven't been through it?) yeah.. you know and they..they're not here on a daily level, on a daily basis, so they don't, they don't see sort of the mood swings and how things affect me and how low I can get..erm*

For Emma wondering about the attacker's reactions to what has happened seems to be an ongoing issue:

*Emma: I still wonder like, I wonder how he's reacted to finding out that he hasn't had to go to court, I wonder if he actually feels like he's got away with it or I wonder whether, that's what annoys me at the moment is that I don't know, I wonder what he's thinking because...he's won..really and he has got like, to all intents and purposes he has got away with it..which is..quite infuriating on my side but..I wonder if he's actually, I wonder if he actually still believes that he's innocent or whether he knows he's not, that he's just got away with it (Claire: Yeah) ..like it would be quite.. like I don't ever want to see him again but I'd quite like to know..what he's thinking just out of curiosity really ..how he's seen the whole thing*

This may be related to the fact that Emma was raped by someone whom she had previously known and trusted.

## **Reading for My Own Reactions to the Interviews**

### ***Wanting to Bring About Change***

After the interview with Jane, I found myself wondering what I could have said to make things better. It was only the day after the interview that I realised that actually I couldn't, I couldn't change what had happened to Jane. I was, however, doing something positive by doing this research and attempting to represent the experiences of a small sample of survivors. In my analysis of the accounts of a sample of professionals I critique a counsellor who did the very same thing, wondering what she could do to make things OK. I comment on how the focus then is on the service provider rather than the survivor and ask what this says about the service provider, so the same criticism could be applied to myself here; the research is not about me and what I can do to help survivors but about the women and representing their accounts.

## ***Dilemmas about how to Respect Women's Own Understandings***

During the interview Jane presented versions that she then asked whether I agreed with e.g. *"that's just the way of the world, isn't it?"* and I did not always share the same view. Often my view was more based on an understanding of gender power relations, however being mindful of the need 'not to rupture life stories that sustain them' as discussed by Clandinin and Connelly (2000: 173-174), I decided not to always put my own interpretations across to Jane, as I wanted it to be her account, rather than mine. I thus made the decision to agree where I may not necessarily have done. I was concerned about whether to do this is patronising to women. I did not want to make the assumption that my own understanding is better. However, I now think that presenting both accounts in the format of their individual voices, may, to some extent deal with this issue.

## ***Recalling and Defining My Own Experiences of Sexualised Violence, Becoming Overwhelmed***

Kelly (1988) comments how feminist researchers, as women, are themselves located in the group whose oppression they seek to document, understand and challenge. Stoler (2002) notes how just because one is researching issues does not mean that we cease to have our own emotions and responses. Kelly (1988:15) notes Shulamith Reinharz's (1983) argument that *"rather than ignoring our own feelings, responses and experience, we should focus on these human responses, as they are precisely what enable us to understand social reality"*. In a similar vein Campbell (2002) questions the distinction between thinking and feeling in rape research. She argues that reflecting on the emotional aspects can contribute to the development of theory. Towards the end of my third year of my PhD I had several months off due to illness that I now



think may have been stress related. In retrospect I think this was partly due to the impact of spending nearly three years reading accounts of a system that failed to protect women and accounts of how women were affected by men's sexualised violence.

In addition to this was the fact that while undertaking the research I have remembered and also redefined a number of my own experiences as sexualised assault. Kelly (1988) also tells of how whilst interviewing and transcribing interviews about sexual violence, she came to remember her own memories of sexualised violence. Kelly also tells of how a woman who transcribed several of the interviews and other women who read their own transcripts also remembered previously forgotten experiences. Kelly thus notes how this demonstrates how common the forgetting of painful or confusing experiences is. Stoler (2002) also writes of how during her research into child sexual abuse, she came to recall experiences which led her to identify herself as a survivor of childhood sexual abuse. Kelly (1988) notes how the experiences she remembered were those, which she did not understand or felt confused by when they occurred. Thus Kelly emphasises the power of naming, and the process of defining sexual violence.

My experiences of recalling and naming some of my own experiences as sexualised violence has enabled me to reflect on how this made me feel, and how I would want others to treat me in respect of them. Maynard (1994) argues that one does not have to have experienced an event or a form of oppression in order to attempt to develop a 'committed understanding'. Whilst I could not know how Jane, Sue and Emma felt, as I myself had not been through what they had been through, I felt that reflecting on some of my own experiences enabled me to develop some aspects of my understanding of their experiences.

## ***Experiencing Vulnerability***

Kelly (1988) also talks about a number of other ways in which she was affected by the research that she carried out into women's experiences of sexualised violence. Like myself, Kelly (1988) notes how her extensive reading around the subject of male violence, made her feel overwhelmed, and resulted in a new understanding of the prevalence of references to sexual violence in society through comments, jokes and events. Kelly tells of how:

*It became impossible to watch television, read a newspaper, go out to the cinema or a pub, travel, walk alone or even at times have a conversation without being reminded of this in some way. I began to notice instances of sexual violence in books and films that I had previously enjoyed*

*(Kelly, 1988: 15).*

Kelly (1988) argues that the constant threat of violence in a woman's life could result in extreme emotional distress, which was unlikely to be recognised by any professionals from whom she might seek support. Kelly tells of how often she felt her fear would have been defined by many as paranoid and irrational, and, at times she attempted to convince herself that this was so. At one time, fear of sexualised violence was very much part of my everyday life. I have since found ways in which to cope with the impact of researching sexualised violence. I no longer experience that same degree of fear. I do however feel anger towards perpetrators of sexualised violence and indeed towards a system that allows sexualised violence to continue.

## ***Questioning Current Service Provision***

In relation to my reaction to the police action, whilst the women themselves did not always question the actions taken by the police, I

found myself wondering if they had done all that they could have, in order to seek evidence. This was particularly in light of my interview with one service provider in which she stated that she felt that the police relied too much on time-limited forensic evidence, instead of looking for other types of evidence such as accounts from other witnesses. Thus in this way I was in a more powerful position than the women I interviewed in terms of the knowledge that I had about the police process. I would of course never know if the police had done all that they could in the cases of the women that I interviewed. It seems that any woman who had been through the process of reporting to the police may not always know this either, as indeed one woman commented in her interview, “*you don’t really know what they (the police) do, do you?*” This highlights the power held by those within the police. Although the police portray themselves as limited in the actions that they are able to take in sexualised assaults, they do have the ability to empower women through keeping them informed regarding the knowledge that they have about each woman’s case. Indeed Emma herself refers to the problematic nature of the criminal justice system:

*Emma: I get the impression that..in order to win a rape case.. you have to..have been a virgin in the first place, you have to have been attacked from behind, down a dark alleyway by a man in a balaclava with a crow bar, you have to have, kicked, screamed, punched and bitten and done everything in your power to get away and all the re...if I’d done, if that had happened, then I think I probably would have won*

And also:

*Emma: I tried to tell my self for ages, ‘well I’m telling the truth so I don’t see how I could fail’ but..it’s not really like that, is just the impression I get...that it’s really like.. who’s got the best defence barrister and.. who can tell the most convincing story aswell*

The women I interviewed however did not seem to question the actions of the police in the way that I did, they may have not felt able to question or felt the need to question.

Emma makes the comment within her interview, that the police seem to have “*lost all hope*” when dealing with rape cases may lead to women feeling that there is little point in trying to seek justice through the criminal justice system. I am aware of training provision to improve understanding of DASA in the police and among support workers and counsellors in one particular Sexual Assault Referral Centre. The apparent lack of understanding regarding DASA among some professionals and the apparent lack of hope among the police would seem however to highlight a need for education to continue. It is evident that this should be provided at all levels within the criminal justice system and beyond (such as within the Crown Prosecution Service). Furthermore, it highlights the need for policy to reflect a better understanding of the realities of sexualised violence, for education and training in relation to sexualised assault, including DASA to be made mandatory for all those involved in service provision, and for its effectiveness to be monitored.

## **Reading for How the Woman Experiences Herself**

This involved reading for the voice of the ‘I’, how each woman talks about herself, changes in how they refer to themselves, and consideration of whether this represents changes in how each woman experiences herself.

### ***Moving on from being Subjected to Sexualised Violence – Narratives of Progression, Stability and Personal Growth***

When analysing Emma, Jane and Sue’s accounts of their experiences of seeking to move on from their experiences a number of narratives were interpreted; narratives of progression, a narrative of stability and a personal growth narrative.

## Progression Narratives

Gergen (1994) describes the progressive narrative in terms of the feeling that one is becoming “*ever better in every way*” (Gergen, 1994: 195). The individual is storied as getting better all the time but in gradual steps.

Here Sue seems to draw on narrative of ‘progression’ (Gergen, 1994) when she emphasises the importance of time in moving on after being subjected to DASA:

*Sue: I think the closest thing I've likened this too is like a bereavement, you know, where at first, it's all consuming, you can't, you can't think about anything else and it takes over your whole life, you know especially if it's somebody who is very close, erm...but then, you know, time does make it easier*

Jane also constructs time as possibly being the important factor in her recovery:

*Jane: I think it's just time if anything, I think it's time because I look back cos I was writing a diary.. for quite a while and I look back at that and you know, I feel a hell of a lot better than I did then..*

The use of “*if anything*” here supports an understanding that there are no easy answers. Jane supports her interpretation of the importance of time with an account of how she ‘*looks back*’ thus metaphorically locating some of her feelings as behind her at the present time. This is then supported by an explicit contrast between then and now “*I feel a hell of a lot better than I did then*”.

Gergen (1994) notes how directionality is implied within the progression narrative in that it is anticipated that further progress will be made in the future. Indeed this seems to be what Sue and Jane anticipate in their reference to the importance of time. It has been argued that ambiguity is a property inherent within any story, we all have to engage in the process of judging the meanings contained within them (McLeod, 1997).

Sue talks here about the way in which she avoided alcohol after the assault. This demonstrates the way that men's use of drugs within sexualised assault may impact on the ability of women to feel able to drink alcohol, for Sue feeling able to drink alcohol became a hurdle that she had to get over. Sue however then went on to fight back against this and succeeded:

*Sue: It was like a big formal dinner, it was very similar to the night that it happened erm and.. I hadn't really gone out and drunk very much either, I'd sort of been shying away from alcohol and my counsellor had said well do you not think it's just kind of an excuse..not that she was encouraging me to drink (both laugh)..erm I think she felt.. it was a barrier I had to get over.. I had to start to drink again and just get back to normal but I wasn't not drinking because I didn't want to not drink, if you know what I mean..I was not drinking alcohol at all because it was related to the night that it happened..erm.. but I went out that night and got fairly well plastered with the rest of my friends and had a marvellous night and it was because I had done that and got over that hurdle that I was able to go (and see family)*

Emma also talks about her 'recovery' as occurring during a number of stages, thus reflecting the progressive narrative (Gergen, 1994), here Emma uses the metaphor of being on a 'road':

*Emma: I read and I thought 'yeah', and it was really good because I could see, that like in the first few days after I had been raped yeah I did behave like that, and the sort of next bit, so I, so I was still kind of on my road so to speak but I could see that I'd been through a lot of what it was describing, and that made me think 'oh actually then that was all right', because I went, I went mad for a month, I sort of got so depressed! I didn't go out, I didn't speak to anybody, I didn't eat anything, and I just felt like I was going insane..but.. that kind of stage was in there and that made me feel like oh it's OK that part was meant to happen and like, that was, that was quite good*

Emma talks about still feeling that she is on the road to recovery but as nearly there now:

*Emma: It was just that kind of..waiting for that moment when you think 'I'm alright now', I think, I'm, I think I'm approaching it*

Here then Emma defines how, for her having moved on will mean she gets to a point where she is able to think "*I'm alright now*".

## Stability Narrative

Gergen (1994) characterises the stability narrative as “one that links events so that the individual’s trajectory remain essentially unchanged in relation to a goal or outcome: life simply goes on, neither better, not worse” (Gergen, 1994: 195) in other words things are as they have always been.

Jane here seems to draw on the stability narrative:

*Jane: I’m still feeling a, feeling a bit low, I’m not quite back to my..happy self (Claire: Yeah) because I’m generally a lot more positive and...happy and...I usually laugh and smile a lot more that I do at the moment*

It seems that building a new identity that incorporates the loss may not be a strategy used by all women, in order to seek coherence. Here drawing on a stability narrative seems to allow Jane to gain a sense of continuity and coherence.

## Narratives of Personal Growth

Crossley (2000) refers to stories of ‘personal growth’ as those where people talk about ways in which their experiences have presented an opportunity for them to develop themselves as individuals and gain a new appreciation of their lives.

When I asked Jane if she felt able to move on at all after having been subjected to DASA, she replied by saying:

*Jane: Err..I don’t, I feel I’ve changed in a way, I seem to be..erm..I don’t know, it sounds bizarre, but in a way I feel I’ve changed for the better, I’m a lot more calmer than I used to be...I don’t seem to..stress about silly things like I used to and..I don’t know whether that will alter..but.. I don’t know I don’t seem to take life as seriously cause I think you know for that night..especially given that the drugs were..were with alcohol I mean anything could have happened to me, I could have died that night, you*

*know, so I've been told by (SARC), so I think, well, you know I came through that and..it's like a..I don't know, I mean I know it's not quite a second chance at life type of thing but..erm...but I just feel that I've got through it, and yeah I feel to a degree, a strong degree, I have moved on.. yes (Claire: Right) erm...*

*And also*

*Jane: But no I feel positive for the future..I don't, I probably feel more positive than I did, I know it sounds weird, but just...I s'pose that I've come through it...so I feel that I can come through anything now...so I feel stronger as a result.*

Jane sees herself as having been able to move on from her experience. Though Jane asserts that she doesn't quite see it as a second chance at life, she seems to attribute being able to move on to the fact that she has got through a situation where as she puts she *"could have died"*. Jane presents herself as having made a number of positive changes in her life. These changes could be interpreted as changes in Jane's identity. Thus it could perhaps be argued that Jane has rebuilt aspects of her identity. As previously mentioned, Neimeyer and Levitt (2000) note how building a new identity may represent an attempt to restore coherence and continuity to narratives of trauma. Here Jane refers to a number of changes that she sees as positive.

Crossley (2000) discusses 'conversion/growth' stories in her analysis of interviews with individuals living with a HIV diagnosis. Crossley talks about the ways in which *"The loss of a hold on the securities of 'routine life', may lend an opportunity for some individuals to achieve spiritual growth and an appreciation of new values and meaning"* (within the context of their experiences) (Van den Berg, 1972:72-73 cited in Crossley, 2000: 144). Jane's account here seems to resonate with these 'conversion growth stories'. In a similar vein, Frank (1995) talks about 'quest' narratives as those where individuals accept their experiences and seek to use these in a positive way when seeking to move on with their life. According to Frank (1995:115) *"illness is the occasion of a journey that becomes a quest"*. Frank (1995) notes how:



*Journeys cross divides. Once on the other side, the traveller remains the same person, carrying the same baggage. But on the other side of certain divides, the traveller senses a new identity; that same baggage now seems useful for new purposes. Fundamental assumptions that give life its particular meaning have changed*

(Frank, 1995:4).

Thus for Jane, her experience has led her to change in a number of ways which she sees as positive – these changes relate to her feelings of inner strength, her sense of perspective and her subsequent approach to life. Though Jane does see herself as having moved on, her use of “to a degree” when talking about how much she has felt able to move on suggests that, for Jane, moving on is an ongoing process.

I then go on to ask Jane if there was anything that she felt was holding her back in any way at the present time, she replies:

*Jane: Erm, no not really..I did think intimacy with a bloke would be hard..but I've not found that hard (Claire: Right) erm, I mean cer... if like erm, I mean I have been seeing somebody, if he did something, if he's done something that the rapist did to me then I would find that a bit.. difficult, but not..not to a great extreme, probably because I, I don't remember a lot of it, it was just the next morning when he was doing things to me that, I recall that (Claire: Right)..so nothing really, I mean my confidence for a while was quite low, very low self esteem*

*Claire: How long, when you say a while?*

*Jane: Erm.. a few months, certainly during the investigation, I just wasn't myself and.. I was so bowled over by...you know..just the whole...yeah, the investigation, what was going on and..having to deal with it all..it took a lot out of me.. and I was off..I was off work for about two and a half months*

*Claire: Right, how were they, at work?*

*Jane: People at work? (Claire: Yeah) oh they were fine, they were really supportive, erm..it was obviously I didn't get paid while I was off, (Claire: Right) doing contract work (both laugh), so that was pretty bad...but.. it was just something that I had to do, so I just.. tended to sit at home a lot..erm I used to sit and just look into space! (laughs) I thought I was going insane! (Claire: Right) erm..but then I started to go out more and see my friends and.. erm, I mean because I was raped or the start of the rape took place in (location) I don't really like going out in (location) at night...but I didn't greatly before that anyway (Claire: Right) erm*

Thus for Jane there is not anything in particular that she sees as affecting her ability to move on. Jane then tells of how she started going out with her friends more, this is contrasted with a time where Jane spent most of her time at home. Jane's experience at this time seems to relate to Frank's (1995) notion of 'narrative wreckage' where nothing seems to make any sense, our sense of who we are and why we are here disappears and time no longer is of significance to us. Jane then talks about how she has now overcome her fears about not feeling able to be intimate with other men in the future. Jane's references to low confidence and low self esteem are referred to in past tense, thus suggesting that Jane now sees herself as having moved on from those feelings. This is contrasted with a time where Jane portrays herself as previously feeling much less able to deal with the effects of the rape.

Here Sue also seems to be drawing on the personal growth narrative (Crossley, 2000) in order to make sense of the impact of being subjected to DASA:

*Sue: You can never look upon an event like that as positive at all, you know what I mean..but the way I look on it is erm..I need to feel like I'm taking something away from it..you know what I mean, it would be awful if it was something that happened for no reason*

Sue goes on to say how it would be awful if it was something that happened for no reason. Drawing on a personal growth narrative therefore may represent an attempt by Sue and Jane to resist further disempowerment from their attackers.

### ***The Impact of Sexualised Violence – Narratives of Change, Chaos and Theft/Loss***

Sue, Jane and Emma all seemed to draw on a number of different narratives when discussing the meanings for them of being subjected to

sexualised assault and the impact that they felt it had. This included narratives of change, narratives of chaos and narratives of theft/loss.

## **Narratives of Change**

Within the interviews the women all talked about a number of different changes that they see as having occurred in themselves and the ways in which they live their lives.

When I ask Jane if she feels that there is anything that she feels that she is still working towards, she replies:

*Jane: I'm s'pose I'm more wary, I'm not paranoid, it's like one of the officers said well don't get paranoid..i'm not, but I'm a lot more wary of what's around me..erm.. and... for a while I did have panic attacks, and I spose I do still feel a bit panicky if I'm in really busy places,*

And also:

*Jane: Obviously my drink, you know it's here (gestures close to her upper body) laughs, or I used to be like this before (gestures putting hand over glass), but I'm not quite as bad (both laugh) otherwise people start thinking you're a lunatic..erm so I suppose things like that have changed..*

Whilst earlier Jane focused on the ways in which she sees herself as having changed “for the better” as a result of what she has overcome, here there are a number of other changes. These other changes include being “more wary”, anxious and as engaging in behavioural strategies to prevent further attacks of DASA such as keeping her glass close to her upper body and previously having her hand over her glass. Jane presents herself here as being subject to questioning by others in the light of such strategies. Jane tells however how her methods of protecting her drink from being spiked by men with the intention of rape has led others to assert that she is taking things too far. Constructing survivors as taking things too far in this way seems however, to minimise the reality of their experiences. In this way also, it seems that women whose strategies are

judged by others to be 'inappropriate' or 'too much' may be criticised by others, in the same way as women who are perceived by others not to have taken adequate preventative strategies (Stanko, 1990).

The notion of 'taking things too far' when seeking to prevent further attack from perpetrators of sexual violence may once again reflect the discourse of the hysterical woman (Ussher, 1997). Here then despite Jane's earlier presentation of herself as having moved on to a strong degree, we have some understanding of the fear of further attack that Jane seems to be experiencing. Jane resists the construction of herself as paranoid, when she is 'warned' against this possibility by a police officer. From this it could be suggested that advising women not to be 'paranoid' also represents a misunderstanding of the reality for women who have been subjected to DASA. As I mentioned earlier in the thesis, Stanko, 1987 (cited in Radford & Stanko, 1996) suggests that rather than conceptualising fear of sexualised violence as problematic and a maladaptive response, it should be seen as representing the reality of many women's experiences. It could thus be argued that to do otherwise serves to minimise the effects of sexualised violence.

Another change that Jane then talks about is the way in which she 'looks out' for her friends when she goes out, in order to ensure that they too are not subjected to attack. It is not clear whether Jane did this before she was herself subjected to an assault. Thus not only does Jane fear for herself, but for those close to her:

*Jane: But it's amazing how many of them Claire just leave their drinks willy nilly, even my friends, they put their drink down go to the loo or put it down and go to the bar, and I'm there, just looking, just watching their drinks for them, like you know I have no life when I go out (both laugh) you know*

Jane outlines other strategies that she engages in:

*Jane: I don't like getting drunk, I like to be in control all the time, that's something else, I always drive everywhere, so I know I'm not gonna get drunk and*

*Claire: Right, so is control more of an issue for you now?*

*Jane: Yeah, definitely, yeah that is*

Jane's presentation of herself as needing to feel in control, and of this being particularly important to her after the assault could be suggested to be indicative of disempowerment that she experienced both during and after the attack. Jane does not state here whether she feels disempowered by not feeling able to get drunk, or not feeling able to choose not to drive when she goes out. Jane has talked then, about having changed in a number of ways as a result of the experience of being subjected to DASA including a changed sense of freedom, not feeling safe when she goes out and not feeling able to drink as she used to.

At this point also, we begin to have a sense of the contradictions within Jane's narrative, both in terms of how Jane constructs herself and her experiences and in terms of the expectations of society. On the one hand Jane constructs herself as having moved on from the assault to a "strong degree":

*Jane: I just feel that I've got through it, and yeah I feel to a degree, a strong degree, I have moved on.. yes*

On the other hand, Jane also talks of how she still has to deal with effects of the assault in her everyday life:

*Jane: I'm still feeling a, feeling a bit low, I'm not quite back to my..happy self (Claire: Yeah) because I'm generally a lot more positive and...happy and...I usually laugh and smile a lot more than I do at the moment (Claire: Yeah) so....*

There are also contradictory expectations from society; women are expected to engage in preventative strategies, but at the same time not take things too far.

Here Emma talks about how she feels she has changed as a result of the experience in terms of her personality:

*Emma.. it shapes a lot of the way I react to stuff..erm.. but it will always be like that, it's always gonna affect aspects of my personality*

And also for Emma control is more of an issue:

*Emma: .. I didn't like, erm, I mean I've always, obviously I think most women are probably feminists but I think anything that makes me feel... remotely out of control..or like I'm not being given the opportunity to... anything, just anything in general now where I don't feel like I'm being given the opportunity to have say or to be in control.. of my own, of like my own space just absolutely enrages me more than it would have done..*

Emma goes on to talk about other aspects of her self that have changed:

*Emma: I'm gonna be a bit more..cynical about things like that now, it's not a case of like, it's not always a case of 'the good will out' and....it's not always good, things can't be like that*

*Emma: This is really.. that's what it's changed aswell like, before it happened me and (previous boyfriend) were planning to get married, I was gonna do my (occupation) training but it was kind of...we'd been together since we were fifteen...and I think..I don't want to, I don't want to blame us breaking up on the rape, but I think it was, I think.. it had a lot to do with it, and now it's kind of ..really bizarre, I feel much more grown up, that sounds so horrible!*

*Emma: I feel like my future's a lot less mapped out than it was, but I'm kind of, I'm happy with that..it was a bit scary at first...*

In contrast to Jane's account however none of these seem to be storied as positive. Within this interview Emma talks about her loss of innocence, her loss of her belief that the good will out and the loss of her relationship with the man she had been planning to marry.

Sue talks about the changes in her confidence:

*Sue: It knocked my confidence in terms of riding..and I'm actually quite a very.. confident.. person generally..erm and that sort of went by the wayside.. and I'm quite a determined person just generally, I don't give up on things easily*

The use of the change narrative contrasts with the use of the personal growth narrative in that unlike the change narrative, within the personal growth narrative changes are storied as positive. All three women drew on a change narrative when making sense of their experiences.

Emma talks about the way in which she tried to carry on as normal after the assault:

*Emma: That's what everyone kept saying why didn't you even speak to him like if you're gonna, if you're not gonna report it why do you even carry on even being friends with him? It's like, because then it's like it hasn't happened, it's like it's all back to normal again, and he's the Simon that I remember him being and all that kind of rubbish erm...*

Like Jane, Emma seems to see trying to carry on as normal as having been an ineffective coping strategy for her in the longer term.

When talking about hearing about the accounts of others via the Internet, Emma states how:

*Emma: I think like, when it, when it first happened, it was really useful, it kind of made me feel normal again..a kind of realigned sort of normal, but... but normal all the same*

Emma's reference here to being “*realigned*”, may infer that she feels that she has changed as a result of the rape. Here Emma tells of how she initially questioned whether her reactions were normal and found comparing her reactions to others as useful at first.

### **Theft/Loss Narrative**

Here Sue seems to draw on what I will term a ‘theft/loss’ narrative, when reflecting on the meaning of her experience of being subjected to DASA:

*Sue: I think back to, the closest person who I've ever lost is my grandma..erm and I lost her probably..(inaud) nearly 11 years ago and I still cry at her loss..(inaud) you know it's not one of those things that.. you*

*know..it'll never go away..the fact that I loved her desperately and she's no longer here..and you know that was a big, significant part of my life..well this has been a significant part of my life taken away so you know 10, 15 years down the line it will probably still be there.. I take it all as it comes really at the moment,*

Sue talks here about something having been “*taken away*” from her. This seems to support the argument by Hopkins and Thompson (1984) mentioned earlier in the thesis that people who have been subjected to sexualised assaults suffer a number of losses. Crossley (2000) comments on how her participants seemed to draw on narratives of loss to characterise their experiences. The comment here by Sue that she feels as if something has “*been taken away*” can also be related to Chasteen’s (2001) analysis of the analogies used by women in her research to describe what rape was like. Chasteen noted how women labelled those descriptions of rape referred to robbery or burglary of something material in nature as theft. Sue’s comment that she feels that something had been taken away was not referred to a something being stolen. The phrasing ‘been taken’ is passive. Sue herself is not portrayed as active here thus Sue’s analogy here could be interpreted as either one of theft or of loss. For Sue, her loss is seen as something that she will perhaps continue to deal with for many years. In this way the impact of men’s sexualised violence is apparent.

### **Chaos Narratives**

Frank (1995: 100) argues ‘chaos and control exist at opposite ends of a continuum’. Frank characterises chaos narratives as ‘anti narratives of time without sequence, telling without mediation and speaking about oneself without being able to fully reflect on oneself’ (Frank, 1995: 98). Thus he argues that oneself is absent from chaos narratives. Moreover, Frank argues that chaos narratives can only be lived rather than told. Chaos could be interpreted within the accounts of all the women as arising from various different aspects of their experiences including



feelings about their inability to seek social justice and feelings about what the future holds. Chaos also seemed to be experienced when attempting to make sense of the memory loss that arose from the perpetrator's use of drugs to facilitate the assault.

In the extended quote below Sue seems to see herself as having changed, in that she feels her *"whole mental state has been changed"*. Within this quote also Sue seems to construct herself as living with the effects of the experience on a day-to-day basis and as feeling unable to move on fully until she knows what is happening with the investigation. In this sense then it could be argued that there is a sense of Sue living, very much in the present time in that she feels unable to, as she says *"start to leave it in the past"*. Here we seem also to have elements of the chaos narrative (Frank, 1995), in the uncertainty she expresses about what the future holds:

*Sue: Erm... I definitely do feel, sometimes I feel like I am not moving on at all, because I'll get upset at something or, erm.. my whole mental state has been changed because of this, like I was saying it's like a grieving process so I am 5 months down the line, and life is..much better because I've gone out and started work again..(inaud) and what have you but there still are times when..silly things will upset me and they, they can upset me quite badly. You know so I can end up being close to tears, or having to go out to the toilet because I am in tears or..and I think in that respect I think god, I am not moving on at all..(inaud) and I am functioning as a normal person, you know, to all intents and purposes, you know I deal with the children, take them to school and bring them home and what have you, I go to work I am able to go out on nights out, as long as I know I am in a supportive environment.. (inaud) but in terms of moving on properly I won't move on completely.. I won't feel like I am able to take that really big step. Which means I am starting to. leave it in the past..until I know what is going to happen with the police, but what leaving it in the past will mean.. I don't know, you know I mean I know I'm, I know I am functioning and what have you but it is always there at the moment.. (inaud) I'm not getting those extremes of emotion all the time as I was in the first place but it never really leaves my mind for very long.. I think it's there and taints ..pretty much my day-to-day life..in some way or other..erm.. and .. I .. but I don't know.. this is just such an alien situation.. I can't begin.. to.. think you know is there a point at which it will no longer do that, I don't know,*

Here Sue refers to her uncertainty about what it will mean to leave her experience in the past. This seems to mean that Sue feels unable to foresee what the future will hold. This then seems to contrast with Sue's

earlier use of the progressive narrative where according to Gergen (1994) it is implied that time will bring further progress. Sue's ambiguity here seems to reflect the point made by Mattingly (1998) in relation to uncertainty about the future:

*Time is characterised by suspense, both the suspense of not knowing whether a desired outcome will come about, and the suspense of wondering whether the ending one pictures is the one which will still be desired or possible as the story unfolds.*

(Mattingly, 1998: 97).

Sue's uncertainty is also characterised by her repeated use of "*I don't know*". The repeated use of 'I don't know' has been argued by Frank (1995) to indicate elements of chaos in a person's experience. The chaos within Sue's narrative suggests that Sue continues to feel disempowered in some ways by her experience.

Chaos also seemed to arise from the experience of being drugged by the perpetrator. Knowing how to define their experience seemed to be a particular cause of chaos for Sue and Jane.

Here Jane talks more about her uncertainty about how to initially define her experience, telling of how she tried to carry on as normal, only later defining it as DASA:

*Jane: Yeah possibly, and the realisation because, it was only really sinking in that morning, cause before (Claire: It didn't really sink in to start?) yeah well, yeah that's right, just erm... I don't know just her sort of listening to me and talking it through with me and seeing it sort of in black and white...erm, yeah and then obviously afterwards it was just, the realisation like I say and..because before that like you know in the week, before that morning, I had just been carrying on with life, you know I went back to (work) and you know just doing my thing, laughing it off, like you know whatever*

*Claire: Right, trying to carry on as normal.. kind of thing*

*Jane: Yeah just making out that I was hung over at work (laughs)..you know...*

Jane talks here about the way in which it was “*seeing it in black and white*” that made it ‘real’ for her. This may mean that women who have been subjected to DASA have difficulty seeing their experience as ‘real’, due to their memory loss. In the above quote Jane also talks about the way in which she initially ‘laughed it off’, thus suggesting that she may have been unsure how to interpret her experience. Jane’s attempt to ‘laugh it off’ may be argued to reflect a more general pattern in society of people using humour as a strategy for resisting the reality of sexualised violence. Jane does laugh however when she reflects upon how she tried to make out that she was hungover at work. Jane’s later use of humour seems to reflect the way in which this was an ineffective strategy for her in the longer term.

Jane’s total loss of memory was a major factor that led Jane to define herself as having been subjected to drug rape:

*Jane: I did know deep down.. that I'd been raped because although, I mean yes I'd had a few glasses of wine, but I wasn't drunk..erm.. and.. you know you always sort of remember things, even when you.. even say I had got drunk and.. gone wild on shots which I know I didn't do but, had I done that I would still have..some memory..there's sort of bits you forget isn't there?*

In making sense of her experience of DASA, Jane drew on her previous experience, where merely being ‘drunk’ has not led to total lack of memory. It was partly this complete lack of memory that led Jane to feel that she may have been drugged.

Jane talks further about the effects of the memory loss:

*Jane: It was so blurred*

*Claire: Could you talk a bit about that?*

*Jane: Yeah it was so blurred, I had about 12 hours where.. I just didn't remember anything, until I woke up the next morning..at I don't know.. twenty past seven or something..and I hadn't, I couldn't recall what had gone on..yeah since erm.. half eight the previous night, around that time (right, ok) it was just a blurr and obviously waking up..that morning and..being with this guy and..so.. it was sort of..just coming to terms with*

*that really..you can't get anywhere with it because it never came back to me, I didn't have flashbacks..nothing.. really came back to me, so*

For Jane it was because her memory of what had happened was so 'blurred' that she did not know how to make sense of what happened. Thus the use of drugs by perpetrators in sexualised assaults may make it particularly difficult for survivors to make sense of their experiences and to define them as rape. It seems that the confusion produced by the drugs may make it even more likely that some women will seek the validation of their experiences from others.

Jane talks about the importance of finding out that the man had carried out similar attacks before, for confirming her own definition of her experience as rape:

*Jane: Erm, I mean the guy had done it before but..that didn't go ahead because the girl dropped her..erm... she dropped whatever you call it, dropped her whatever you call it (laughs), she pulled out basically (Claire: Right) last minute so it sort of didn't go anywhere (Claire: Right) and ..but that was good really to hear that, not that it was great for him to have done it before (Claire: he was known to the police? the police had told you he was known to them?) yes, yeah they did tell me (Claire: Right ok)..(Claire: Sorry, you were saying you found that quite.. helpful) helpful to know, not that, it was awful that he had done it to somebody before, but, in a way it just makes you feel that.. you know you are right in what you are saying (Claire: Yeah) and..you were definitely raped*

So it seems that even after having defined her experience as DASA, the issue of how to interpret her experience still seemed to be questioned at times by Jane.

Sue woke up in the morning to find herself in a strange hotel room with a strange man in the room. Sue reports feeling that she had to get out of the room. Despite the man acting as though it was consensual, Sue tells of how the next morning she thought that she had been raped:

*Sue: As long as I was in there my mind wasn't thinking..I was just, I needed to get out of there, and that was all I was thinking about and I was trying to rack my brains, to think what the hell happened..ermm.. and he was talking at me aswell..trying to explain away what had happened, you know it wasn't like the natural, you know..if you..you've spent the night with somebody you kind of expect you know even if you are a bit embarrassed about it, you*

*kind of expect the next morning..you know.. I shouldn't have done that last night .but..whereas he was like, way on the other side of the room, well nobody would've see you come away with me because I met you outside the toilet and erm...what else did he tell me, he said you might not want to talk to me at the conference today...and you know..just..things that weren't quite right but the word rape came into my mind when I got downstairs, as soon as we were walking downstairs*

Sue talks about the difficulty that she had in defining her experience as a result of being drugged:

*Sue: It's very difficult.. and if you don't remember something and you can't keep everything together.. you know and I'm going on how I felt, and I am going on the fact that I have been with John for 17 years and never been with anybody else why would I walk out the toilets you know..just to (inaud) walk off with somebody else?*

For Sue, her complete loss of memory was also a factor. When comparing how she usually feels after drinking to how she felt after having been drugged she states how:

*Sue: At no point on those nights have I ever lost my memory completely, you lose big patches but you can always remember bits*

In contrast to the self doubt that Sue talks about earlier in the interview, Sue then goes on to talk about knowing that her experience had been rape, the morning after the assault:

*Sue: I knew what had happened was definitely rape in my own mind (Claire: Was that from the beginning..or?) it was from, it was from when my thoughts started to gather, and the fog of, of shock started to, to clear which would have been, well it was actually when I was walking down towards reception as I walked out of the building, so...I was probably dressed and out of the door within eight to ten minutes erm.. and it was..and in my mind at that point.*

For Sue trying to remember what happened seems to have been an ongoing issue:

*Sue: I do still.. on occasion.. try to remember..but I think I have pretty much given up on that.. I think after five months..nothing's going to come back, you know, even in, you think sort of when..you know you think when you are sleeping a sort of light sleep..but there is just.. nothing*

Despite the statement from Sue that she has pretty much given up on trying to remember, it is later described as a recurring issue for her:

*Sue: No, I, I... constantly turn this over in my mind, I think do I prefer not knowing, would I want to know, and on the one hand I think well if I did know, you know... I would have clear picture in my mind of exactly what had gone on, I would never have any room for any doubts (inaud) you know..and when he's brought in, I would have a version to tell, because as far as I am concerned, well.. as far as anybody is concerned, it all boils down to my word against his.. and I don't, I don't have a version to tell, he can say what he likes and... I have no way of saying well, that's not true, I just wouldn't do that, so it's more my kind of doubts against his word rather than my word against his word, whereas if I did know I would be able to..you know I would have a side to put..you know it would genuinely be my word against his because I would have (inaud)...but then I would have to live with, I mean, I can't imagine how dreadful, I mean it's bad enough, you know..thinking about his face..without thinking about the physical act... (Claire: Yeah)*

The confusion and uncertainty arising from the perpetrator's use of drugs led to Jane delaying in reporting the rape to the police:

*Jane: He (friend) said you know you really need to think about talking to the police and...you know, because, but it was so hazy...just trying to work out in your mind, what went on really (Claire: Right)..so....*

Sue did not see how a complete loss of memory could have resulted from the quantity of alcohol that she had consumed:

*Sue: I think I was just constantly saying over and over again, you know I just don't understand, I just can't remember anything, not anything at all, erm.. you know and.. you know, yes I was a bit tipsy after nine glasses of wine but I was compos mentis, and I could remember everything up to that particular point*

When talking about her lack of memory Jane initially expresses uncertainty about whether her lack of memory is a good or bad thing:

*Claire: Right.. so you didn't remember why you was there or..?*

*Jane: I mean I don't know whether that's a good or a bad thing really, I mean I can imagine if you're going through it and you know what's going on that must be awful if you're being held down and...(Claire: Yeah) you know so maybe it's better I don't remember it really*

Jane then follows this with a suggestion that “*maybe it’s better*” that she doesn’t remember. Jane’s comment that maybe it is better that she doesn’t remember maybe represents an attempt to resist further disempowerment from her attacker. Jane’s use of ‘maybe’ suggests she experienced uncertainty about how to make sense of her memory loss. If we go along with Kelly’s (1988) notion that being able to recall memories and deal with them is essential for our recovery from sexualised assault, then it would seem a bad thing. However for Jane, seeing her lack of memory as a good thing may be a strategy that enables her to move on as she states “maybe it’s better that I don’t remember it really”. In terms of the theory about how women may move on from their experiences of sexualised assault then, it may be possible for some women to move on in spite of their memory loss. Being able to recall and face up to memories may not be necessary for all survivors.

Whilst Jane storied her memory loss as perhaps a good thing, for Sue whether her memory loss is a good or bad thing seems to be an ambiguous issue. Sue talks here about her memory loss as (in some respects) a good thing in terms of her ability to move on:

*Sue: I don’t know whether it’s worse not being able to remember or whether it would be worse if I could remember every detail.... in some respects I think it’s, it’s easier to deal with the kind of physical after effects... you know like my relationship with John...erm.. I think that’s easier to deal with because I don’t have a physical memory of what happened to kind of get in the way (Claire: You don’t have flashbacks or anything like that?) there’s nothing..this is what.. I spent a long time at the beginning trying to put myself into positions where I knew I would had to have been you know like walking into the toilets, there would have been a point at which we would have been making our way to the room and trying to, you know (Claire: Remember something) yeah... and... there’s just nothing, absolutely nothing, but*

For Emma who had not been drugged, the memory loss and loss of control that arises from men’s use of drugs is storied as even worse:

*Emma: I mean I don’t know because I wasn’t drugged, but..the understanding I have is that it obviously.. it depletes your memory and that kind of thing, and that must be awful because like I remembered every single detail of the event and I still wasn’t sure (laughs) erm..I can imagine it*

*must be so horrible to know..it's almost like, like I said I had a gut feeling that something wasn't right, but to have that gut feeling but to not have any...sort of confirmable..memory, memory of what happened...and.. I mean I still felt, I felt like all my control had been taken away..but that must be even worse to be honest....*

## **Non Linear Structuring of Accounts**

There seemed to be a difference between the way in which Emma told her story, and the way in which Sue and Jane told their stories. In the interview with Emma, who had not been drugged there seemed to be less prompting from myself. However there did not seem to be a sense in which any of the women told an overall story that had a beginning, a middle and an end, rather they seemed more to recount events in response to my questions. It has been argued that “*what allows narrative to help us ‘make sense’ of our experience is precisely this structure of beginning, middle and an end*” (Mattingly: 1998: 37). The way in which the women responded to my questions in the interview could reflect the dynamics of the interview relationship between my self and my participants. Alternatively this non-linear structuring in these women’s accounts could be a reflection of the effect that being subjected to sexualised violence had on the women. The differential structuring of the accounts from Sue, Jane and Emma suggest however, that survivors of DASA do not necessarily need a linear structure to their stories. They may have other resources available to them that they draw upon when telling their stories in order to seek coherence.

## **Further Elements of Chaos**

Elements of the chaos narrative may also be interpreted when Jane describes her feelings about her inability to seek social justice through the criminal justice system:

*Jane: That was probably the lowest I felt, before I was..just engrossed in the investigation and..not really thinking about it..but then it hit me and then*



*it's like you're being swept away by the investigation and then suddenly it's not there and you've got nothing else to think about but the rape..and it's just..there for you to deal with really..erm....of course I mean you've got the counselling available ..which helps but..you know there's no comeback is there? there's no, there's nothing to work on it's just..*

*Claire: Is that enough though?*

*Jane: No, not really...I don't, I really wanted to face him Claire, I really wanted to see him..which sounds bizarre..but I really..did..and just see him..make him realise what he's done (Claire: Right..see him in court?) yeah..yeah..just face him and..I don't think..I mean I may feel upset, obviously you don't know but I'd really look at him and.. want him to look at me really*

Jane describes the experience of finding out that her case would not be going to court as probably her lowest point. This then demonstrates the importance for Jane of there being some kind of consequences for her attacker for his actions. Jane describes herself as 'hit by' by this information, a passive term which suggests she felt subject to external forces.

Although Jane does see counselling support as available to her she feels that there is no comeback for her efforts in seeking justice through the criminal justice system for the attack. For Jane not being able to go to court meant that she was denied the opportunity to face up to her attacker and make him face up to her and what he had done. Despite her knowledge that this would be upsetting this was very important to Jane. This is something that Jane talks about herself doing, it is she who is the active one in the extract as indicated by her repeated use of the first person, this may represent a desire to personally reclaim power back from the attacker. Jane's statement that this may sound bizarre may reflect the discourse that women who are raped constantly live in fear of their attacker, a discourse which Jane seems to be resisting.

Jane seems to convey a sense of feeling 'abandoned' by the services after the decision had been made to take no further action on her case. It was Jane herself who was left to deal with the consequences, here we have an example of how women are constructed as expected sufferers.

The stilted nature of parts of this extract e.g. “*it’s just....*” and Jane’s repeated use of “*I don’t know*” seem to indicate a ‘chaotic’ element to this part of Jane’s narrative. Frank (1995) describes tellers of chaos narratives as seeing themselves as subjected to events that they cannot control and indeed this seems to be how Jane felt at this time.

Despite Emma seeing herself as having been able to move on a lot after the experience, this seems to bring with it a concern about what the future will hold:

*Emma: ...I surprise myself at times because I think I’m.. I’m pretty much there, I think I’ve moved on a hell of a lot and that sometimes makes me think...makes me worry that there’s something else round the corner because it’s, it’s only been seven months.. (Claire: right) but I feel very much like.. like I don’t, I used to think about it all day everyday, and then I sort of got to a point where I just thought about it.. at least daily, and now I hardly think about it at all, it’s like every now and then.. it’ll just be something on TV or..or whatever will make me think about it, but..that almost makes me think like you know the calm before the storm moment?*

Again, elements of chaos may be interpreted in Emma’s uncertainty about the future. Emma’s talk about not knowing what is round the corner may reflect discourses about the permanently devastating impact of rape (Gavey, 2005). This may hinder the ability of women to feel that they are able to completely move on. Gavey (2005) cites Marcus’s claim that our current (masculine) culture portrays rape:

*as a fate worse than, or tantamount to, death; the apocalyptic tone which it adopts and the metaphysical status which it assigns to rape implies that rape can only be feared or legally repaired, not fought*

(Marcus, 1992: 387 cited in Gavey, 2005: 188).

Indeed, Gavey (2005: 187) cites the argument of Marcus (1992) that “*in order to resist rape culture we need to deny a necessary conflation between the act of rape and irrecoverable harm*”. However, the accounts from Emma, Sue and Jane have shown, that they have felt able to move on from their experiences of sexualised violence in a number of ways.

Thus women, who have been subjected to sexualised assaults, including DASA may not necessarily feel that they have been harmed irrecoverably.

## **Contradictions**

Sue and Emma, like Jane, seem to experience a number of contradictions when seeking to make sense of their experiences. In the same way that there are contradictions within the accounts of Jane, Sue and Emma, contradiction has been noted by other researchers analysis of narrative accounts (Day Sclater, 2003). Day Sclater tells of how her analysis of divorce stories *“revealed, not coherence and continuity of self, but humpty dumpty-like fragments and partialities – sometimes inconsistent, contradictory even. The appearance of unity and coherence came from the narrative”* (Day Sclater, 2003:15). Day Sclater noted in her research also how survivor stories co-existed with those that were less certain. In my research also, the narratives of personal growth, stability and progression co-exist with narratives of chaos. As Mattingly (1998: 106) puts it *“individuals produce inconsistent accounts of themselves which allow them to believe they have a coherent self”*. Thus by storying the contradictions that they experienced, Emma, Sue and Jane are able to generate a coherent sense of themselves. Mattingly (1998: 106) cites the argument by Ewing (1990) that this coherence is in fact an illusion that has been achieved through ‘discursive strategies’. The contradiction within the accounts from Jane, Emma and Sue provides support for the argument by theorists such as Ricoeur, 1992 (cited in Mattingly, 1998) that the self is not a fixed and stable entity.

## Summary

Here the overall shape of the narratives of Jane, Sue and Emma seem to reflect the notion of a 'road of trials' (Campbell, 1968) in that after being subjected to sexualised violence, these women had to overcome a number of hurdles. The narratives from Sue, Jane and Emma detail some of the ways in which they feel they have moved on with their lives after being subjected to sexualised assault including those where drugs were used. Gavey (2005) argues that perhaps one way in which to render rape less powerful without trivialising it is to explore narratives of resistance including *"about how some women who are raped do not experience overwhelming psychological despair"* (Gavey, 2005: 188). These narratives do indeed present a challenge to current discourses about the devastating impact of rape discussed by Gavey (2005).

The accounts from each of the women seemed to contain elements of a number of different narratives. Like the professionals, the women did not draw on any single way of understanding their experiences but rather drew on different cultural resources at different times within the interviews in order to make sense of their experiences. The women drew upon narratives of change, chaos and theft/loss to make sense of the impact of having been subjected to sexualised assaults. Narratives have often contained 'I don't know' thus suggesting that the women are still making sense of their experiences of being subjected to sexualised assault and at times experiencing chaos. The continuing elements of chaos at times within the accounts may reflect the fact that these women are still 'on their journeys'. As I have mentioned earlier in the thesis, Gavey (1996) has argued for the need for researchers to consider the ways in which women seek to resist disempowerment from sexualised assaults. Jane and Sue drew upon a personal growth narrative in order to make sense of their experiences of moving on from being subjected to DASA. It is argued that the use of a 'personal growth' narrative may represent their resistance to disempowerment after being subjected to DASA. Jane also

drew upon a stability narrative in an attempt to seek coherence in the face of the trauma experienced. Sue, Emma and Jane's use of a progressive narrative characterised the process of moving on from sexualised violence.

Contradiction was a feature of the accounts from all three women interviewed for this research. There was contradiction for all three women when initially trying to define their experience, as rape or as not rape. For Sue and Jane who had been drugged making sense of their experience as rape or not, seemed to be an ongoing issue. For Emma however, who had not been drugged, once she had defined her experience as rape, she did not seem to experience ambivalence about this. There was contradiction for all women in their experiences of trying to move on after the assault. All the women felt that they had to some degree moved on with their lives after the assault. Emma and Sue however expressed uncertainty about whether they would continue to feel this way in the future. There was contradiction and chaos for Sue and Jane about how to make sense of their loss of memory. Frank (1995) notes how chaos is related to power and argues that a chaotic account reflects a sense of loss of control. It could thus be argued that the additional chaos within the accounts of Sue and Jane may arise from further disempowerment that has arisen from the experience of having been subjected to DASA. The variation within the women's accounts undermines the notion of a fixed and stable identity, rather identities seemed to be negotiated and renegotiated throughout the interviews.

# **Chapter 8: The Experiences of Women who have been subjected to Sexualised Assault – Multiple Voices within Accounts**

## **Introduction**

The previous chapter discussed my interpretations of the experiences of three women who had been subjected to sexualised violence, two of whom had experienced DASA. The discussion focused in particular on the contradictory nature of the accounts from those women. These interpretations arose from carrying out the readings for the voice of the 'I' i.e.; how the women spoke about themselves. In this next chapter, still using the voice centred relational method, the focus is much more on the cultural and social context of women's experiences and the ways this influences women seeking to make sense of their experiences. As part of this the voice of the 'I' is still considered in that analysis will consider the ways in which the current social context seems to have impacted on their experiences. I will then go on to present my interpretations about the degree to which the women seem to have felt able to resist drawing upon dominant cultural resources within the particular context of the research interviews.

## **Reading for Cultural Contexts and Social Structures**

These interpretations relate to talk about the social, political and cultural context of each woman's experiences after being subjected to sexualised assault. This will include discussion of any problems, the degree to which women seem to be aware of problems, whether women locate problems

within themselves or society, and any dominant understandings reflected within accounts.

### ***The Significance of Others Reactions - The Tellability of Sexualised Violence***

The analysis of the accounts of Jane, Emma and Sue suggested that the reactions of others could have a significant impact on the way in which women themselves make sense of their experiences of sexualised violence. It seems that the reactions of a number of people can have an impact, including that of professionals, friends, family, work colleagues and acquaintances. Thus social context seems to play a significant role in the experiences of survivors.

Jane's knowledge that she was drug raped only seems to have come about in a more definite form after talking to others. Here she talks about her conversation with a service provider:

*Jane: I sort of described what had.. happened to me, and she said well it sounds like you've been drug raped, and I spose that made me think, god yeah..she's right, and..that's what I'd been thinking really...erm, so that's how I came to connect with (SARC)*

Within the account given in this interview, it is the service provider who is said to mention this possibility first, i.e.; it was not Jane who initially said to the service provider that she suspected that she might have been drug raped. It was only after describing her experience over the phone to a rape worker that Jane's suspicions that she had been drugged and raped were confirmed in her own mind. This then implies that the service provider may have played an important role in Jane defining her experience as drug assisted rape. This suggests the power that professionals may have in defining women's experiences of DASA. Coates (2003) notes how any person who tells a story runs the risk of the 'so what?' challenge. Coates argues that a story being seen as pointless

is the worst thing that can happen to a storyteller. Coates notes that what counts, as a point will vary between different cultures.

According to Livesey (2002), both the listener and the speaker have the ability to influence the content of the story. Livesey cites the assertion by Foucault (1976) however that in the telling of any story, it is ultimately the listener who has the power to determine whether or not a story is endorsed and accepted, they may in fact, reject a version of events. Coates (2003) further argues that men and women's notion of tellability i.e. what they consider to be culturally salient material, may vary.

Moffett (2003: 1) argues in relation to the telling of stories about rape in current society that: *"the stories we try to tell are still overlaid by public narratives that are both publicly and privately endorsed and circulated by the media and other communicative bodies. Only certain voices may speak about rape, only certain stories may be told"*. Furthermore, denial is argued by Moffett (2003) to be central to the way in which we think about rape. Indeed my analysis of the interviews with professionals highlighted a number of the strategies used to deny the existence of sexualised violence. A woman may think that she has been subjected to DASA, but professionals who choose to reject this version of events thus undermine this interpretation. Certainly in my analysis of my interviews with professionals I have previously discussed how some of the ways in which they made sense of DASA seems to have the potential to undermine the tellability of women's stories of DASA (Potter, 2004).

Within her interview Jane tells how it was not just the reactions of professionals that influenced how she interpreted her experience, but also her friend at work:

*Jane: I think it was..talking to Sam at work..yeah..talking it through with him and..*



The fact that Jane sought validation from others in this way suggests that the reactions of others are a significant factor in whether or not women are able to voice their own interpretations of their experiences.

For Emma the reaction of friends was also an important influence on her defining her experience as rape:

*Emma: I didn't actually say the word until about two weeks later erm I just, you know when you've got that feeling in your gut that something's not right, I think before it had happened I'd, I'd been going out with my boyfriend for nearly four years, I'd never had sex with anyone else, I don't, I don't even snog people on a one-night basis, I just don't, I just don't behave like that, so, to me this was, I, I remember thinking for two weeks like, well is that what one-night stands are like, or.. or am I wrong? And something, in my gut I knew that something wasn't right, erm, and it wasn't till, like, cause I went round to a friends house straight away, the first thing I did the next morning was, I left.. I went and stayed at a friends house.. and sort of, all I said was like oh I slept with (perpetrator) and I didn't really say anything more about it until I sort of said look, I'm being really naive here, but sort of xyz happened and told her from start to finish and she's like no that's not what one night stands are like... and that's when I knew something..something was wrong like it wasn't.. it's not how it's meant to be*

And also

*Emma: You can't predict how you're gonna respond to something like that but I would have said like oh I probably wouldn't tell anyone or I'd only tell my very closest friends and I'd never tell anyone, but I told, I told bloody everybody I did, erm, I think it was just cause I wanted it, I wanted it validated almost*

Thus for Emma, her experience could have been defined as a one-night stand, until discussing it with a friend. It was her friend's understanding that this was not what one-night stands are like, that enabled the tellability of Emma's account. Had Emma's friend not had the understanding that she did, Emma may not have felt able to define her experience of sexualised violence as rape. Emma explicitly discusses how she told so many people in an attempt to have her understanding validated. Once again the power that others have in defining women's experiences of sexualised violence is apparent.

Jane talks about the way in which her some of her friends and most of her family did not want to talk about the rape.

*Jane: My friends and most of my family didn't know what to do they were bringing me flowers and grapes and...they didn't want to talk about it, that was very hard..I've actually, lost some friends through it actually*

Sudderth (1998) comments on how other women who have been subjected to rape have experienced a number of similar non-supportive reactions. Again people's unwillingness to talk about sexual violence has implications for the tellability (Livesey, 2002) of the experience of being subjected to DASA. The question then arises of what are women able to say about their experiences? Jane herself certainly seems to see lack of understanding as problematic for herself, but does not at this time seem to comment on them being a social problem.

Another assumption within the social context that undermined the tellability of Jane's experiences was the notion that if rape occurs then there must be evidence. As I discussed in my analysis of the interviews with a sample of professionals, this notion is one of the central premises on which the criminal justice system is based. The failure of the police to obtain what is viewed to be sufficient evidence, resulted in Jane's case not going to court:

*Claire: Erm..so what's happening in terms of you reporting it to the police, is it going to court or anything?*

*Jane: No it was dropped due to lack of evidence (right) especially with me taking a week to go..forward to the police, obviously they couldn't do the, the drug test and whatever*

This demonstrates how even though Jane was drugged, she was relied upon for evidence. Jane here seems to see herself as responsible for providing evidence. In contrast to this one service provider in one of my earlier interviews refers to the failure of the police to seek other forms of evidence in addition to time limited forensic evidence. However, for Jane it was her delay in reporting to the police that was a major factor in the lack of evidence. This then adds to Jane's feelings of blame. Jane

describes the disappointment and powerlessness that she experienced as a result of the decision not to take any further action:

*Jane: I suppose to some point I was expecting it but..erm..disappointment, I felt very low, a few days, it took a good few days to set in and then when it did I really..felt..low (Claire: Yeah).. erm... I suppose like what was it all for? Why did I go through with it?*

And anger

*But I suppose that's.. you know the anger started to develop (Claire: Yeah)...err.. but yeah just that really, that, I did know that they had done everything that they could to..get him if you know what I mean..send him down so I didn't feel.. disappointed in them, I just erm..yeah I just felt disappointed.*

Jane's use of past tense here locates these feelings in the past suggesting that she has since felt able to move on from these feelings. Jane does not here however question the assumption that if rape occurred there must be evidence.

Another aspect of the social context affecting the 'tellability' (Livesey, 2002) of Jane's experiences was a lack of understanding from a member of the police about the effects of rape and DASA:

*Jane: I was watching the CCTV, and he's, he's the one that said erm..is this a typical night for you, don't you think you were just drunk...erm...and then on one of the CCTV things, I don't know how but I naked, I looked as though I hadn't got any clothes on , it was weird...and I said oh my god, I look naked there...and then he said (laughs) it's no wonder.. oh yeah it's no wonder he was kissing you because there was CCTV of me kissing this other bloke*

And also

*Jane: They do say things like well why didn't you get up straight away..on the morning..after sort of thing*

Whilst Jane does portray herself as uncertain initially about how to define her experience, this contrasts with this later portrayal of herself as resisting the suggestion from a police officer that she may have been 'just drunk'. Jane's resistance of the suggestion that she was 'just drunk' is

apparent in her characterisation of the comment as 'useless'. This suggests that Jane no longer feels uncertain about how to define her experience. The construction of Jane as just drunk may be related to the discourse drawn upon by one of the police in my earlier interviews as alcohol as the main drug used in sexualised assaults.

Sue talks about the significance of her husband's reaction for her ability to move on with her life.

*Sue: You know, if John had said, you know if he had turned round and said well yeah it could have been your fault..and (inaud) like that.. I think again... I would have struggled..to recover.*

This then illustrates the potential significance of tellability for the ability of Sue to move on with her life.

Although Sue states that she knew in her own mind that she had been raped, it was a nurse that first suggested to Sue that she could have been subjected to DASA:

*Sue: I think while I was kind of.. chanting over and over about not being able to remember erm, and how nine glasses of wine wasn't really an awful lot and I can remember she was saying well you know it could be possible that you had something put in your drink that made that the case..she said this sounds like drug rape*

Once again the importance of the reactions of others for the tellability of DASA becomes clear. The nurses knowledge of DASA was a key factor in identifying the sexualised violence that Sue had been subjected to.

The tellability of Sue's experience was undermined by a lack of understanding from other professionals such as her GP:

*Sue: I turned up at the, the GP's the next day and I mean I was in.. quite a dreadful state...and I couldn't speak and I went in to see..erm.. the GP, I can't remember what his name was..and I just put the letter on his desk and do you know (laughs) he looked at me as if I was some sort of alien or monster, he had no idea how to deal with me, at all.. and.. and that was horrific.. and I came out of there in a worse state than when I had gone in*

And also her family:

*Sue: I wasn't having nights out at that point..erm, but they kind of didn't really understand.. you know and my son sent me quite a, quite a short text.. you know, to say I should really be able to put my feelings aside and concentrate on him for this once...and why did this have to affect him?*

The implications of a lack of understanding of DASA for the ability to Sue's family to provide support to her seem apparent.

Emma also talks about the surprise from others that she was being so open about what had happened:

*Emma: A lot of people, were quite surprised that I was telling them because oh, isn't that the kind of thing that you should keep secret?*

Again this reflects the present challenges to the tellability of rape. The view that rape should be kept secret may reflect the discourse that women are responsible for rape.

Emma talks about how she felt that the police had lost all hope in relation to dealing with rape cases:

*Emma: She said things to me like, things that idealistically make a lot of sense like, oh well you've told the truth and that's all that you can do...that kind of, but life isn't fair is it? So (Claire: She said that to you? ) well she said like, she said I'm not gonna pretend that I know what's gonna happen, but you're a clever girl I'm sure you know as well as I do what happens more often than not in these cases, but you've told the truth, he's done you wrong, we can try our best, kind of thing, didn't instil me with a lot of confidence but I knew she was right.... I felt from day one that the police don't..they've kind of lost all hope on this matter haven't they?*

The lack of hope on the part of the police seems here to be presented by Emma as more widely known, as she looks to me for agreement, in her comment "haven't they?" Indeed the police themselves seem here to present "what happens more often than not in these cases" to Emma as a known fact. This suggests the impact that discourses about rape seem to be having on the ability of women to seek social justice through the

criminal justice system. The police referral to 'these cases', however seems to undermine the individual nature of this experience for Emma.

Emma herself does not here question the assumption that if rape occurred then there must be evidence, rather she seems to agree:

*Emma: But there's **not**, they're right there isn't enough, there isn't enough to send a man to prison on....*

It was not just the reactions of friends that led Emma to define her experience as rape, she also sought the opinion of professionals:

*Emma: I remember I rang them up on like on Christmas Eve the first thing I said was I don't, I don't know if I've been raped or not but I'm gonna tell you and you're gonna tell me basically, I'll tell you what happened and you tell me whether I have*

Once again, for Emma, other's understanding of DASA was key.

Emma talks about a lack of understanding she experienced from her family and some acquaintances:

*Emma: I don't want to badmouth any of them because you don't know how you're gonna respond until it happens but.. there was a lot of 'well why the hell didn't you report it earlier?' and all that kind of business which just kind of made me feel guilty all over again, I think that's why I didn't want to tell them because I'd kind of got myself to a state that...I wasn't, I knew I wasn't responsible for it and all the rest of it, but obviously they hadn't been through all that process and...I felt like I'd, I'd learnt a lot about ...just about the whole issue in general, but my mum still.. like my mum is working on stereotypes still.. kind of thing and ....so she was kind of ...spewing out clichés at me.. like no! that's not what it's like!*

Emma also talked about the way in which her own disclosure led to so many other stories being told about experiences of sexualised violence that she came to feel that she was viewed as "faceless", just one of many that it had happened to:

*Emma: I'd heard so many times people saying like that it had either happened to them or... happened to their friend, and I was beginning to feel like I was just beginning to become bit faceless like.. just another person it's happened to, rather than, it's happened to me, like a person that you know..*

This may be interpreted as suggesting firstly the prevalence of sexualised violence in society and secondly the lack of tellability in relation to experiences of sexualised violence. It was only after knowing what Emma herself had been through, that other people decided to disclose their own experiences to her.

Indeed, Emma herself talks about the stigma that she felt after the experience:

*Emma: I felt for ages like, this sounds crackers now but like everyone must be able to tell like when I was, I kept walking through uni thinking like I feel like I've got a neon arrow over my head that said 'rape victim' on it...and that's mad because how can anyone tell? But I just felt like ..even when people like spoke to you, when you got served in shops, they must be able to tell, and.. that's just mad..but ..I genuinely felt like that for a long time..and I couldn't.. put my finger on what it was.. that made me feel like that..*

Emma does not however attribute this to the way society makes sense of rape.

She does however refer to a social context where women feel unable to talk about their experiences:

*Emma: I think more damage is done when..because women feel like they either can't talk about it full stop or they can't talk about it for years and years and years..and I just dread to think what that must feel like because I could have gone through that*

For Emma the inability to talk about their experiences of sexualised violence is likely to have negative consequences for women.

## ***Women's Experiences of Blame – From Themselves and Society***

All three of the survivors interviewed talked about the ways in which they questioned themselves. Being drugged did not mean that the women did not hold themselves responsible for their actions. They also blamed themselves for being unable to provide information to the police. These experiences of blame are argued to arise from wider social discourses that hold women as responsible for sexualised violence. As in my earlier discussion of women's uncertainty about defining their experiences, it can be argued that in blaming themselves, women may be speaking through i.e. 'ventriloquising' 'moral' voices (Mikel Brown, 1998 cites Wertsch, 1991) rather than speaking through their own.

Jane talks about how she blamed herself due to a lack of understanding about the effects of drugs used by men in sexualised assaults:

*Jane: You blame yourself, you think oh god did I get drunk? All that sort of thing..erm..so it was helpful in the...I don't know the initial couple of months but then...*

*Claire: So initially you blamed yourself?*

*Jane: Yeah I did*

*Claire: Right*

*Jane: Certainly the first week, and a bit after that I was very cautious about things*

*Claire: Could you talk a bit about that?*

*Jane: Erm..I spose because I didn't know, I couldn't understand it, erm, and.. I'm not really, I mean you hear the odd thing about drug rape, but I didn't know that it would make me that..way..you know i.e. not remember anything, just go along with it, because I, I'd heard of women just being..out of it, in the toilets or whatever and not being able to move, and certainly can't have sex so how was it that I was able to have sex and act as though I was consenting? So you got all these..mixed messages going round in your head and erm..*

This suggests that it is important for information to be available to women about the effects of drugs in order that they are able to recognise signs of



having been drugged. The failure of some professionals to provide information about DASA, may represent a wider social discourse about the suggestibility of women's memories, notions of the hysterical woman and the idea that information will educate potential offenders (a view questioned by one of the counsellors I interviewed). Jane's use of 'you' when referring to the mixed messages suggests that she does not just see it as herself who may be confused. Jane's self-blaming seems to reflect the wider social discourses that portray women as responsible for rape. This may include the male sexual drive discourse discussed by Hollway (1984), which portrays women as inciting the rape, through their behaviour or the way they are dressed.

Another discourse which may position women as responsible for rape is the permissive discourse that portrays sexuality as something that should not be repressed. In addition there is the myth that women consent to sex and then change their minds afterwards (Kelly, 2002). As I have previously noted, Abarbanel (2001: 23) notes how others may see women who have voluntarily ingested alcohol as "*asking for it*". It seems that these discourses may have important consequences for a number of women who have been subjected to sexualised violence. Jane's questioning about whether she was merely 'drunk' may reflect the discourse that alcohol is the main drug used in sexualised assault, as indeed drawn upon by professionals in my earlier interviews. Jane's use of 'you' here may represent Jane referring not just to herself as having these experiences of self-blame, but also her knowledge of the experiences of other women who have been subjected to similar experiences.

Jane also talks about the way she blamed herself for her inability to provide information to the police whilst the police investigation was taking place, due to the memory loss arising from the drugs:

*Jane: Well, no I didn't erm, I forget what I got wrong, I got, maybe I, they didn't tell me exactly what I got wrong, maybe he didn't want to tell me in case it went to court (Claire: Right) and I said something different, but..it's like for example the school that was opposite, well sort of adjacent to the flat window, I thought it was a...I forget whether I said it was a new or an old building but it was the opposite and...kind of things like that...that makes you feel bad, that makes you feel, god I'm so stupid, or I just can't remember anything, or...*

Jane seemed to see herself as responsible for providing information to the police, in spite of the fact that she had been drugged. Jane's inability to provide information because she had been drugged seemed to lead to feelings of frustration. Thus not only did Jane have to deal with the effects of the rape and reporting it to the police, she also had to deal with the effects of being drugged. Frustration at being unable to provide information is a difficulty also mentioned by Abarbanel (2001) in her discussion of issues faced by survivors of DASA, based on her own anecdotal evidence from working with survivors.

Despite the fact that Jane had been drugged, Jane seemed to see herself as responsible for her actions:

*Jane: And it's also.. I don't know, you think..or you hope that you can look after yourself, your body and protect yourself..but..because I was unable to that night..I felt like I had let myself down (Claire: rRight)..you know what I mean because you want to protect.. yourself don't you (laughs as gets emotional) (Claire: Yeah) you know..so from that perspective..erm, and I felt as though I should have been able to control it but.. obviously not (Claire: Right)*

Whilst before, Jane saw herself as responsible for her actions because she had drunk alcohol, here Jane holds herself as responsible for the way her body reacted to the drugs. In contrast, Mclean (2000) notes how some of the women in her research did not blame themselves because of the fact that they had been drugged. For Jane however, the knowledge that she had been drugged did not change her feelings of self-blame and her feeling that she should have been able to control the way her body responded to the drugs.

Janoff-Bulman (1979) (cited in Fine & Carney, 2001) has argued that self-blame should be conceptualised as a control maintenance strategy rather than as a maladaptive response. Abarbanel (2001: 16) notes how if the rape happened because of something the woman did or didn't do then *"this type of self blame may be easier for some victims to tolerate emotionally than the reality that rape is a random act. If it is random then it could happen again"*. It would therefore seem that for Jane, self-blame may have been a strategy for maintaining control, despite her knowledge that she was drugged. Other narrative researchers have noted how the use of moral terms such as 'should', 'ought', 'right', 'wrong', 'good' and 'bad' indicates where women are speaking "in terms of or through, the cultural norms and values of society" (Mauthner and Doucet, 1998: 133).

Jane's use of 'should' here seems to suggest that Jane may here also be speaking through a moral voice, one which reflects the discourse in society in which women are held as responsible for rape. These expectations contrast with Jane's own personal experience of being drugged, in which she was unable to control how her body reacted to the drugs that the perpetrator administered to her. Whilst Mauthner and Docuet (1998) found that at times women in their interviews did actually feel able to question moral voices such as these, at this time within the interview Jane did not seem to question this particular moral voice.

Indeed, the following extract illustrates how Jane was subjected to DASA in a context in which people still believe the myth that women are responsible for rape:

*Jane: Some..some women! at work were actually quite odd towards me.. as though I'd asked for it or...you know just very flippant toward me (Claire: Right) which you know was awful*

Thus not only did Jane have to deal with the effects of the rape, she also had to deal with the unsupportive reactions of others.

Sue here talks about the ways in which she has questioned whether she was to blame for what happened:

*Sue: There's been many points where.. you know I'm desperately trying to remember and think well you know was it my fault?*

For Sue, her lack of knowledge about what happened due to her memory loss, was a factor in her self-blame. Again this can be related to discourses that portray women as responsible for rape.

Here Sue talks about blaming herself as something that she has now dealt with, but as something that may well arise as an issue again in the future:

*Sue: I don't think I have those same doubts now, I can't say they've gone away completely.. I feel like they have but I think that might change..when this guy is brought in and arrested..because, he's obviously gonna say she consented to it, and I know that will set me back because anytime I get any sort of updates it sets me back erm, and it may well, sort of raise those doubts again*

Thus Sue, seems to continue to experience an element of uncertainty about her lack of responsibility. The uncertainty experienced by Jane and Sue may be made worse by men's use of drugs in the assaults.

Here we can see how in counselling sessions, Sue's self-blame seemed to be constructed as an individual rather than a social problem:

*Claire: Could you talk a bit about how, you say you doubted yourself initially, can you talk a bit about that?*

*Sue: Erm..I don't know why really..I just..kind of erm, I don't know really..erm...Helen and I went into this in I guess quite a bit of detail..related back to sort of..younger experiences in my life.. you know, how if things went wrong in any sort of way that involved me I usually, kind of put it down to kind of being my fault..erm..*

This then seems to have the effect of undermining the notion that self-blame is a problem that arises from a society that holds women as responsible. Sue here seems to locate her blame as an issue that arises

from her individual experiences. Self-blame may have been used by Sue as a control maintenance strategy, in the same way as Jane may have done.

Like Jane and Sue, Emma talks about how she blamed herself before she reported the rape to the police:

*Emma: I went through all the different things that you could say that put me to blame, because that was, well it's easier than blaming someone else isn't it? To sort of.. I'm quite a responsible human being, I've always, well a lot of people think that I'm a lot older than I am, I think it's because I take quite a lot on like in my life, so, in fact I find it much easier to sort of say right that was my fault, we'll just get over that and move on*

Here Emma, seems to conceptualise her self-blame as an individual problem rather than arising as a result of a culture that holds women as responsible for the actions of men. Once again this may represent a control maintenance strategy.

Emma also experienced frustration at being unable to provide details of her attack and may have blamed herself for this:

*Emma: I had to go through it in the most painstaking detail..detail that I'd not even thought about myself and that made me feel almost a bit funny in that she just sat there and she'd ask me a question and I didn't know the answer, she said like how long did it go on for and I went well.... don't know, I wasn't paying attention I was like, I'll say ten minutes to you but it could have been three hours for all I know, I just wasn't paying attention, and it was when she kept, I know she wasn't trying to catch me out, but it made me feel like I kept being tripped up on, oh god, actually I don't know that*

Emma talks about how she feels that if she had been drinking then she still would have been held as responsible for the rape.

*Emma: And the thing is had I, had I been pissed that would probably not gone in my favour either, had you not been so drunk then..*

Thus Emma comments on how she feels as if she was in a 'no win' situation:

*Emma: But I think that it is very much a no win situation that it wouldn't really have mattered what I'd done , I think they would have.. (Claire: Right ok) they would have been able to find some way of putting me at fault,*

## **Reading for Voices of Political Resistance**

In their analysis, Taylor et al listened for voices of political resistance, seeking from women “*evidence of healthy resistance to disconnection from their own thoughts and feelings*” (Taylor et al, 1996:243).

### ***Resisting Further Disempowerment***

Emma, Sue and Jane did not have their subjectivity dictated to them via dominant cultural resources. There were a number of ways in which they fought back and sought to regain control over their lives. This included questioning the criminal justice system, challenging those who seek to objectify them, refusing to be silenced about their experiences, and resisting their fears.

Jane here portrays herself as actively seeking to not think about ways in which the attack has affected her. For Jane this is a strategy for resisting any continuing power that the perpetrator might have over her:

*Jane: Yeah, I guess I don't, I don't really think about..what, what are..what things are an issue for me...I try and.. block them out I suppose...because I don't really like to think that he's affected me in any way (Claire: Right) but obviously there are things..erm.. that have affected me*

*Claire: Yeah you don't want him to have that satisfaction*

*Jane: Well no exactly..you know....*

Frank (1995) describes ‘restitution’ narratives where people gloss over the present and look to the future in which there will be a successful

outcome, I would say that there were 'restitution' elements to Jane's narrative here in that she tell of how she chooses not to reflect on "*what things are an issue*" in her statement "*I don't really think about....*".

Here Jane tells of how she resisted feeling that she should keep the fact that she had been subjected to DASA to herself:

*Jane: I was fine to talk about it I have always been very open about it, I didn't want it to be a..dirty little.. secret*

Jane refers to a number of actions that she took to resist further disempowerment from her attacker:

*Jane: Because I did try and get myself out into (location) I pushed myself maybe too much (Claire: Right) you know and go to the area where it actually happened, because the street that it happened on, was.. where I had always gone, on nights out in (location) when I had gone out and so..you know I really pushed myself to do that..erm..*

Jane thus presents herself as fighting back, rather than a passive victim. In this way then it could be argued that the professionals use of the term 'victim' in my interviews with them fails to recognise the ways in which women actively seek to regain control, after being subjected to DASAs. As I have discussed earlier in the thesis, this is in line with what previous researchers (Kelly, 1988; Gillespie, 1996) have argued about the use of the term 'victim'. Referring to women who have been subjected to DASA as victims however, continues to be common within service provision, including some of those professionals I interviewed.

Here Sue tells of how when she receives new information from the police, she has resisted blaming herself:

*Sue: They'll tell me something.. and then I analyse it to death, you know because it's a piece of new information and it's a piece in the jigsaw that, that I'm missing, and I end up analysing it, like I say to death, trying to think well, does that mean it was my fault, no it wasn't you know what I mean (laughs)*

Although when Sue does get new information from the police, the question of blame still seems to be an issue, she goes on to question the ability of women to consent when they are incapable:

*Sue: I start to try and rummage through it all again..in my mind and I go through all the same old questions..but it's like John said, he said, well even if you had had nothing else and you were just absolutely pissed as a fart, he says that still doesn't make it right, he said it doesn't matter....*

Here then Sue seems to speak through her own voice (and that of her husbands) rather than those currently dominant within society.

Although earlier Sue told of how the word 'rape' came into her mind the morning after the assault, she talks about her current struggle to say the word 'rape':

*Sue: ....I still struggle to say the word (Claire: Right) I've said it a few times tonight but..it doesn't come easily to my lips..and that has been all the way through..just it doesn't come easily to my lips because, you know it just makes it seem so very real (Claire: Right, ok) and brings it back again*

Sue's reluctance to use the word rape seems to reflect a resistance strategy by Sue, in order to avoid (as she says) the "reality" of her experience. Kelly (1988) noted how the women in her research engaged in a number of strategies in order to minimise the effect of the rape. Kelly (1988:146) noted how minimising the distress meant that women did not then feel that they experienced something that they would need to "do something about". For Sue, then the distress that comes with the 'reality' of having been subjected to DASA may be something that she is still resisting.

Here Emma talks about the fact that her case was not taken forward because it would have been argued that because she was sober and her attacker was not, she should have been able to fight him off. Gavey (2005) cites the point made by Ehrlich (2001) that it is a 'principle of utmost resistance' that is often still needed as evidence that what



happened was rape and not consensual sex. This contradicts the police advice, not to fight back. Here we have an example of how women are held as responsible for the actions of men, and sober women are here held as responsible for the actions of drunk men. Emma herself here questions this notion:

*Emma:.. I was in bed, I was asleep and he came and woke me up and, so he was the one that was completely off his face and that, and that in the end didn't go in my favour because the argument was 'well you're sober, you're in control of your faculties, and he's not (Claire: Really?) was and... I think the, the detective sergeant that spoke to me said look, it doesn't mean that anyone is making a judgement, it's just that that's what a barrister would say to you like 'well you're a, you're a completely sober woman and he's completely off his face like surely it should be fairly easy to fight a drunk man off but I don't think that's true*

This demonstrates how a number of myths about sexualised violence continue to affect women's ability to seek social justice in relation to sexualised assault.

Here when talking about the fact that the case did not go to court, Emma questions the assumption that a jury would have considered there to be insufficient evidence of rape:

*Emma: I'm grateful it didn't.. just for my own sanity but then in the bigger sort of justice sense I suppose, it's just like 'how dare you say to me that ...this isn't enough to convince 12 people, I know they might not, they might find him not guilty but then you don't know that'...and I remember saying that to him a lot and he's saying look we're just doing it, we have to do this*

Emma talks about the way in which she has resisted blaming herself. Interestingly in contrast to her earlier relating her blame to her 'usual patterns of behaviour', here Emma portrays the tendency to blame oneself as a gendered issue.

*Emma: And I think, this was the first, this was probably the first time in my life where I've actually when I've had to come to terms with saying, no actually that was nothing to do with me whatsoever, that was somebody else entirely and I found that quite strange, that's quite an alien concept to me that.. I had no responsibility, I didn't choose for that to happen, and nothing I could have done would have made a difference but I think that's, that's probably an alien concept to a lot of girls*

This suggests then that Emma is relating a tendency of women to take responsibility as a social issue rather than an individual one.

For Emma her ability to fight back has developed over time:

*Emma: I think, had I found all that out like months ago I probably would have beat myself up about it for weeks but I think that was probably my confirmation that I must be getting somewhere with it because I just sat there and went well.. it's not my problem.. what does he want me to do?*

Emma also talks about her realisation that she wasn't afraid of her attacker:

*Emma: There was that kind of element of.. 'I'm better than you, really, Simon'.. and I think that was like the final confirmation that.. that makes me sound horrendously arrogant, I suppose but.. there's that kind of 'I'm not frightened of you cause...you've not achieved anything in your life really' and I think that made me feel like I was able to.. sort of...take the upper hand with him, and sit there and talk to him with some sense of like.. what have you got over me really?.....*

The fact that Emma did not live in constant fear of her attacker may suggest that men's ability to disempower women through rape has its limits.

Emma portrays her moving on as a form of resistance to her attacker:

*I've done bloody well, I think, to pick myself back up in seven months..and that's kind of my two fingers up to him to be honest (laughs)*

Thus demonstrating how Emma does not see herself as a passive victim of men's sexualised violence.

Emma tells of how she is more likely to resist being disempowered by others since the rape:

*Emma: I know my worth and if I'm not getting treated that way then...then I'm much more likely to sort of speak out about it now..which I don't think I was before..because I was much more.. I still felt it, I like believed in myself*

*and everything but I was much more like do things for a quiet life..and all the rest of it, but now I feel, if I'm, if I'm being compromised..then.. I'm gonna say something, I don't...I think I care less about...I think I care less about sort of rocking the boat*

As discussed earlier, this analysis has shown some of the ways in which the women interviewed here did fight back against men's sexualised power and are not passive victims. Emma here also resists the terms 'victim' and survivor:

*Emma: I'm just me, I didn't...I don't know I find survivor kind of makes me feel like I've done something amazing (with humour) and it's just like, well...well I did but then so do hundred of hundreds upon thousands of other women, have to do it aswell..so I don't feel I'm... special in any sense (Claire: Right) I think that's what it is, I think.. victims too degrading and survivor's a bit..over-blown for me*

Indeed Emma seems here to talk about not wanting to be defined by her experience:

*Emma: I'd love to one day not..you know you feel like it's something I have to reveal to every new person I meet (Claire: Mmm) but I don't know whether that's, I'm still not sure whether that's normal.. cause it is, at the end of the day, it's part, it's become part of my history, and that's what's good about it, it's not my reality anymore, it's just something that happened to me once*

This seems to reflect a resistance by Emma to discourses about the permanently devastating impact of rape (Gavey, 2005).

## Chapter Summary

Within the accounts of each woman, a number of different voices were interpreted. These were both between and within accounts. Again, it was not the case that each woman drew consistently on any one version or story. In the same way that professionals drew on different discourses in order to make sense of their experiences, Emma, Sue and Jane also drew on different discourses and narratives and storied themselves and their experiences in different ways at different times within the interview. It

became clear during the analysis that women's experiences of sexualised violence occur within a context where particular discourses and narratives about sexualised violence and DASA continue to work against the interests of women.

The police advise women to report immediately if they think that they may have been raped, however this may not be possible for women who struggle to make sense of their experience. Thus there also seem to be implications of these discourses for the ability of women to seek social justice. The accounts within this research demonstrate how even when women have been drugged, they may be held by many as responsible for the actions of men. Emma, Sue and Jane all drew on these culturally available resources at differing times in order to try and make sense of their experiences of being subjected to sexualised violence. Sue and Jane's accounts seemed to provide support for Abarbanel's (2001) argument that women who have been subjected to DASA may experience additional self-blame. Abarbanel's (2001) argument was based on her own anecdotal evidence of working with survivors; the analysis here contributes to this evidence.

Drawing on dominant narratives and discourses had particular psychological consequences for these women. The ways in which society makes sense of sexualised violence and drug rape undermined the tellability of sexualised assault, even more so for those attacks where drugs were used. At times all three women felt able to resist dominant discourses and narratives and find alternative ways of storying themselves and their experiences. Thus these three women have not had their subjectivity completely dictated to them via these discourses and narratives, they have to some degree succeeded in resisting. They have not been passive victims of men's sexualised power but have actively sought to regain control over their lives and felt able to successfully move on in a number of ways. At the same time however Sue, Jane and Emma's ability to completely move on with their lives and control their

own subjectivity seemed to be constrained in a number of ways by the continued operation of dominant cultural understandings. There did seem to be more resistance to dominant understandings of sexualised violence within the account of Emma who had not been drugged in comparison with the accounts from Sue and Jane who had.

The different degree to which each woman resisted dominant understandings within the interview may reflect the dynamics of the interviewee and interviewer relationship in each of the interviews, those resisting more may have felt more at ease with me in the interview situation. I did not however experience any difference myself, indeed I felt that all the women were very 'open' within what may have been at times, a difficult experience for them. It is, thus suggested that the lack of resistance within these interviews by Jane and Sue, may reflect a lack of available discursive and narrative resources with which to story the experience of trying to resist continued disempowerment after being subjected to DASA. This in turn may be related to feminist understandings of sexualised violence being undermined. As the interviews I conducted with professionals suggest, feminist understandings of sexualised violence seem to be frequently absent from current service provision. Further research into this would be beneficial, given the small sample size within the current study.

# **Chapter 9: The Current Undermining of DASA in the UK – Another Facet of the Backlash**

## **Introduction**

This chapter begins by re iterating the original aims of the research. It then discusses the development of a feminist discursive narrative approach to the analysis of the research data. It then goes on to draw together the main findings of the research. A total of ten interviews were carried out with individual women about their experiences in relation to DASA. Firstly, findings from the Foucauldian discursive analysis of the seven interviews with professionals are outlined and discussed in terms of their potential implications. This is followed by a discussion of the main findings of the narrative analysis of the interviews with the three survivors of rape and of DASA. Consideration is then given to the possible implications of the research findings for women, for the development of services for survivors of DASA and for any contribution that it may offer, albeit based on a limited research sample, for the conceptualisation of DASA. The chapter concludes by outlining a number of areas in which it is considered that future research may be beneficial.

## **Summary of the Research Aims and Theoretical, Methodological Approach:**

The research aimed to explore the discourses reflected in the accounts of professionals when discussing their experiences of working in the area of DASA. This included giving consideration to the ways in which these discourses may potentially impact on survivors of DASA who are seeking to regain control over their lives. The research also aimed to explore the stories told by two women about their experiences after being subjected to DASA and the story of one woman about her experiences after being

subjected to a rape that was not drug assisted. These findings are then discussed in terms of their possible meanings for how DASA should be theorised. It is however acknowledged that given the limited nature of the research sample, such contributions may be limited. Combining discursive and narrative approaches to analysis facilitated consideration of both the social and individual nature of the experiences of three women. In addition, in view of the research focus on women's experiences of sexualised violence, the research was guided by feminist theoretical and methodological principles (Oakley, 1981; Maynard & Purvis, 1994; Ramazanoğlu & Holland, 2002).

## **Summary of Main Findings**

### ***Professionals' Understandings of DASA and Rape***

The research found that a number of myths about sexualised violence and DASA were reflected within the accounts of the seven professionals interviewed suggesting that such myths may still prevail within current dominant discourses. This provides support for the previously mentioned point made by Foucault (1972) that societies across different 'epistemes' are not necessarily progressive in terms of the views about the world that they hold. A number of mistaken and inaccurate beliefs have been shown to exist as part of the current 'truth regime'. The small number of interviews that have been carried out as part of this research, both with the seven professionals and with the three survivors, suggest some of the ways in which these assumed 'truths' may frequently become taken for granted rather than analysed and challenged. It is suggested that these myths and beliefs about sexualised violence and DASA may influence the way in which other professionals understand DASA. Furthermore it is argued that those dominant discourses may impact on other survivors of sexualised violence in a number of ways, including their ability to seek redress from the criminal justice system and support from other services.

The presence of these discourses seems to have a number of consequences for social action.

### **Discourses of Women as ‘Untrustworthy’ and ‘Unreliable’**

The in-depth analysis carried out on the research data revealed that a discourse of women as ‘untrustworthy’ and ‘unreliable’ was reflected within a number of accounts. The construction of women as ‘untrustworthy’ has previously been commented on by Ussher (1997), who characterised it as one of the ‘oldest’ and most ‘well-established’ myths about rape. As I have previously discussed, Ussher (1997) has noted how women are said to ‘consent to sex and then change their minds’, ‘lie maliciously’ or ‘imagine that they were raped as a result of their fantasies’. The evidence from both the interviews with the three survivors and seven professionals suggests the continued existence of this discourse in contemporary UK society. Regardless of whether or not they have been drugged, the three survivors interviewed discussed how they experienced being seen as ‘untrustworthy’ and ‘unreliable’. Furthermore, the accounts from Jane and Sue suggest that the discourse of women as ‘untrustworthy’ and ‘unreliable’ resulted in them, as survivors of DASA, becoming othered, not only because they are women, not only because they have been subjected to sexualised violence, but also because they have been drugged.

As has been previously noted (Kelly, 2002) it is problematic for any woman who has been subjected to sexualised violence to try and seek justice through the criminal justice system. The accounts from the sample of both professionals and survivors show how the portrayal of women as ‘unreliable’, has previously on a number of occasions, lead to any evidence from women who have been subjected to DASA, being undermined. However, Emma was also unable to gain any level of justice from the courts. Thus all the women who had been subjected to sexual



violence found seeking social justice problematic whether they had been drugged or not. The research shows how the lack of evidence in DASAs, combined with the construction of women as 'untrustworthy' led to these survivors finding themselves extremely limited in the actions that they were able to take. This was made worse by a lack of knowledge around DASA. As Jane found, witnesses may view women who have been drugged as 'simply being drunk'. Moreover, Jane and Sue, within their interviews talk about the ways in which they have felt and in some ways still do, feel unable to live their lives as they choose, without fear of attack.

It is therefore suggested that if women are constructed as 'untrustworthy' and 'unreliable' in the way that accounts within this study infer, then this undermines the need for a societal response to DASA. If this is indeed the case, then only when professionals and wider society no longer draw on this portrayal of women, will women, it seems, have more opportunity to seek social justice through the legal system. Only then also will the nature of DASA as a serious social problem that requires a societal response, be recognised.

### **Discourses of Women as Responsible for DASA**

Further exploration found a discourse of 'women as responsible for DASA' within the accounts of the professionals and survivors interviewed. The accounts suggest that the discourse of 'women as responsible for rape and DASA' may lead to the survivor's behaviour being the focus of attention, rather than the perpetrator's. One might think that women would not be held responsible when they have been drugged; however the accounts from Jane and Sue suggest that this was not the case. Sue and Jane tell of how, despite the perpetrators' use of drugs, they were perceived by others as responsible and how they also, at times,

particularly in the initial period after the assaults, questioned themselves as to whether they were responsible for the attack.

One professional tells of how, even when a case did get to court, a jury argued that the woman 'surely would have known that they were being drugged'. In this way, the accounts from both the professionals and survivors once again demonstrate that professionals, family, work colleagues and acquaintances continue to draw on the stereotypes about 'real rape' noted by Estrich (1987) to judge the validity of women's claims.

The accounts suggest that the discourse of 'women as responsible for rape and DASA' may lead to increased self-blame and increased blame from others. This then provides support for the previously noted argument made by Abarbanel (2001) that survivors of DASA may experience increased feelings of self-blame. Feelings of blame or feeling that they may be blamed may make it hard for women to feel able to access any support, should they feel that they need it, and may make it hard for them to feel that they can move on and regain control over their lives.

The research thus suggests that it is not just the way in which professionals 'make sense' of DASA that can impact on survivors, but also the way in which others in society do. The accounts from the survivors show that it was they, who were left to deal with the consequences of the misunderstandings about sexualised violence and DASA.

Once again, positioning women as responsible for dealing with the consequences of DASA further diverts the focus away from the need for a response to DASA from society. In this way then, the findings from the current research would seem to support the argument previously made by Berrington & Jones (2002) that women seem to be expected to live with the threat of being subjected to DASA. Ultimately, women may be seen as responsible for putting an end to DASA, in the same way that it

has been said that they are responsible for stopping other forms of sexualised violence (Moffett, 2003). Furthermore, the research implies that a number of women who have been subjected by men to DASA may become 'expected sufferers' in that they are expected to live with the consequences of being subjected to it.

### **A 'Rape is Rape' Discourse**

The small sample of professionals interviewed here highlighted a number of particular psychological consequences as arising from perpetrators' use of drugs providing further evidence for Abarbanel's (2001) claim that distinct sequelae may arise from the perpetrator's use of drugs. A 'rape is rape discourse' however portrayed DASA as the same as any other sexualised assault. The 'rape is rape' discourse may reflect an understanding that all rapes are equally serious. The notion that DASAs are the same as any other sexualised assault undermines the particular psychological consequences for women that may arise from the fact that drugs were used by the perpetrator. A lack of focus on the effects of drugs used in sexualised assaults also undermines a need to make sure that there is policy that is specific to DASA. It is argued by Abarbanel (2001) that policy plays a key role towards ensuring that society recognises DASA as a problem in society and as one that presents a number of distinct challenges to survivors and to professionals. If the needs of survivors of DASA are not met then it is suggested that a number of women will not come forward. If women are not made to feel that they are able to come forward then DASA and its prevalence within contemporary UK society will continue to remain to a strong degree unrecognised.

## **A 'Sexual Violence as Gender Neutral' Discourse**

The reality of sexual violence as a gendered issue has been noted by a number of researchers (Radford et al, 2000). As previously noted, Radford et al (2000) have argued that there is a need for the nature of sexual violence against women to be recognised before any real impact can be made through changes in legislation or policy. Some of the professionals interviewed here did indeed reflect the gendered nature of DASA in their construction of drug assisted sexualised assault as a women's issue. None of the professionals however constructed DASA as a feminist issue within the particular context of the research interviews. Furthermore, the notion of DASA as a gendered issue was significantly minimised through the use of gender-neutral language. It is argued that the use of gender neutral language continues to fail to recognise the patriarchal context of women's experiences of sexualised violence. The 'sexual violence as gender neutral' discourse denies not only men's desire to assault women, but also the gendered nature of acts of sexualised violence, including DASA. The perpetrators of drug assisted sexualised violence become 'hidden'.

## **A 'Sexual Violence as Passive' Discourse**

Although it has been argued that the wording used when discussing sexual violence should reflect the agency of perpetrators (Jones, 1999 cited in Berrington & Jones, 2002), this was frequently not reflected within professionals' accounts. In this research professionals frequently used passive language in their accounts. One example is where women were referred to as 'having been raped' without any mention of the person carrying out the attack.

## **A 'Perpetrators are Powerless' Discourse**

Professionals talked about the ways in which women were disempowered by sexualised violence and drug assisted sexualised assault. One of the counsellors also however, constructed perpetrators of sexualised violence as powerless. Constructing perpetrators of sexualised assault as powerless, may have the effect of minimising the meaning and consequences of drug assisted sexualised assault for many women. It also undermines the reality of sexualised violence as arising from men's attempts to gain power over women (Brownmiller, 1975; Stanko, 1987; Kelly, 1988; Jackson, 1995).

## ***Portrayals of Services for Survivors of DASA and Rape***

In addition to exploring discourses of DASA and rape within the accounts of professionals, the analysis also considered their portrayal of service provision for survivors.

## **Discourses of Empowerment and Disempowerment**

Professionals seemed to portray services for survivors of DASA and rape as aiming to empower women. A number of the ways, in which service provision was discussed however, seemed to raise questions about the degree to which some aspects of current service provision actually succeed in this aim. It has been argued that the word 'empowerment' implies that patriarchal power relations that restrict women's access to material and intellectual resources can be challenged (Batliwala, 1994). Within the accounts of professionals however this did not always seem to be the case. One problematic understanding was the notion that memory recall could be one thing that enables survivors to move on from their

experience, this is however problematic for many survivors of DASA. This reliance on survivors' memory recall results in survivors being restricted in their ability to access resources in terms of support. It seems, in this work also, that service provision for survivors of DASA may at times involve professionals rewriting women's accounts of their experiences. The ways in which this is done seems to undermine women's understandings rather than allowing them to define their experiences in ways that make sense to them. Livesey (2002) has previously noted this rewriting of women's accounts in her discussion of accounts of childhood sexual abuse. Thus it seems that many women's accounts of a number of different forms of sexualised violence may continue to be undermined. In this way then, this research would imply that women are not always being empowered within current service provision. The rewriting of women's accounts seems to deny them access to intellectual resources, those resources they do seek to draw upon seem to be undermined.

### **Discourses of Knowledge of DASA**

The policewomen discussed the knowing of DASA in a number of different ways. Indeed, a number of contradictory discourses were interpreted from the analysis carried out on their interviews. On the one hand the police portrayed themselves and others as 'not knowing' about DASA, and as thus limited in their ability to know how best to respond to the issue. At other times, however the police seemed to understand themselves as 'knowing' in that they made assertions about what kind of information about DASA is valid and useful and what is not. They emphasise for example that it is alcohol, which is the drug most often used in DASAs. This seemed to have a consequence of undermining perpetrators' use of drugs other than alcohol to sexually assault women.

Furthermore, in contrast to professionals' earlier reference to the disempowering effects of a lack of information about DASA, too much

information is characterised by one policewoman as 'not necessarily a good thing' as it is argued that this may lead to social anxiety. The discourse of 'too much information about DASA as not good' also seem to undermine the notion of women being able to act rationally once they have information about DASA and as able to make their own choices about the information they feel they need. Women are thus portrayed as unable to make their own choices, and thus infantilised, in the same way as has previously been noted by Smart (1989). I discussed earlier how Berrington and Jones (2002) refer to the way in which men seek to reinforce their role as 'protectors' of women, understanding women as 'childlike' in this way serves to further reinforce the notion that women need protecting. Another discourse reflected within the account of one policewoman, was of DASA as an 'unknowable' phenomenon. The discourse of drug-assisted sexualised assault as an 'unknowable' phenomenon, then, seems to undermine any need for further explorations into men's use of drugs to facilitate the sexualised assault of women.

### **Implications for Change**

Whilst acknowledging the limited nature of the sample on which this research is based, it can be argued that aspects of the phenomenon of DASA may continue to be very much hidden from view within contemporary UK society. The analysis has suggested how a number of the current discourses about DASA may potentially contribute further to its hidden nature. These discourses have the potential to undermine a number of aspects of DASA, including its prevalence and the psychological consequences that being subjected to it can have on women. A number of the discourses also undermine the need for any specific measures to be taken in relation to DASA within the delivery of services. Thus this research suggests that some aspects of services for survivors of DASA may benefit from further development. The variation within the current accounts of professionals seems to imply that there is a

possibility of changing the dominance of different discourses. Burr and Butt (1993) have argued that identifying current discourses and their implications for social action is an important part of working towards change. This has been a contribution of this stage of the research in its consideration of discourses relating to sexualised violence and DASA. Further exploration of the accounts of other survivors and professionals would enable these issues to be explored further.

### ***Emma, Sue and Jane's Experiences After Being Subjected by Men to Rape and DASA.***

#### **The Overall Shape of the Narratives – 'A Road of Trials'**

Having explored a number of aspects of the social context in which women are subjected to sexualised violence, the research then went on to explore the individual experiences of three women after having been subjected to sexualised violence. The in-depth accounts of three women who had been subjected by men to sexualised violence were analysed, two from Sue and Jane who had been subjected to DASA and one from Emma, who had been subjected to non-DASA. As previously noted, analysing the account from Emma who had been subjected to non-DASA was beneficial in that it allowed comparisons to be made with the accounts from Sue and Jane, who had been subjected to DASA. Comparing the accounts of the women who had been drugged with the account from the woman who had not, facilitated further an exploration of the particular issues that some women, who have been drugged, may have to deal with. All three accounts were then subjected to a lengthy and in-depth analysis. The overall shape of the survivors' narratives was interpreted as reflecting a 'road of trials' (Campbell, 1968). This was due to the different obstacles that the women talked about having overcome after being subjected by men to sexualised violence and DASA. This included dealing with uncertainty about how to define their experiences of



rape and DASA, being faced with a lack of information and a lack of support from others, dealing with the breakdown of relationships, resisting fears of further attack, regaining self- confidence and self-esteem, and seeking justice through the criminal justice system. The research does, however, suggest that women's 'road of trials' narratives are less comprehensively determined than discourses which portray sexualised violence having an enduring and devastating effect on women (Gavey, 2005). The survivors interviewed here were able to overcome a number of the obstacles that they were faced with. As has been found by other narrative researchers, each of the women storied their experiences differently at different times within the interviews. They were not consistent in the way that they made sense of their experiences. Indeed, the variation and contradiction within the narrative accounts provides support for Ricoeur's (1992) argument that identity is a changing and dynamic rather than static, entity (Ricoeur, 1992, cited in Mattingly, 1998).

### **The Impact of Being Subjected to DASA and Rape – Narratives of Change, Chaos and Theft/Loss**

The intensive analysis of the women's interview data also led to narratives of change, chaos and theft/loss being interpreted from the survivors' accounts of the impact of being subjected to DASA and non-DASA. Change was part of all three women's experience after being subjected to sexualised assault and DASA. This included changes in how they saw themselves, how they lived their lives and how others related to them. Chaos seemed to be part of the experience of all three women. Frank (1995) has noted that chaos is lived rather than told, furthermore that chaos is at the opposite end of a continuum to control. All three women experienced periods of uncertainty, which was also highlighted by the contradictions within their accounts. Uncertainty was experienced not only in relation to how to define the experience, two women also experienced elements of uncertainty about what the future holds. The

chaos and uncertainty within these women's accounts could be argued to reflect disempowerment arising from being subjected to rape and DASA.

It is further suggested that Sue and Jane, both of whom had been subjected to DASA experienced further elements of chaos as a result of men's use of drugs. They were, at times, less certain of whether or not their experience could be defined as rape. Sue and Jane seemed to have experienced more self-blame than Emma. The additional chaos within the accounts of Sue and Jane could reflect further disempowerment that arises from men's use of drugs in sexualised assaults. For Sue, the experience of being subjected to DASA was characterised as one of 'theft/loss', in that she felt that something had been taken from her. One of the professionals also talks about the losses that women who have been drugged experience. This then supports the argument made by Hopkins and Thompson (1984) that survivors of sexualised assault may suffer a number of losses. It is thus essential that any losses experienced by survivors of rape and any further losses arising from DASA are acknowledged within society. Furthermore there is a need to ensure that those survivors are able to gain some form of social justice that recognises their loss.

### **Moving on From Being Subjected to DASA and Rape – Narratives of Progression, Personal Growth and Stability.**

Narratives of progression, personal growth and stability seemed to be drawn upon by the survivors when talking about their experiences of moving on from the assault. After the experience of having been subjected to DASA the women drew upon a progressive narrative to talk about the ways in which they felt they were able to move on with their lives. They characterised the process of moving on from the assault as taking place gradually, over time. Within this narrative was the anticipation that time would bring further progress. However, the

emphasis on time is also noted to potentially carry an ambiguity about what the future holds.

A personal growth narrative was interpreted from the accounts of Jane and Emma. The personal growth narratives reflected the ways in which they felt that they had been able to gain a renewed understanding and appreciation of aspects of their lives in spite of their experiences. The narratives of progression and of personal growth both demonstrated the ways in which the survivors felt that they had been able to move on with their lives after their experience of being subjected to rape and DASA. They were not left feeling that their lives had been permanently ruined and devastated by the men's attacks. Men's sexualised violence, including that facilitated by men using drugs was something that all three women talked about feeling that they were able, or would be able to in the future, put behind them.

Jane talked about feeling that she was not quite yet back to her self, this was interpreted as reflecting a stability narrative. It has been argued by Neimeyer & Levitt (2000) that trauma can lead to a person experiencing chaos and an incoherent sense of self. It is suggested that Jane's use here of a stability narrative perhaps represents an attempt to restore a coherent sense of self after the trauma that she was subjected to.

## **The Significance of the Social Context of DASA and Rape.**

The research suggests that the social context in which these three women were subjected to rape and DASA played a central role in their experiences after the assault. Analyses of Emma, Jane and Sue's experiences after being subjected to rape and DASA demonstrated that a number of discourses about sexualised violence and about DASA are drawn upon. These include the following beliefs; 1) Even when women

have been drugged they are responsible for rape. 2) Women who think they have been drugged are 'just drunk'. 3) DASA is the same as other forms of rape. 4) Regaining memory is the way forward for survivors of DASA. 5) Alcohol is the main drug used by men in DASAs.. The research suggests that these and other discourses about sexualised violence had a negative impact on the way in which others treated Emma, Sue and Jane after they had been subjected to rape and DASA.

Researchers have referred to a 'backlash' in contexts where women try to hold men accountable for their acts of sexualised violence (Saraga & MacLeod, 1997 cite Herman & Harvey, 1993), a number of the discourses around DASA within the three accounts may indeed represent another facet of the backlash. The dominant cultural understandings that many people have of rape and DASA had a great impact on the stories that the survivors were able to tell about their experiences. These discourses also made it impossible for Jane and Emma to find justice within the criminal justice system. Furthermore, the operation of these discourses impacted on the ways in which the women themselves made sense of their experiences.

A lack of resistance to dominant discourses from all three survivors was noted a number of times during the analysis. It is suggested that they may not have felt able or felt the need to question dominant cultural understandings due to discourses that undermine feminist understandings of sexualised violence. Despite the conceptualisation of rape and sexualised violence as a feminist issue, this was not reflected within the accounts from the professionals within the particular context of the research interviews. After having been disempowered by perpetrators of sexualised violence and DASA, the research implied that all three women were restricted, in their ability to tell their own stories of their experiences in their own ways. Dominant discourses about sexualised violence and DASA also impacted of their ability to move on and regain control over their lives. However Sue, Jane and Emma did at times within

the interviews challenge dominant discourses. Rather than allowing their subjectivity to be prescribed to them via dominant cultural resources, they negotiated this themselves. This then highlights the limitations of men's power over them.

## **Conceptualising DASA – The Ultimate Control?**

McLean (2000) posed the question as to whether the physical and mental incapacitation that arises from the use of drugs in DASAs means that DASA should be conceptualised as the 'ultimate control'? This research although based on a small sample of women has made a limited contribution to our understanding of some of the ways in which some women may be disempowered by men's use of drugs in sexualised violence, both physically and mentally. Conceptualising DASA as the 'ultimate control' may contribute to the recognition of the patriarchal social context in which women experience sexualised violence and also the additional ways in which women may be disempowered by men's use of drugs. It is also, however, suggested that this research has helped to highlight how what it means to be subjected to sexualised violence is different for individual women. To conceptualise DASA as the ultimate control may lead to diversity within experiences becoming unrecognised. For some women, DASA may be the 'ultimate control' and for others it may not. Furthermore, care must be taken when conceptualising DASA, not to undermine the ways in which many women who have been subjected to DASA have succeeded in regaining control and moving on with their lives.

## Developing Training and Supervision of Professionals Working in DASA

Developing supervision and training may assist a number of professionals seeking to empower women. The research findings imply that a range of professionals involved in working with survivors may benefit from further training and education including nurses, doctors and the police. Furthermore, the research also implies there is a need to base the training on research evidence to try and ensure the relevant issues are addressed and evaluate the impact of any measures taken. In 2002 the Rape Action Plan published by the Home Office, CPS and Court Service recommended improved guidance and training for the CPS and the police. The need for education, a 'core curriculum' for professionals, development of a framework for monitoring change, and *"mechanisms for ensuring trickledown of proven good practice into local service provision"* has also been emphasised by Kelly & Lovett (2005: 30) in their outline of an 'Integrated Violence Against Women Strategy'.

According to Hansard (2007) specialist training on drug rape is part of Initial Police Learning and Development Programmes (IPLDP) and Specially Trained Officer (STO) courses, however there are no records collated on the number of officers that take up locally delivered training. According to the Home Office Crime Reduction Website (accessed June 2008) specialist training for prosecutors and police regarding sexual offences is currently being developed. In 2007, the Royal College of Nursing noted a need for nurse education and training in relation to DASA. The findings from this research study, albeit based on a very small sample, seem to suggest areas where professionals may find training helpful (if not already available) include:

- The distinct aspects of drug assisted sexualised assault indicated by Abarbanel (2001), and the accounts within this and other relevant research (e.g.; McLean, 2000);

- The gendered nature of sexualised violence;
- The gender power relations in sexualised violence;
- The myths around sexualised violence including women as untrustworthy/unreliable and as responsible for rape and DASA;
- The implications of word use when discussing sexualised violence;
- What is currently known and not known about DASA and what the implications of this might be;
- The need for further research into DASA.

## **Campaigning to Educate Wider Society**

The research also suggests that women would benefit from the provision of more information on all aspects of DASA and the criminal justice system. Furthermore, It is not just women and professionals that would benefit from developing their understanding but also friends, family and society more generally. A better understanding of DASA may then lead to survivors of DASA experiencing more supportive reactions. A better understanding is also likely to impact on the ways in which survivors themselves make sense of their experiences, and may be useful to them when they are seeking to regain control over their lives. Indeed education has been argued by Moffett (2003: 2) to be *“the key part of any long term solution to the problem of sexual violence”*. Campaigns also have been argued to be an essential part of seeking an end to sexualised violence, which has led to feminist’s developing mechanisms for the promotion of alternative discourses to those currently dominant within society (see [www.truthaboutrape.co.uk](http://www.truthaboutrape.co.uk)). Only with education it seems will progression take place, both in the experiences of women, and in our current society’s understanding of sexualised violence.

There is certainly a need for women who have been subjected to DASA and rape to be able to seek justice within the criminal justice system. Until perpetrators are held accountable for their actions then it seems unlikely that they will be able to do so. In terms of the (previously

mentioned) 'strategic intention', (Foucault, 1979), that supports these discourses, it seems that they continue to uphold the ability of men to exercise power over women through rape and the fear of rape. Until the message is sent to perpetrators that sexualised violence is not acceptable within society, it seems unlikely that there will be an end to sexualised violence.

## **Future Research**

The intention of the research was not to provide generalisable findings but rather to provide an analysis of the experiences of a small number of women who have been subjected by men to rape and DASA. This research is innovative in its exploration of the experiences of what has been, a 'difficult to research', group of women. It is also innovative in that it offers a critical insight into current service provision in relation to DASA. Additional research into the experiences of other women would provide further insight into how individual women are affected by DASA, and any differences and similarities in their experiences. All of the women in this study were white, educated, heterosexual and aged over 18, thus there is a clear need to explore the experiences of women from a variety of social and cultural backgrounds. Furthermore, there is currently a relative lack of information about the current prevalence of reported and unreported DASA and other forms of sexualised violence. It would therefore be useful to explore further the extent of reported and unreported sexualised violence and DASA in the UK. The current research has suggested that women are affected by the reactions of a wide variety of people around them such as family and colleagues. It would therefore seem beneficial to further explore their use of dominant discourses in relation to rape and DASA.



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## **Appendix 1 – Introductory Letter to Statutory Agencies**

Dear

I am writing to you because you are a provider of a service, or a range of services where women who have experienced DASA may present for support, assistance and/or treatment. I am currently undertaking a research project at the University of Huddersfield in collaboration with STAR, West Yorkshire as part of my PhD research. STAR (Surviving Trauma After Rape) is a joint initiative between the police and the four health authorities within West Yorkshire that offers counselling and practical and emotional support to survivors of rape or sexual assault. The purpose of the research is to explore DASA in terms of its prevalence in England, Wales and Northern Ireland, the experiences of professionals involved in delivering services to survivors and the experiences of survivors who are in the process of recovery. The research is being overseen by a multidisciplinary steering committee, consisting of academic staff; and representatives from STAR, West Yorkshire and West Yorkshire Police.

The research will be carried out in three stages over a three-year period. The first stage of the research aims to gain an understanding of the services available and the role, perspectives and responses of professionals involved in the delivery of services to survivors of DASA via semi-structured interviews. It is anticipated that the information generated from this research will be of use in informing service provision for survivors of DASA. The research will aim to sample participants to represent a range of different professionals some of who may be working within your organisation. If you think that your organisation may be interested in being involved then I would be very grateful if you would contact me. I would be more than happy to come and discuss the research with you further if you think it would be useful. I enclose a copy of the information sheet that will be provided to all participants which contains further details about the research. Please contact me on: if you would like to discuss this further.

## **Appendix 2 – Introductory Letter to Potential Professional Participants**

Dear (name of professional),

I am contacting you because you are a provider of a service or a range of services where women who have experienced DASA may present for support, assistance or treatment. I am currently undertaking a research project at the University of Huddersfield in collaboration with STAR, West Yorkshire. STAR (Surviving Trauma After Rape) is a joint initiative between the police and the four health authorities within West Yorkshire that offers counselling and practical and emotional support to survivors of rape or sexual assault. The purpose of the research is to explore DASA in terms of its prevalence in the UK, the experiences of professionals involved in delivering services to survivors and the experiences of survivors who are in the process of recovery. The research will be carried out in three stages over a three-year period. The first stage of the research aims to gain an understanding of the role, perspectives and responses of professionals involved in the delivery of services to survivors of DASA via semi-structured interviews. It is anticipated that the information generated from this research will be of use in terms of informing service provision for survivors of DASA. The research is being overseen by a multidisciplinary steering committee, which is made up of academic staff; and representatives from STAR, West Yorkshire and West Yorkshire Police and will be written up as a PhD.

The interviews with professionals will aim to generate information about the services available, and to explore the experiences of professionals involved in the delivery of services. It is anticipated that approximately ten interviews will be carried out with a range of professionals who are involved in delivering services to individuals who have experienced DASA. A more detailed information sheet about the research is enclosed. I would be happy to discuss the research with you further. You can contact me by telephone (    ), email:    or reply via the enclosed SAE. Please do not hesitate to get in touch if you have any queries. Thank you for your interest in this research.

## **Appendix 3 – Participant Information Sheet for Professionals**



DASA: towards an understanding of prevalence, women's experiences and recovery.

Claire Potter, PhD. student, at the University of Huddersfield will carry out the research, with the support of a supervisory team, in collaboration with The STAR project, West Yorkshire and West Yorkshire Police. For further information contact: Claire Potter. Tel: (Direct) Fax: Email:

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April 2002 Vers.2

### Stage One - Information for Participants

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If there is anything that is not clear or if you would like more information please contact the researcher, Claire Potter. Take time to decide whether or not you wish to take part. If Claire does not hear from you within one month of you receiving this information sheet, it will be assumed that you have decided not to participate in the research.

### Aims of the research

The purpose of the research is to explore sexual assault in terms of its prevalence in the UK, the experiences of professionals involved in delivering services to survivors and the experiences of survivors who are in the process of recovery. The research will be carried out in three stages over a three-year period. This first stage of the research aims to gain an understanding of the role, perspectives and responses of professionals involved in the delivery of services to survivors of DASA. It is anticipated that the information generated from this research will be of use in terms of informing service provision for survivors of DASA.

Could you help?

You have been asked to participate because you are a provider of a service or range of services where women who have experienced DASA may present for support, assistance or treatment. It is anticipated that a total of ten interviews will be carried out with a range of professionals that are involved in delivering services to individuals who have experienced DASA.

What would be involved for professionals who choose to take part?

If you agree to take part in the research, the researcher, Claire Potter will carry out a semi-structured interview in order that you may discuss the service(s) you provide to women who have experienced DASA. It is anticipated that the interviews will explore the background of the different agencies involved in the delivery of services and the aims and development of the different services. The interviews will aim to gain information about the services that are available to survivors and the ways in which you work with survivors of DASA. Discussion in the interview will also centre on the experiences of professionals involved in the delivery of services to survivors of DASA. With your permission the interview will be tape recorded and then transcribed. It is anticipated that the interview will last no longer than one hour. The interview will be held at the location most convenient to you.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time will not affect your right to access the support available to all those participating in the research.

Security of information and confidentiality

All of the information that is collected from you during this research will be kept secure. All audio recordings and transcripts of the interviews will be

secured in a locked drawer in the researcher's office. The researcher will be the only key holder. It is anticipated that the tape and transcripts will be kept for six months before being destroyed. If you prefer, your information will be returned to you. Any identifying information such as names and addresses will be removed in order to try and ensure the anonymity of all those participating in the research. It is anticipated that the research will be presented through reports, conference presentations and journal articles. Where it is thought that your anonymity may be compromised, this will be discussed with you.

For more information about the research

Thank you for reading this information sheet, if you require any further information about the research please contact the researcher, Claire Potter who will be happy to talk about the project in more detail.

## **Appendix 4 – Interview Schedule for Interviews with Professionals**

DASA; towards a conceptual understanding of prevalence, experience and recovery.

School of Human and Health Sciences, the University of Huddersfield in collaboration with the STAR project, West Yorkshire and West Yorkshire Police. Contact: Claire Potter. Tel: (direct) Fax: Email:

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April 2002 Vers.1

Stage One - Semi-structured interviews with professionals involved in working with survivors of DASA

Aims of interviews

To explore the background of agencies and services available to survivors

To explore the aims, structure, and accomplishments of the agencies

To gain detailed information about the types of services available to survivors

To explore any procedures used for dealing with survivors

To explore in detail the experiences of professionals involved in the delivery of services to survivors

Interview schedule

Check following prior to commencing the interview:

That the participant has read and understood the information sheet that outlines the aims of the interview and the rights of all participants, in accordance with British Psychological Society guidelines

That any questions or concerns the participant has about the research have been fully addressed

That the participant has read understood and signed the consent form, outlining the purposes for which they are allowing their material to be used.

### Preamble

Thank you for agreeing to talk to me today. What I would like to ask you about today is; first of all some background information about your organisation, then about the services you offer to survivors. I would then like to go on to ask you about the ways in which you work with them. Finally, I would like you to tell me about your experiences of delivering services to survivors of DASA.

Perhaps we could begin with some questions about the background of your service/organisation/agency

Could you tell me when was the service first set up?

Could you tell me anything about why it was established?

Any factors that you feel influenced its establishment?

Anything that indicated that it was needed?

Do you have any idea of how many people are employed within the service?

Paid/voluntary/permanent /fixed term contract?

Could you tell me anything about the roles and responsibilities of the different people working within the organisation?

Could you tell me anything about the way in which the service is funded?  
State/public/charity/voluntary sector?

Could you tell me anything about the responsibilities/obligations the  
service has to those who fund the organisation?

Are you required to demonstrate outcomes from your service? Do you  
know what they are?

Thinking back to your time working in...are there any ways in which you  
feel that the service has changed over the years?

Could you tell me a bit more?

Could you tell me about the ways in which people can access the  
service?

Referred/if so who by? /appointments?/drop-ins?

I am also interested in who accesses the service

Women/men/children/child sex abuse survivors/survivors of other  
trauma?

Ok, I'd now like to ask you about the aims, structure and  
accomplishments of your service and any issues that you have  
experienced that you feel have affected your services

Could you tell me a bit about the main aims of your service?

Perhaps you could tell me some more about how far you feel the service  
has been able to accomplish these aims so far?

Is there anything in particular which you feel demonstrates this?

Thinking back, are there any factors you feel that have impacted upon the  
ability of your agency to reach these aims?

If yes, perhaps you could tell me a bit more about them?

*Is there anything in particular that you feel could be done to improve things?*

I would like to move on to ask you about the types of service(s) that you provide for survivors of drug assisted sexual assaults

Could you tell me about any specific services that you provide for survivors of DASA?

Case tracking/ blood and urine tests/ pregnancy & STD testing/home help/ court 'chaperone'/support groups/counselling/benefits advice

Thinking back to your role within....could you tell me about the level of need for these services?

Are there any other agencies with whom you work closely to provide services?

If so, could you tell me a bit more about the ways in which you work together?

Does the agency have any aims that are specific to survivors of drug assisted sexual assault?

If so, could you tell me a bit more about them?

Could you tell me about how far that you feel the service is able to accomplish these?

Are there any factors that you see as restricting your ability to accomplish those aims?

Thinking back to when you work with a survivor of DASA are there any specific ways in which you do this?

If so could you tell me some more about them?



Could we now go on to discuss your own experiences of delivering services to survivors of DASA?

Could you tell me a bit about your experiences of working with survivors of DASA?

Are there any issues that you feel are specific to survivors of drug assisted sexual assault?

Prompt: any particular issues brought to counselling, particular difficulties they face?

In your experience are there any specific areas in which you feel survivors of DASAs require particular help and support?

Are there any particular directions in which you feel are the way forward in terms of providing services for survivors of DASA?

Finally, is there anything else that you would like to comment on?

Are there any questions that you would like to ask me?

Thank you very much for talking to me today.

As I have said, all tapes and transcripts of this interview will be locked in my office, with myself being the only key holder. If there is anything that you would like to discuss with me at any time, please do not hesitate to get in touch.

## **Appendix 5 – Consent Form for Interviews with Professionals**

DASA: towards an understanding of prevalence, women's experiences and recovery.

Claire Potter, PhD. student at the University of Huddersfield, will carry out the research, with the support of a supervisory team, in collaboration with the STAR project, West Yorkshire and West Yorkshire Police. For further information contact: Claire Potter. Tel: (Direct Line) Fax: Email:

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April 2002 Vers.2

Stage One - Consent Form

(Please initial box)

I confirm that I have read and understood the information sheet

☐

Dated ..... for the above study (version) .....

I understand the purpose of the study and how I will be involved.

☐

I have had the opportunity to ask questions and discuss the study.

☐

I give permission for the interview to be audio taped.

Yes/No

(Please indicate as appropriate)

I understand that all the information collected in the study will be kept secure and that if it is presented or published all my personal details will be removed.

☐

I confirm that I have freely chosen to take part in this study

☐

I understand that I have the right to discontinue the interview at any time ☐  
and to choose not to answer questions.

I understand that I may decide to withdraw from this study at any time, ☐  
and without giving any reason.

I agree to take part in the study. ☐

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Name of Participant	Date	Signature

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Name of Researcher	Date	Signature

## **Appendix 6 – Safe Practice Protocol for Interviews with Professionals**

DASA: towards an understanding of prevalence, women's experiences and recovery.

Claire Potter, PhD. student, at the University of Huddersfield will carry out the research, with the support of a supervisory team, in collaboration with the STAR project, West Yorkshire and West Yorkshire Police. For further information contact: Claire Potter. Tel: (Direct Line) Fax: Email:

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April 2002 Vers.1

## Stage One - Safe Practice Protocol

The research will be overseen by a multi-disciplinary steering committee whose members will include the university research team, the manager of STAR (Surviving Trauma After Rape), and the Detective Constable with responsibility for crime training, West Yorkshire Police.

### 1. Safety of participants

1.1 Prior to starting the interview participants will again be reminded that they are free to withdraw at any time from the study.

1.2 Prior to starting the interview participants will be reminded that they are free to discontinue the interview at any time.

1.3 Prior to starting the interview participants will be reminded that they have the right to choose not to answer questions.

1.4 Prior to starting the interview participants will be informed that they will not be put under any pressure to discuss anything they choose not to.

1.5 In the event of an interviewee becoming distressed during the interview, the interview will be stopped and the decision will be made whether to take a break and continue, to continue the interview at another time, or not to continue.

1.6 Care will be taken to end the interview on a positive note.

1.7 At the end of the interview participants will be given the opportunity to ask questions about the research and will be debriefed by the researcher.

## 2. Safety of researcher

2.1 Whenever the researcher is out on fieldwork a member of the supervisory team will be informed of the exact location and expected duration of the appointment, and will be informed when the appointment is over.

2.2 All appointments will be restricted to daylight hours.

2.3 The researcher will be contactable at all times by mobile phone.

2.4 Whenever data collection has taken place, the researcher will have the opportunity to meet with a member of the supervisory team.

2.5 In the event of the researcher becoming distressed outside of university working hours, the members of the supervisory team have made it known that they are available to be contacted at home and have provided home telephone numbers.

## 3. Permission

3.1 All participants will be provided with a participant information sheet, stating the aims and objectives of the research and the purposes for which their data will be used.

3.2 Checks will be made that the information has been read and understood and any questions answered.

3.3 The researcher, Claire Potter, will seek consent.

3.4 The participants will be given one month after receiving the information to respond to the request to participate. Participants will be informed that they should take their time when deciding whether or not to participate, and that their participation must be based on free and voluntary agreement.

3.5 No participant will be offered payment for participating in the research.

3.6 Participants will be reminded of their right to withdraw at any time without giving a reason, and their right not to answer questions.

3.7 Prior to commencing the research, advice will be sought from the School Research Ethics Panel (SREP) at the University of Huddersfield and approval will be sought from Northern and Yorkshire Multi-Centre Research Ethics Committee (MREC).

3.8 Access will be sought from the appropriate service managers.

#### 4. Privacy

4.1 Respondents will not be identified by voice, photograph, name or place of work.



4.2. Participant details and data will be securely stored, in a lockable drawer in the researcher's office. The researcher will be the sole key holder.

4.3 All participants will be allocated a code that will be used to label tapes of interviews.

4.4 All audio-tapes will be kept for six months after which they will either be returned to participants (if requested) or destroyed.

4.5 The names of individuals will not be included in oral presentations, reports, overheads and academic papers.

4.6 Pseudonyms will be used in place of real names.

## **Appendix 7 – Anticipated Themes for Interviews with Survivors**

## Stage Three - Interview Themes

### The circumstances surrounding the assault

This will set the context of the women's individual experiences and give information on the various 'modus operandi' of DASA used in the UK.

### The after-effects of the drugs

Research has cited a number of different effects of the drugs used in DASA, but this can depend on the individual, their alcohol consumption, the particular drugs used and the dosage. Effects include dizziness, sickness, amnesia and confusion. Some of which can continue for several days after ingestion (Ghoneim & Mewaldt, 1990; Walling, 2000; Sturman, 2000; LeBeau & Mozayani, 2001). Information on the drugs used that is presently available is largely based on American research (Walling, 2000; LeBeau & Mozayani, 2001). This will give information on the specific effects experienced by a sample of survivors in the UK.

### The factors which led the women to realise they had been assaulted

Literature states the frequent lack of evidence in DASA cases. Many women simply have the feeling that they have been interfered with in some way, and some wake up in strange place, or with their clothes missing (Sturman, 2000; Abarbanel, 2001). This may elaborate on the factors that lead the women to believe they have been assaulted, or think they may have been.

### What the women did once they knew

### Who the women told

### How the women made their decision about who to tell

Anyone the women chose not to tell and why

When the women told people

The reasons for any delay in telling people

There remain a variety of social expectations about the way in which a woman who has been assaulted will react (Temkin, 1999; Lowe, 1984). Research has found that perceptions of the police as unsympathetic, and lack of faith in the judicial system were reasons why many women choose not to report rape to the police at all (Faizey, 1994; Kelley, 1988). The possibilities for action in DASA are further restricted by the effect of the drugs, there may be particular aspects of the experiences of DASA survivors that determine the course of action they chose to take or chose not to take (Abarbanel, 2001). One decision that survivors of non-drug rapes have mentioned is not telling people or delaying in doing so for fear that they might not be believed (Feldman-Summers & Ashworth, 1981; Sudderth, 1998). This may also arise from the after-effects of the drugs and the effects of the assault leaving them shocked and disorientated for some time after the assault. The lack of evidence or confusion in DASA makes being believed even more of an issue for survivors of DASA (Abarbanel, 2001). Alternatively women may feel that they had no control over the situation and therefore will be less likely to be blamed for what happened. There may be a number of different factors that influence their decision about who to tell and who not to tell. They may choose to tell people they trust and are closest to, or may prefer the anonymity of talking to a stranger. They may be forced to tell people such as their employer in order to take time off work or a doctor in order to access medical treatment. They may choose not to tell friends and family until they have had some time to come to terms with it themselves, or may seek support from them early on (Sudderth, 1998). The interview will aim

to further explore the decisions women might make in regard to these issues and why.

What responses women received when telling people

The response of the police, if the assault was reported

Research indicates that a number of people hold stereotypical beliefs and attitudes in relation to sexual assault (Ward, 1995). Are there particular views held in relation to DASA? Literature has highlighted the importance of the response survivors receive when disclosing their experience, for their recovery. Following criticisms in the 1980's on the way in which the police dealt with rape survivors, the police have developed a number of new policy initiatives set up to guide their work with survivors of sexual assault (Gregory & Lees, 1999). Research which has evaluated the effectiveness of the changes has shown mixed results and indicates that policy is not always put into practice and that despite training provision, a number of survivors of sexual assault are still presented with stereotypical and disbelieving attitudes (Temkin, 1999; Gregory & Lees, 1999). The police focus on evidence is likely to be even more problematic for DASA survivors. Is this the experience of DASA survivors? Some Police Authorities have started to provide training on the specific issues involved in DASA, has this begun to make a difference? Furthermore, this develops the existing research on the response of family, friends and service providers to sexual assault (Sudderth, 1998; Temkin, 1999; Gregory & Lees, 1999) by focusing on their response to the distinct nature of DASA (Abarbanel, 2001).

What it meant to the women to have been sexually assaulted with the use of drugs (psychological consequences, problems arising from loss of control or memory, issues, changes in beliefs, identity, relationships, employment, attitudes, values)

Abarbanel (2001) describes how survivors of DASA often feel that they have experienced a 'double crime' in that not only have they experienced the trauma, physical violation, loss of control and health risks of being sexually assaulted, but they have also been subjected to a 'mind rape'. Not only are they physically restrained during the assault but they are also left with no cognitive ability or conscious awareness during the assault. The amnesia produced by the drugs means they are unable to remember what happened to them after the assault. Abarbanel (2001) argues that this reduces survivors to a state of helplessness that is both extreme and prolonged. She argues that survivors of this form of crime may report experiences both during and after the assault that differ significantly in many ways to those described by other sexual assault survivors.

The main sources of support the women accessed (e.g. friends, family, partner, SARC's, Rape Crisis, police chaperone/liaison officer, counsellor, other survivors), and why.

Which services accessed as a result of the assault (e.g. SARCs, Rape Crisis, doctor, GUM clinic, Drug Rape Trust, Roofie Foundation, other support groups, counselling, EMDR therapy)

Experiences of accessing service provision (whether some interventions were found to be more beneficial than others, whether anything that they feel would have helped was not available)

Women's experiences of the process of recovery

Survivors may have felt that only certain sources of support were available to them, and that there were other areas in which they felt support would have been beneficial, but was not available. They may have found that their loss of memory had implications for their ability to engage in the process of recovery (Kelly, 1988) and that much existing

service provision assumes that the individual is able to recall and talk through their ordeal.

## References

Abarbanel, G. (2001) 'The Victim' in M. A. LeBeau & A. Mozayani (2001) *Drug facilitated sexual assault – A forensic handbook*. San Diego: Academic Press.

Feldman-Summers, S & Ashworth, C. D. (1981) 'Factors Related to Intentions to Report a Rape' *Journal of Social Issues*. 37 ; 67. Cited in Holmstrom, L. L & Burgess, A. W (1991) *The Victim of Rape*. 3rd Ed. New Jersey: Transaction Publishers

Kelly, L (1988) *Surviving Sexual Violence*. Cambridge: Polity Press.

Faizey, M. (1994) Let Down By The Law, *Guardian*, 20 August

LeBeau, M. A & Mozayani, A (2001) *Drug facilitated sexual assault – A forensic handbook*. San Diego: Academic Press.

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Lowe, M. (1984) The role of the judiciary in the failure of the sexual offences (amendment) act to improve the treatment of the rape victim. J. Hopkins (ed.) *Perspectives on rape and sexual assault*. London: Butler and Tanner.

Sturman, P (2000) *DASA*. Home Office Publications

Sudderth, L. K. (1998) "It'll come right back at me" – The interactional context of discussing rape with others. *Violence against women*. 4 (5) 572-594.

Ghoneim & Mewaldt, S. P (1990) 'Benzodiazepines and Human Memory: A Review' *Anesthesiology* 72. 926-38.

Temkin, J (1999) Reporting Rape in London: A Qualitative Study. *The Howard Journal*, 38 (1) 17-41.

Walling, A. D. (2000) Helping patients recognise and avoid 'Date Rape' drugs. *American Family Physician*, Dec 1.

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## **Appendix 8 – Introductory Letter to Survivors**

Dear,

I am writing to ask if you may be prepared to be involved in research that I am currently engaged in at the University of Huddersfield in collaboration with STAR (Surviving Trauma After Rape), West Yorkshire. STAR is a joint initiative between the police and the four health authorities in West Yorkshire that offers counselling and practical and emotional support to survivors of rape and sexual assault. The purpose of the research is to explore DASA in terms of the experiences of professionals involved in the delivery of services to survivors and the experiences of survivors who are in the process of 'recovery'. The research is being overseen by a multidisciplinary steering committee, which is made up of academic staff and representatives from STAR, West Yorkshire. The research will be written up as a PhD.

The research is being carried out in several stages over a three-year period. The final stage of the research in which you are being invited to participate aims to gain an understanding of what it has meant to survivors to have experienced DASA. Interviews will be carried out in which the experiences of survivors who are in the process of 'recovery' will be explored. This research aims to raise awareness of DASA and of the particular problems that survivors of this type of crime have to deal with. It is anticipated that service providers will use the information generated from this research to assess their services and look at whether the support available is effective for survivors of DASA. It is anticipated that approximately 5-10 interviews will be carried out with survivors.

If you choose to participate in this study, then an interview would be carried out with you by myself, in which I would ask you to tell me about your experiences of 'recovery'. **At no time would you be asked for details of the actual assault.** The interview would take about an hour of

your time and would be carried out at a time and appropriate location chosen by yourself. With your permission the interview would be taped and notes taken. These would either be destroyed on completion of the study or returned to you, if you chose. Support and counselling will be available to anyone who wishes to access it. Your participation would be completely confidential and your decision about whether or not to participate will not affect your right to access support services.

A more detailed information sheet about the research is enclosed. If you would like to find out any other information about the research before you decide whether or not to take part, I would be more than happy to discuss the research with you further. Please do not hesitate to contact me via ( confidential voicemail). If you decide that you are able to take part, please telephone me on the above number and we can arrange to meet at your convenience. Thank you for taking the time to consider this request.

Yours Sincerely

Claire Potter, PhD Researcher; School of Human and Health Sciences

## **Appendix 9 – Safe Practice Protocol for Interviews with Survivors**

DASA: towards a conceptual understanding of women's experiences and recovery.

Claire Potter, PhD student, at the University of Huddersfield will carry out the research, with the support of a supervisory team, in collaboration with the STAR project, West Yorkshire. For further information contact: Claire Potter. Tel: (Direct Line) Fax: Email:

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April 2002 Vers.1

Final Stage - Safe practice protocol

The research will be overseen by a multi-disciplinary steering committee whose members will include the university research team, the manager of STAR (Surviving Trauma After Rape), and the Detective Constable with responsibility for Crime Training, West Yorkshire Police.

Safety of participants

Prior to starting the interview participants will again be reminded that they are free to withdraw at any time from the study.

Prior to starting the interview participants will again be reminded that they are free to discontinue the interview at any time.

Prior to starting the interview participants will be reminded that they have the right to choose not to answer questions.

Prior to starting the interview participants will be reminded that they will not be put under any pressure to discuss anything that they choose not to.

In the event of an interviewee becoming distressed during the interview, the interview will be stopped and the decision will be made whether to take a break and continue, to continue the interview at another time or not to continue.

Care will be taken to end the interview on a positive note.

The sensitive nature of the research is realised and arrangements have been made for all interviewees to access support should they wish to do so through STAR, West Yorkshire.

At the end of the interview participants will be given the opportunity to ask questions about the research and will be debriefed by the researcher.

Safety of researcher

Whenever the researcher is out on fieldwork a member of the supervisory team will be informed of the exact location and expected duration of the appointment, and will be informed when the appointment is over.

All appointments will be restricted to daylight hours.

The researcher will be contactable at all times by a mobile phone.

Whenever data collection has taken place, the researcher will have the opportunity to meet with a member of the supervisory team.

In the event of the researcher becoming distressed outside of university working hours, the members of the supervisory team have made it known

that they are available to be contacted at home and have provided home telephone numbers.

Arrangements have been made for additional support to be provided to the researcher through the University Counselling Service.

#### Permission

All participants will be provided with a participant information sheet, stating the aims and objectives of the research and the purposes for which their data will be used.

Potential participants will be informed that their right to choose whether or not to participate will not directly or indirectly affect their right to access services.

Checks will be made that the information sheet has been read and understood and any questions answered.

Myself, Claire Potter will seek consent.

The participants will be given two weeks after receiving the information to respond to the request to participate. Participants will be informed that they should take their time when deciding whether or not to participate, and that their participation must be based on free and voluntary agreement.

No participant will be offered payment for participating in the research.

Participants will be reminded of their right to withdraw at any time without giving a reason, and their right not to answer questions.

Prior to commencing the research, advice will be sought from the School Research Ethics Panel (SREP) at the University of Huddersfield and approval will be sought from Northern and Yorkshire Multi-Centre Research Ethics Committee (MREC).

Access will be sought from the appropriate service managers.

### Privacy

Names, place names and all other identifying information will be removed to protect the anonymity of the respondents.

Participant details and data will be securely stored in a lockable drawer in the researcher's office. The researcher will be the sole key holder.

All participants will be allocated a code that will be used to label tapes of the interviews and interview notes.

All audio tapes will be kept for six months after which they will either be returned to participants (if requested) or destroyed.

The names of individuals will not be included in oral presentations, reports, acetates and academic papers.

Pseudonyms will be used in the place of real names.



## **Appendix 10 – Participant Information Sheet for Survivors**

DASA: towards a conceptual understanding of women's experiences and recovery.

Claire Potter, PhD student, at the University of Huddersfield will carry out the research, with the support of a supervisory team, in collaboration with the STAR project, West Yorkshire. For further information contact: Claire Potter. Tel: (Direct Line) Fax: Email:

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April 2002 Vers.3

### Final Stage – Information for Participants

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read through the following information carefully and discuss it with others if you wish. If there is anything that is not clear or you would like more information please contact the researcher, Claire Potter. Take time to decide whether or not you wish to take part. If Claire does not hear from you within two weeks of you receiving this information sheet, it will be assumed without judgement that you have decided not to participate in the research.

#### Aims of the research

The purpose of the research is to explore DASA in terms of the experiences of professionals involved in delivering services to survivors and the experiences of survivors who are in the process of recovery. The research is being carried out in several stages over a three-year period. This final stage of the research aims to gain an understanding of the experiences of survivors who are in the process of 'recovery'. It is anticipated that the information generated from this research will be of use in terms of informing service provision for survivors of DASA.

Why have I been asked to participate?

You have been asked to participate because you are a survivor of DASA and have accessed services where women who have experienced DASA have presented for support, advice or treatment. It is anticipated that approximately 5 - 10 interviews will be carried out with women who have experienced drug-assisted sexual assault.

Deciding whether to take part

You are under no pressure whatsoever to participate. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time will not directly or indirectly affect your right to access support and help from STAR.

What would be involved for women who choose to take part?

If you agree to take part in the research, myself, Claire Potter will carry out an interview with you in order that you may describe your experiences **after** the assault. It is anticipated that the interview would take approximately an hour of your time. The interview will be carried out at an appropriate time and location chosen by you. You will only be asked for details of the circumstances appropriate to the assault. **You will not be asked for details of the actual assault at any stage of the research.**

The interview will be taped and notes taken only if you give your permission. If, as a result of participating in the research you find that feeling and emotions are brought up that you wish to discuss then you will be able to access free counselling support. This will be available on weekdays. Details of your decision to participate will not be made known to anyone.

Security of information and confidentiality

All the information that is collected from you during this research will be kept secure. All audio recordings, notes and transcripts will be secured in a locked drawer in the researcher's office. The researcher will be the only key holder. The tape, transcripts and notes will be kept for six months on completion of the study before being destroyed. If you prefer, your information will be returned to you. Any identifying information such as names and addresses will be removed in order to try and ensure the anonymity of those participating in the research. It is anticipated that the research will be presented through reports, conference presentations and journal articles. Pseudonyms will be used to protect the anonymity of all participants and other identifying information will be removed.

For further information about the research

Thank you for taking the time to read this information sheet and consider this request, if you require any further information about the research before you make up your mind please do not hesitate to contact the researcher, Claire Potter ( ). I will be happy to discuss the research with you further and answer any queries you have.

## **Appendix 11 – Consent Form for Interviews with Survivors**

DASA: towards an understanding of women's experiences and recovery.

Claire Potter, PhD. student, at the University of Huddersfield will carry out the research, with the support of a supervisory team, in collaboration with the STAR project, West Yorkshire. For further information contact: Claire Potter. Tel: (Direct Line) Fax: Email:

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April 2002 Vers.2

Final Stage - Consent Form (Please  
initial box)

I confirm that I have read and understood the information sheet. ☐  
Dated ..... for the above study (version) .....

I understand the purpose of the study and how I will be involved. ☐

I have had the opportunity to ask questions and discuss the study ☐

I give permission for the interview to be audio taped. Yes/No

(Please indicate as appropriate)

I understand that all the information collected in the study will be kept secure and that if it is presented or published all my personal details will be removed. ☐

I confirm that I have freely chosen to take part in this study ☐

I understand that should I wish to access counselling support after participating in the research, I can contact STAR during office hours. ☐

I understand that I have the right to discontinue the interview at any time ☐  
and to choose not to answer questions.

I understand that I may decide to withdraw from this study at any time, ☐  
and without giving any reason.

I agree to take part in the study. ☐

-----  
Name of Participant

-----  
Date

-----  
Signature

-----  
Name of Researcher

-----  
Date

-----  
Signature

## **Appendix 12 – Interview Schedule for Survivor Interviews**



DASA: towards an understanding of women's experiences and recovery.

Claire Potter, PhD. student, at the University of Huddersfield will carry out the research, with the support of a supervisory team, in collaboration with the STAR project, West Yorkshire. For further information contact: Claire Potter. Tel: (Direct Line) Fax: Email:

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June 2004 Vers.1

## Interview Schedule

Check prior to commencing the interview:

That the participant has read and understood the information sheet that outlines the aims of the interview and the rights of all participants in accordance with British Psychological Society guidelines.

That any questions or concerns the participant has about the research have been fully addressed.

That the participant has read, understood and signed the consent form, outlining the purposes for which they are allowing their material to be used.

Preamble:

Thank you for agreeing to talk to me today. I would just like to go through a few things before we start. **I will not ask you for details of the actual assault.** I am interested in your experiences after the assault and of life

afterwards. I would like to try and gain some understanding of what it meant to you to have been subjected to DASA. Your participation is completely confidential, all names and place names will be removed from the transcripts of any taped interviews. It is very important to me that you feel in control during the interview. We can stop at any time for a break or if you change your mind about doing the interview today we can stop the interview altogether and arrange to do it another time. If at any time you change your mind about taking part in the research, just let me know and we will stop. You are perfectly entitled to change your mind at any time about participating in the research and I will not ask you to give a reason. If there is anything that you would rather not discuss or any questions that you would rather not answer just let me know.

Start with an introduction of self if have not already met.

Could we start by you telling me a bit about your background before you came into contact with STAR (in order that I can gain some contextual information about the meanings that you give to your experiences)?

Perhaps we could begin with you telling me a bit about how you came to be in touch with STAR?

Prompts: What happened after you contacted STAR? What did they do? What did you do? What do you remember about contacting STAR?

Was there anyone who was particularly significant to you?

Prompts: e.g. friends, family, police, sexual assault referral centre.

Was there anything that you found particularly helpful?

Prompts: any particular kind of support or intervention that you may have accessed from doctor, hospital, police, Drug Rape Trust, Roofie Foundation, GUM clinic?

I understand that for many women moving on from this type of assault is ongoing, and some women may feel that they are unable to move on at all

Could you tell me a bit about where you feel you are in the process?

Prompts: have you felt able to move on, or has this been hindered, if so what by? Is there anything that you are still working towards?

In terms of support, could you tell me if there was anything that you think would have been helpful but wasn't available?

Is there anything else that we have not covered that you feel you would like to mention?

Prompts: any further comments that you would like to make or questions that you have?

Thank you for sharing your experiences with me

Finally

If it is felt necessary, participants will be left with details of how to access the counselling support. All participants will be left my contact details should they need to contact me in the future about their participation.

## **Appendix 13 – Follow-up Letter to Counsellors**

Dear Counsellor,

You may remember I contacted you previously by letter, as you are a provider of a service or a range of services where women who have been subjected to DASA present for support, assistance or treatment. Just to remind you I am currently undertaking a research project at the University of Huddersfield in collaboration with STAR (Surviving Trauma after Rape) West Yorkshire. The purpose of this stage of the research is to explore the experiences of women who have been subjected to DASA.

I am in the final stages of the research project and have interviewed a small number of women to date. I would like to request your further co-operation in setting up interviews with women in order to fulfil the aims of the research and to provide maximum potential benefit for STAR. I am hoping to be able to interview a further four survivors. I do appreciate you taking time to give this consideration, if you can think of anyone who may be willing to participate please contact Barbara and she will contact me. I would be happy to discuss the research with you and with women who may be thinking about participating. If you would like to discuss this further, please contact either STAR or myself on (     ).

Yours sincerely

Claire Potter (Researcher, School of Human and Health Sciences)