

**“Everything, it Was Everything”:  
Victim Blame, Victimism, and Responsibilisation**

**Amy Beddows**

A Doctoral Thesis submitted in partial fulfilment of the requirements for the award of  
Doctor of Philosophy, London Metropolitan University  
June 2022

## **Declaration**

I confirm that no part of the material presented in this thesis has been previously submitted by me or any other person for a degree in this or any other university. In all cases, where it is relevant, material from the work of others has been acknowledged.

## **Statement of Copyright**

The copyright of this thesis rests with the author. No quotation from it should be published without the author's prior written consent and information derived from it should be acknowledged.

## Acknowledgements

I would like to dedicate this thesis to the women who so generously gave me their time and who trusted me with their experiences, hopes and their humour. I hope I have come close to doing their words justice.

This work would not have been completed without the time, insight, and generosity of my supervisors: Liz Kelly, Fiona Vera-Gray and Maddy Coy. Liz, thank you especially for your enthusiasm in my project (over six years!) and for your in-depth and patient correction of my many errors. My gratitude as well to Svetlana Stephenson, for your kind feedback and encouragement over the years.

All the gratitude in the world to James, for helping me keep sight of what matters and being a truly amazing person in a world of so many bastards. A million thank yous.

I would like to give a special shout-out to Zara Hooley at De Montfort University for her time and support with NVivo. A huge thanks is also required to my friends and colleagues at Edinburgh Napier University and the University of Cambridge, especially Terezia Brunklaus and Michelle Reynolds. Your curiosity and kindness during this time has been especially appreciated. And also to the students, for keeping me on my toes and reminding me that change is possible!

A huge thank you to my dear friend Will, for supporting me through the grit of the PhD journey and helping me to laugh at the darkest of things, and my long-distance yet ever-present coven: Claude, Fe and Naomi. Thank you for the light and laughs - you are seen and you are loved.

To Andrea Subissati and Alex West, Akira Yamaoka, and Ben Howard: you do not know me, but I would not have got through the last six years without your voices.

Finally, this is for my dear friend Angela Thody. Your curiosity and compassion helped me to hold onto the value of this work throughout the pandemic and I deeply miss our doorstep chats.

## **Abstract**

Victim blame is a common and damaging process, which has far-reaching impacts on individuals who have experienced sexual violence and is a key driver of society's acceptance of violence against women. Despite the knowledge base, there is little consensus as to how victim blame is communicated to and experienced by victim-survivors from agencies and services. To explore this topic, I ran ten focus groups with women at Rape Crisis Centres to discuss their experience of professional responses. To make the process as participatory as possible, I ran follow-up focus groups and requested feedback from the women to 'sense check' my findings.

The focus group data were analysed through thematic analysis and NVivo software. The initial findings showed that direct experiences of feeling blamed by professionals were rare and that women were dismissed and disrespected in other ways, through various elements of agency practices: the words and actions of individual staff; processes and procedures; physical environments; and general expectations of services. Analysis showed that women felt devalued and responsabilised by professionals more than blamed and were blamed for things other than their abuse. Women also linked negative responses to gender, age, race and ethnicity, more so than their experiences of violence. Agency responses which were supportive and helpful for women expanded and created their space for action, space to speak, and space to be.

This thesis argues that victim blame is insufficient as a concept on several counts and that victimism, responsabilisation and space are more useful framings for understanding the experiences of victim-survivors and working towards social change.

# Table of Contents

<b>ABSTRACT.....</b>	<b>4</b>
<b>CHAPTER 1: INTRODUCTION .....</b>	<b>8</b>
SETTING THE SCENE .....	8
<i>Background of the Study .....</i>	<i>9</i>
DEFINING TERMS AND CONCEPTS .....	12
<i>Victim-Survivor.....</i>	<i>13</i>
<i>Sexual Violence .....</i>	<i>14</i>
<i>Victim Blame.....</i>	<i>15</i>
<i>Agencies.....</i>	<i>15</i>
STRUCTURE OF THESIS .....	16
<b>CHAPTER 2: SITUATING THE RESEARCH .....</b>	<b>17</b>
DEFINING VICTIM BLAME.....	17
IMPACTS OF VICTIM BLAME.....	19
THE HISTORICAL CONTEXT OF VICTIM BLAME .....	21
CONTEMPORARY RESEARCH INTO VICTIM BLAME .....	27
<i>From the Individual to the Professional.....</i>	<i>31</i>
INDIVIDUALISING VICTIM BLAME: COGNITIVE THEORIES .....	33
<i>Just-World Belief.....</i>	<i>34</i>
<i>Defensive Attribution Theory.....</i>	<i>37</i>
<i>Victimisation Perspective Theory.....</i>	<i>39</i>
THE LIMITATIONS OF COGNITIVE THEORIES .....	40
<i>The Role of Emotion.....</i>	<i>40</i>
<i>Methodological Tensions.....</i>	<i>41</i>
<i>Changing Attitudes or Changing Behaviour? .....</i>	<i>43</i>
SOCIALISING VICTIM BLAME: PREJUDICE AND RAPE CULTURE .....	45
<i>Stereotypes and the Influence of Cultural Norms.....</i>	<i>46</i>
<i>Rape Myths and Victim Blame.....</i>	<i>48</i>
<i>The Intersection of Rape Myths and Existing Prejudice .....</i>	<i>51</i>
<i>Rape Culture and its Limits.....</i>	<i>55</i>
BRINGING THE TWO TOGETHER: VICTIMISM, CULTURAL SCAFFOLDING AND THE CONDUCIVE CONTEXT .....	57
<i>Victimism .....</i>	<i>57</i>
<i>The Cultural Scaffolding of Rape .....</i>	<i>59</i>
<i>The Conducive Context for Sexual Violence.....</i>	<i>61</i>
TACKLING VICTIM BLAME: PUMP-HANDLE AND ROOT CAUSE INTERVENTIONS .....	62
CONCLUSION .....	64
<b>CHAPTER 3: RESEARCHING VICTIM BLAME .....</b>	<b>66</b>
FEMINIST APPROACHES TO RESEARCH .....	66
<i>Methodological Debates .....</i>	<i>67</i>
<i>No Universal Truths .....</i>	<i>69</i>
<i>'On Women and For Women' .....</i>	<i>71</i>
<i>Research as Contribution to Social Change.....</i>	<i>75</i>
<i>Do No (More) Harm.....</i>	<i>77</i>
THE CURRENT STUDY .....	80
<i>Study Design .....</i>	<i>85</i>
<i>Negotiating Access .....</i>	<i>85</i>
<i>Recruitment and Participants.....</i>	<i>87</i>
<i>Running the Focus Groups.....</i>	<i>91</i>
<i>Ethical Issues.....</i>	<i>95</i>
DATA ANALYSIS.....	97
<i>Phase 1: Familiarisation .....</i>	<i>99</i>

<i>Phase 2: Generating Codes</i> .....	100
<i>Phase 3: Searching for Themes</i> .....	101
<i>Phase 4: Reviewing the Themes</i> .....	102
<i>Phase 5: Defining Themes</i> .....	102
<i>Phase 6: Producing the Report</i> .....	103
<i>Reflections and Limitations</i> .....	104
CONCLUSION .....	106
<b>CHAPTER 4: VICTIM BLAME OR VICTIMISM?.....</b>	<b>108</b>
VICTIMISM .....	108
<i>Presenting as a ‘Proper’ Victim</i> .....	113
<i>Emotion Management</i> .....	114
<i>Deserving and Undeserving Victims</i> .....	116
<i>Reduced to the Status of Victim</i> .....	117
<i>The Impact of Medicalisation</i> .....	119
<i>Denial of Coping and Survival</i> .....	122
THE INTERSECTION OF INEQUALITIES .....	127
<i>Victimism and Sexism</i> .....	127
<i>Victimism and Disability</i> .....	130
<i>Victimism, Race and Ethnicity</i> .....	132
<i>Victimism and Age</i> .....	137
<i>Victimism, Class and Socio-Economic Status</i> .....	140
<i>Victimism and Sexuality</i> .....	142
DENIAL OF VICTIM STATUS.....	145
REDUCING THE NUMBERS OF VICTIMS.....	148
CONCLUSION .....	149
<b>CHAPTER 5: RESPONSIBILISATION: THE ‘NEW’ VICTIM BLAME.....</b>	<b>152</b>
EMPOWERMENT, AGENCY, AND FREEDOM.....	155
<i>Reduced by Sexual Violence</i> .....	157
<i>Reduced through Gender</i> .....	161
<i>Embodied Responsibilisation</i> .....	164
RESPONSIBILISATION IN PRACTICE.....	166
<i>Signposting</i> .....	166
<i>Limited Resources</i> .....	171
<i>Absence of Supportive Relationships</i> .....	177
<i>Self-Responsibilisation</i> .....	180
RESPONSIBILISATION, VICTIMISM, AND PATRIARCHAL RESISTANCE.....	187
CONCLUSION .....	190
<b>CHAPTER 6: EXPANDING SPACES FOR VICTIM-SURVIVORS.....</b>	<b>192</b>
THE IMPORTANCE OF SPACE .....	192
<i>Space for Action</i> .....	194
<i>Space to Speak</i> .....	202
<i>Space to Be</i> .....	210
<i>Space to Be With</i> .....	215
MAKING SPACE IN RESEARCH .....	222
CONCLUSION .....	227
<b>CHAPTER 7: CONCLUSION: “EVERYTHING, IT WAS EVERYTHING”.....</b>	<b>228</b>
VICTIM BLAME AS AN INSUFFICIENT CONCEPT.....	230
VICTIMISM AND RESPONSIBILISATION AS PATRIARCHAL RESISTANCE.....	232
REVISITING PUMP-HANDLE AND ROOT CAUSE INTERVENTIONS.....	234
THE CHALLENGE OF EXPANDING SPACE .....	235
NEXT STEPS.....	237
FINAL WORDS .....	239

<b>REFERENCES .....</b>	<b>240</b>
<b>APPENDICES .....</b>	<b>269</b>
APPENDIX A: ETHICAL APPROVAL FORM .....	269
APPENDIX B: ETHICAL APPROVAL FORM (UPDATED 2021) .....	278
APPENDIX C: INFORMATION SHEET FOR WOMEN .....	287
APPENDIX D: INFORMATION FOR AGENCIES .....	289
APPENDIX E: CONSENT FORM.....	291
APPENDIX F: DEMOGRAPHIC FORMS.....	292
APPENDIX G: UPDATED INFORMATION FOR WOMEN .....	293
APPENDIX H: FEEDBACK FORM .....	297
APPENDIX I: TABLE OF NVIVO CODES.....	298
APPENDIX J: TREEMAP OF CODES ('EXPERIENCES AND INTERPRETATIONS OF AGENCIES') .....	299

## Chapter 1: Introduction

This chapter will set the scene for my research, with a brief introduction to victim blame and the experiences which formulated the study's aims and approach. I will then consider why victim blame is a worthy topic for investigation and the importance of focusing on the experiences of women. There will be a brief consideration of the terms and definitions used before an outline of the thesis structure.

### Setting the Scene

Punishment for rape... falls more heavily on the victims and consequently acts as a social control of all women.

Kathleen Barry (1979, p. 42)

It seems to be a universal human instinct that when faced with disaster, crisis or upsetting events, we personalise the cause of the event and look for an individual to blame (Drabeck & Quarantelli, 1967). Victim blame is the process by which those who experience misfortune, tragedy or violence are made responsible, either partly or completely, for what has happened or been done to them and it is particularly prevalent in response to sexual violence and abuse (Acock & Ireland, 1983; Whatley, 1996; Bieneck & Krahé, 2011; Taylor, 2020). Victim-survivors experience blame from police, courts, and other parts of the criminal justice system, medical and therapy services, from professionals, family, and friends. The consequences of blaming victims have been widely explored in terms of the negative effects on the physical, mental, and social wellbeing of individuals who are already contending with the aftermath of sexual violence. Victim blame also reinforces rape myths and stereotypes about victim-survivors, promotes the devaluation of women and maintains gender inequalities (Daly, 1973; Brownmiller, 1975; Buchwald, Fletcher & Roth, 2005; Taylor, 2020).

Several theories have been proposed to understand why we blame those who have been victimised, ranging from individual attitudes and cognitive processes to the societal context created by rape myths, rape culture and other prejudices. Due to various limitations with these theories, the pervasive tendency to attribute blame to victim-survivors and thus absolve abusers, professionals, and communities of responsibility for preventing sexual violence, has been considered as part of the cultural scaffolding of rape (Gavey, 2019) and the conducive context for sexual violence (Kelly, 2007; 2016). As this thesis argues, victim



blame might be better understood through the concepts of victimism (Barry, 1979) and responsabilisation (Rose, 2000).

Victim blame is an important focus for consideration to improve the lives of victim-survivors and tackle wider gender inequalities. Yet there is little consensus as to what counts as victim blame, how it is experienced by victim-survivors, and how it is communicated by agencies or professionals. The current study sought to address these gaps in the knowledge base and develop a deeper understanding of the ways that victim-survivors feel blamed by those who are supposed to support them. It is also hoped that a more nuanced understanding of victim blame will identify meaningful strategies to tackle the process and look towards positive social change.

### **Background of the Study**

The study was influenced by an experience I had while living in the USA. I volunteered as a victim advocate and attended scenes where police were called to reports of sexual violence. As with ISVAs in the UK, my role was to be with victim-survivors during their initial contact with police, to provide emotional support, advocacy, and information about the process and ensure they received sensitive and respectful treatment from professionals. I worked for a community-based organisation which recognised the tension that can arise between the agenda of police officers (to interrogate victims/witnesses, establish if a crime has occurred and gather evidence) and the wellbeing of women and men who had just been through an intensely upsetting and traumatic experience.

On several occasions, I noticed that victim-survivors, especially younger women, were responding to the body language and demeanour of police officers during these interactions, even when officers appeared to do and say the 'right' things. One survivor – I will call her Giselle though that is not her name – told me that the attending officer reminded her of her father. He was standing over her with his arms folded as she sat on the examination couch and this stance made her feel like a 'silly girl' for getting herself into this situation. He was quiet and unsmiling during the callout which to me also came across as gruff and judgmental.

Later, I spoke with the officer and reflected this back to him. He was horrified and explained that the mandatory duty belt which police must wear (containing heavy and bulky items including a gun, stun-gun, flashlight, CS spray and handcuffs) made it hard to sit in the small plastic chairs provided at the forensic facility. He pointed out that it was also uncomfortable

to rest his arms at his sides due to these items, therefore he had little option but to cross them. He said that he wanted to let survivors know that he took claims of rape very seriously – as he knew not all police officers did so – and didn't smile or make any comments which could be read as irreverent during his interactions. It had not occurred to him that this could come across as stern or judgmental.

I shared his explanations with Giselle, and she said that she felt more comfortable talking with him after knowing this. The rest of the interaction seemed more positive for her and for the officer.

This experience made me wonder if there were other ways that professionals and agencies may unintentionally make victim-survivors, especially women, feel blamed or judged. I also queried whether aspects of professional responses such as the body language or demeanour of individual staff, as well as institutional resources or procedures, might play a role in victim-survivors' experiences of victim blame. My later experiences as a trauma therapist reinforced this observation that many aspects of agency practice can communicate meaning and intention, yet this is not always known or acknowledged within services, even those which endeavour to provide respectful, trauma-informed support to people who have experienced violence and abuse.

The purpose of this study is to explore the ways that victim blame can be communicated to and experienced by victim-survivors from professionals, in hopes of providing a more thorough understanding of this issue and potentially creating some guidance for practice to improve the experiences of victim-survivors.

As valuable as personal experiences and observations may be, they cannot be assumed to be common occurrences or meaningful to others. According to sociologists Barney Glaser and Anselm Strauss (1967), first-hand observations are crucial for the generation of knowledge but "an insight, whether borrowed or original, is of no use to the theorist unless (s)he converts it from being simply an anecdote to being an element of theory" (p.254). Therefore, the purpose of this study is to explore and expand upon our understanding of victim blame and how it is communicated, to create knowledge that reflects the lived experiences of victim-survivors in their contact with agencies. It is hoped that by avoiding restrictive definitions of what is (or is not) considered to be victim blame, this research will illuminate aspects of agency interactions which inadvertently communicate negative judgment, as illustrated by Giselle's experience.

## Why Victim Blame?

Without recognizing a larger range of rape harm and a wider array of manifestations of that harm, it is easy to ignore society's role in maintaining the victim-blaming attitudes, inadequate treatment from social systems, and social reactions that further the harm done to women by rape.

Sharon Wasco (2003, p.318)

Sexual violence is a distressing, intensely personal experience which can leave victim-survivors feeling isolated, alienated and 'different' from others (Roth & Lebowitz, 1988). Academic Pamela Foa described the "special wrongness" of rape (1977, p.212) that dehumanises victims in ways which other violent crimes do not. Philosopher Susan Brison (2002) has written about her "shattered self" in the aftermath of sexual assault and attempted murder (p.x), while Mary Koss and Mary Harvey (1991) suggest that "once victimized, one can never again feel quite as invulnerable" (p.1). One aspect of the wrongness of sexual violence is the frequency with which victim-survivors are blamed for what has been done to them, with this blame coming from family, friends, peers, professionals, and society in general (Foa, 1977; Madigan & Gamble, 1991; Ullman, 1996a; Taylor, 2020). Considering the high incidence of sexual violence (estimated 1.6 million adults in England and Wales a year<sup>1</sup>, ONS, 2020) and the impact of violence upon individuals, families, and communities, the tendency to blame victim-survivors warrants further exploration, especially the ways that blame can be communicated by agencies or individuals who are positioned to support those affected by violence.

Some studies suggest that women are more likely to report sexual violence if their experiences fit the 'classic' ideals of what rape is (see Williams, L.S. 1984 and Estrich, 1987; Ullman, 1996b): the concepts of 'real' rape and 'ideal' victims (Christie, 1986) are explored in Chapter Two. This distortion in reporting reinforces societal stereotypes that sexual violence is rare, that women often make false accusations and that anger, numbness or confusion are not legitimate responses to victimisation (Madigan and Gamble, 1991; Kelly, 1999; Jordan, 2004a, 2012). Victim blame is a 'muting' agent which prevents women from disclosing the realities of their experiences which would otherwise challenge social norms and stereotypes (Jordan, 2012) and feminist writers such as Susan Brownmiller (1975) have

---

<sup>1</sup> Estimated statistics from official crime surveys have serious limitations such as an upper age cut-offs (see Walklate, 1990; Kelly, 2015) but even with these constraints, they show that sexual violence is far from a rare occurrence.

argued that this silencing is a deliberate tool of female oppression by patriarchal powers structures.

Being blamed for experiencing violence can have many damaging impacts on people, as will be explored in Chapter Two. While there are multiple reasons that someone might choose to not disclose their experiences, fear of blame or judgment is a common concern for victim-survivors (Campbell, 1998; Jordan, 2004a; Ahrens, 2006). Therefore, victim blame is a worthy focus for research in hopes of improving the lives and experiences of women following rape and abuse, as well as an important area of exploration for wider social change and the prevention of sexual violence.

### **Why Women?**

This study focuses on the experiences for women, for several reasons. Firstly, while sexual violence and victim blame affect people of all genders, ages and backgrounds, women are far more likely to experience sexual violence (HM Government, 2011; ONS, 2020) and it is a deeply gendered issue due to the “broader social meaning of the abuse: that women are targeted *because they are women*” (Boyle, 2019, p.23, emphasis in original). Much of the research into victim blame implicates the role of rape myths, gender norms, and other prejudicial attitudes (Burt, 1980, 1991; Taylor, 2020) and it seems that men and women are likely to experience different types of blaming responses from others (Kassing, Beesley & Frey, 2005). In addition, the research was conducted at the Child and Woman Abuse Studies Unit (CWASU) which focuses on the experiences of women and girls.

To explore the lived experiences of women who have been victimised and the direct links between victim blame and wider gender inequalities, a feminist sociological framework was used to guide the study’s design, methodology and implementation. Chapter Three explores the key tenets of feminist research and the implications that these held for the current study, as well as justification for the use of focus groups as the research method.

### **Defining Terms and Concepts**

Our words shape the ways in which it is (not) possible to understand the issues at stake, the ways they are legislated against, measured and resourced and the responses which are deemed most urgent and appropriate.

Karen Boyle (2019, p.20)

There is power and a “politics of naming” around crime and justice (Kelly, Burton & Regan, 1996, p.77) with language being used to reinforce or challenge systemic oppression (Schur, 1984; Hockett & Saucier, 2015). Language is of particular importance in areas of social change, as “in making problems visible we are able to confront them” (Savigny, 2020, p.133) but through our use (or misuse) of language we can also obfuscate the gendered realities of issues such as men’s violence against women (Boyle, 2019). Therefore, careful consideration has been given to the terminology and definitions used in this research.

### **Victim-Survivor**

There is debate around the use of ‘victim’ and/or ‘survivor’ to describe people who have experienced sexual violence or abuse. Such concepts are important for recognising that something has happened to an individual and that certain acts are criminal or otherwise socially unacceptable but they also come with expectations and limitations which dictate how society responds to victimisation (see Barry, 1979; Schur, 1984; Kelly, Burton & Regan, 1996; Gavey, 1999). While victim can “signify the outrage of rape” (Koss & Harvey, 1991, p.ix) and remove any implied responsibility for those subjected to violence (Janoff-Bulman & Frieze, 1983), it may also designate weakness and passivity on behalf of the victim. Sharon Lamb (1999) points out that language can itself ‘victimise’ individuals by burdening them with negative social and cultural meanings. ‘Survivor’ may be more empowering and hopeful in its symbolism with its connotations of resilience and strength (Ward, 1995) but it also reinforces the notion that rape always leads to deep suffering, irreparable damage and compares it to death (Gavey, 1999). Survivor also overlooks the reality of many women who are ‘revictimised’ by systems and agencies after their abuse (Palmer, 1991); in their work on women’s experiences with the criminal justice system, Olivia Smith and Tina Skinner (2012) specifically use ‘victim’ to highlight the traumatisation that can happen within this institution.

Both terms are reductive, heavily gendered and locate the focus away from abusers or wider society (Schur, 1984; Ovenden, 2012). Alison Convery (2006) has warned that these terms also foster a ‘competitiveness’, with survivors being viewed as the ‘fittest’ (through their denoted survival) and ‘victims’ being dismissed as lesser in comparison. There is also a danger of others dictating which concept is applied to individuals, regardless of how the person in question views themselves or their experiences (Philips, 1999) and if an individual eschews a particular designation, such as victim or rape, for any reason, we may question whether anything happened to them (Gavey, 1999). While some have argued that rather than favouring a specific term, feminists should work to dismantle the stigmatisation that these terms denote (Convery, 2006), discourses have not yet reached such a place.

While both victim and survivor suit the focus of the current research, there may be a complication in using one term over the other when exploring the allocation of blame. Maddy Coy and Liz Kelly (2019) use 'victim-survivor' "to recognise both the material reality of victimisation and the many ways in which those subjected to violence find ways to cope, and sometimes resist" (p.151). For guidance on this issue, I looked to the women who participated in the study and the terms victim, survivor and woman were used interchangeably in the focus groups, with no preference expressed or discussed. Therefore, the study uses the term 'victim-survivor' as an attempt to acknowledge these ongoing critiques and dilemmas. For those who commit sexual violence, 'abuser' will be favoured over 'rapist' or 'perpetrator' to reflect the continuum of acts that victim-survivors experience (Kelly, 1988) and remove the requirement for criminal charges or convictions to justify women's experiences. However, Savigny (2020) points out the importance of not erasing gender from discussions of violence, as "the term male sexual violence is used to restore the agency of the perpetrator to the action, and the term women is used to render the person to whom the action is inflicted visible" (p.124). Therefore, the terms victim-survivor and woman will be used interchangeably throughout the research, to reiterate the focus on the experiences of women who have been abused by men.

### **Sexual Violence**

Similarly, much has been written about the importance of terminology around sexual violence and women's hesitation to describe their experiences in certain terms (Koss, Gidycz & Wisniewski, 1987; Kelly & Radford, 1990; Heath et al, 2011; Jordan, 2012). For example, recent research suggests that younger women may find it easier to acknowledge their experiences as 'sexual assault' rather than 'rape' (Donde, Ragsdale, Koss & Zucker, 2018).

In hopes of inclusivity and sensitivity, the study will use the term 'sexual violence' in line with Liz Kelly's comprehensive definition:

... 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.

Liz Kelly (1988, p.41)

I hoped that this expansive definition will cover all and any experiences of sexual violence and decrease the chance that women will deselect themselves from the research on the basis of how they define or make sense of their experiences.

### **Victim Blame**

There is an interesting lack of consensus regarding the definition of victim blame (see Chapter Two for more detailed discussion). While it typically describes the process of blaming individuals affected by tragic or violent events, rather than perpetrators, bystanders or communities, some researchers use 'blame' and 'responsibility' interchangeably without distinguishing between the concepts (see for example, Thapar-Björkert & Morgan, 2010). Some have argued that 'blame' is a vague term, and that 'responsibility', 'causality' and 'fault' all imply varying degrees of forethought or deliberation over the outcome of events (Shaver & Drown, 1986; Taylor, 2020). Psychologist Kelly Shaver (1985) points out that blame is inherently a negatively value judgement, as "people are never blamed for doing good" (p.3), while responsibility is a more neutral designation. Garrath Williams (2003), however, suggests that responsibility comes with the assumption of free will and freedom to act, with little thought to the constraints that the actor might be facing or the role of chance in events.

It is important to interrogate these terms to consider whether research is studying the concepts it intends to; therefore, an initial aim of the study was to explore the various definitions and understandings (or lack of) of victim blame within the literature (see Chapter Two).

### **Agencies**

Most of the research into victim blame has focused on the criminal justice system, healthcare practitioners and SARCs (see Chapter Two). However, it is likely that victim-survivors have contact with many agencies following abuse, potentially for reasons unrelated to their victimisation, and there is a range of community, non-statutory and not-for-profit organisations which research has not considered in as much depth. This study does not define or pre-select agencies so that any organisation, service or professional with whom victim-survivors interacted could be included. It was also hoped that the research would include agency responses which were experienced as adequate, neutral, and positive – as well as negative – in hopes of identifying professional practices which *do* work for victim-survivors.

## **Structure of Thesis**

This thesis is divided into seven chapters. The second chapter reviews the literature, from the historical context of victim blame to more contemporary research and theoretical frameworks. Chapter Three discusses the tenets of feminist research and outlines the rationale for the study design, analytic approach, and ethics. Chapters Four, Five and Six analyse the focus group data through the concepts of victimism and responsabilisation respectively, as well as positive agency responses which created space for women. Chapter Seven presents the conclusions and implications of the research.



## Chapter 2: Situating the Research

This purpose of this chapter is to situate the study within the existing research on victim blame. It is divided into six sections: first, I will discuss the varied and inconsistent definitions of victim blame and its impacts. In the following section, I consider the historical context of the process and its emergence from the fields of criminology as well as feminist objections to the focus on victims, before reviewing more contemporary research. The following section explores cognitive theories of victim blame, which frame it as an individualistic process, before moving onto sociological conceptualisations in line with rape myths and rape culture. I suggest ways of combining these theories into more cohesive theoretical frameworks using the concepts of victimism (Barry, 1979), cultural scaffolding (Gavey, 2019) and the conducive context for violence (Kelly, 2007; 2016). Finally, I will argue the need to focus specifically on agencies and professionals, as part of society where victim blame is particularly enacted (Jordan, 2004a; 2004b; Taylor, 2020) and review the attempts to tackle victim blame.

### Defining Victim Blame

In her book, *Judging Victims*, Jennifer Dunn (2010) suggests that a way out of victim blaming practices is to fully appreciate *why* we victim blame. While this chapter is concerned with the different theories that have been proposed as to why we victim blame, it is also important to understand *how* we victim blame. Despite the expansive knowledge base, there is little consensus as to what counts as victim blame, in terms of how it is communicated by professionals or agencies and how it is experienced by victim-survivors. This section will consider the different definitions and framings of victim blame that exist in the literature before moving on to possible explanations for this process.

Exactly what constitutes victim blame can be difficult to identify. Several researchers have tried to set definitions (Wendell, 1990; Harvey, 1999) but these focus on the intention of those communicating blame rather than specific behaviours or aspects of interactions that are experienced as blaming. Even recent commentaries on the subject, such as Jessica Taylor's 2020 *Why Women Are Blamed for Everything*, do not interrogate the concept in terms of how it is enacted within social interactions and practices or provide a working definition of the process. While there has been documentation of overt forms of victim blame – such as professionals asking questions or making statements which implicate victim-survivors' appearance or prior sexual behaviour as a causal factor in victimisation (Jordan, 2004a; Campbell, 2005) – the research is limited on the other ways that blame is

communicated. 'Classic' victim blaming texts focus primarily on direct comments regarding victim-survivors' attractiveness, appearance, alcohol consumption or behaviour (Richardson & Campbell, 1982; Norris & Cubbins, 1992; Workman & Freeburg, 1999; Vrij & Firmin, 2001; Horvath & Brown, 2006; Landström, Strömwall & Alfredsson, 2016). As presented in the Introduction, this knowledge base overlooks the other ways that judgment can be communicated even when comments or questions are worded sensitively, such as through body language and behaviour. This suggests that intention is less pivotal to our understandings than the experience of blame.

Research into victim blame has also included incidents where women received negative responses other than direct blame, which were similarly impactful, such as being disbelieved, having experiences minimised or denied (Ullman, 1996c; Ahrens, 2006), being treated distantly or differently (Ullman, 1999), being patronised or called 'irresponsible' (Campbell et al, 2001). Some women were 'laughed at' by professionals or dissuaded from reporting (Ahrens, 2006), had police officers 'throw the book' at them to test their or value as witnesses (Jordan, 2004a) or were 'toughened up' by prosecutors (Martin, 2005). For some women, it was the absence of actions that was distressing, such as nurses or doctors not discussing options around pregnancy or STIs or criminal cases not being taken forward by legal professionals (Campbell & Raja, 1999). While it is important to speak out against any devaluation of victim-survivors, categorising all unpleasant or damaging experiences under the banner of victim blame may obscure a key characteristic of the process: it is the blaming of women *for* men's violence, which shifts responsibility to absolve male abusers of accountability, as well as demeaning women who have been victimised.

Victim blame is a subjective experience for victim-survivors and how an interaction is experienced will depend on the context and who is doing the responding. Professionals making choices on behalf of victim-survivors and taking away their autonomy can be damaging in some contexts (Ullman, 1996a) and caring or supportive in others (Ullman, 1996c; Campbell et al, 2001). Similarly, some amount of self-blame may be adaptive for victim-survivors in helping them rebuild a sense of meaning or control following sexual violence (Janoff-Bulman, 1979; Roth & Lebowitz, 1988), which suggests that at times, blaming narratives from professionals may be experienced as helpful. If behaviours or comments cannot be universally labelled as positive or negative for all victim-survivors (Davis & Brickman, 1991), a more thorough understanding of victim blame is needed to make space for this subjectivity.

While focusing on definitions may seem like semantics for a process that we know exists and is damaging, having a thorough understanding of how victim blame can be communicated would shed light on the subtler responses from professionals or institutions. Amy Brown and Maria Testa (2008) have explored less obvious responses which can be experienced as blaming, such as withholding support or keeping a distance, and Susan Brison (2002) has written about the harm caused by supportive others who avoid the topic of sexual violence, even when this comes from a place of care or concern. Other research has suggested that negative attitudes towards victim-survivors have become more covert and subtle over time, possibly due to feminist awareness-raising around this issue, which may translate into more insidious forms of victim blame that are less easily recognised (McMahon & Farmer, 2011). Therefore, we cannot rely on overt comments or obvious behaviours to fully understand how blame is experienced by victim-survivors.

In addition to being blamed for experiencing violence, victim blame discourses also include negative responses to how women respond or cope with violence (Madison & Gamble, 1991), what Jessica Taylor (2020) refers to as the “secondary victim blaming of women and girls” (p.22). While it is important to take a more inclusive view of the ways that society responds to women who have been victimised, this may further complicate our understandings of victim blame and the theories behind it. Using victim blame as a catch-all term for any derogatory or negative experience may also obscure other processes that are taking place in relation to how society responds to women more generally. It is hoped that the present study will untangle some of the ‘muddiness’ around victim blame to provide a more comprehensive model of women’s experiences of agencies.

### **Impacts of Victim Blame**

It is important to consider the impacts of victim blame which justify it as an area of focus and intervention. While supportive responses from others are crucial to “validate the victim’s experience and provide her with a context in which to work through her feelings and trauma” (Ullman, 1999, p.345), feeling blamed isolates people from their support networks (McCann & Pearlman, 1990; Madigan & Gamble, 1991; Taylor, 2020) and makes it harder to rebuild the aspects of their lives which have been affected by violence (Kerstetter, 1990; Ullman, 1996a; 1999; Brison, 2002). Victim-survivors who are already socially isolated are more likely to be blamed than those who have support, making them ‘doubly’ disadvantaged (Anderson & Lyons, 2006). Being blamed (or pre-empting blame from others) silences victims by making it harder for them to speak out, which complicates their access to support (Pennebaker, 1988; Campbell, 1998; Jordan, 2004a; Ahrens, 2006) and denies them space

to be heard and make meaning of their experiences (Brison, 2002; Wilson, 2016). Victim blame also blocks access to medical and healthcare services and can exacerbate existing health issues (Campbell, 1998; Ullman & Siegel, 1995; Ullman, 1999).

Feeling blamed for being victimised can increase post-traumatic symptoms, anxiety, and depression as well as emotional reactions such as anger, guilt, and shame (Frazier, 1990; Madigan & Gamble, 1991; Resick & Schnicke, 1992; Campbell et al, 1999; Campbell et al, 2001; Andrews, Brewin & Rose, 2003; Ullman, Filipas, Townsend & Starzynski, 2006). It can make victim-survivors feel helpless and powerless (Symonds, 1980). Unsurprisingly, it can complicate trust in others, affecting intimacy, self-worth, and close relationships (McCann & Pearlman, 1990; Brison, 2002). It must be emphasised that these damaging effects are experienced in addition to the many, wide-ranging impacts of sexual violence. It is unsurprising that negative reactions to victim-survivors – not just direct blame - have been referred to as “secondary victimisation” (Williams, 1984), the “second injury” (Symonds, 1980), the “second assault” (Williams & Holmes, 1981; Martin & Powell, 1994) and the “second rape” (Madigan & Gamble, 1991).

As well as compounding the struggles of individuals, victim blame affects communities and wider society. When victim-survivors are not able to report their experiences due to being dismissed or pre-empting blame from professionals, this affects the pursuit of justice and reduces what authorities know about the prevalence and impacts of sexual assault (Pollard, 1992; Ward, 1995; Bohner et al, 1998; Davies, 2002; Ahrens, 2006; Sleath & Bull, 2010). Conviction rates of rape and sexual violence have dropped alarmingly in recent decades: in 2007, only one in 20 cases resulted in conviction (Her Majesty’s Crown Prosecution Service Inspectorate & Her Majesty’s Inspectorate of Constabulary, 2007) while in 2020 it was reported as one in 70, leading to the claim that rape has effectively been ‘de-criminalised’ (Centre for Women’s Justice et al, 2020). This is while reports of rape from other sources are shown to be increasing year on year (ONS, 2020). Victim blame and stereotypes around sexual violence are seen as major contributors to this attrition of rape cases (Jordan, 2004a; 2004b; Kelly, Lovett, & Regan, 2005) and this culture of skepticism – whether in criminal justice systems or wider society – colludes with abusers who deny and minimise the severity of their crimes and complicates rehabilitation efforts (Henning & Holdford, 2006). At risk of oversimplifying, victim blame allows abusers to continue their crimes and victimise others (Brownmiller, 1975; Burt, 1980; Lonsway & Fitzgerald, 1994).

Tracking the evolution of a concept can shed light onto the ways it functions in society currently. First, the historical context of victim blame will be considered before moving to more contemporary research in the field.

## **The Historical Context of Victim Blame**

Historically, the process of victim blame emerges in the literature in two opposing forms: through assertions, particularly within the field of criminology, that victims provoke or deserve the terrible things that happen or are done to them, and from sociologists, theorists, and feminists who call out the harmful practice of ‘blaming the victim’ as being instrumental in maintaining social inequalities.

The nature of blame as a response to adverse or unseen events has long been of interest to philosophers and scientists. Early researchers studied the tendency to assign responsibility following disasters and accidents as an attempt to make sense of tragedy and prevent reoccurrence (Bucher, 1957; Walster, 1966). In his exploration of responses to plane crashes, Rue Bucher (1957) suggests there is a distinction between assigning *responsibility* for an event versus assigning *blame*; blame focuses on the negative characteristics of the individual or party being blamed, while responsibility identifies causation or action without moral judgement. These discussions are pertinent today, as we continue to apply blame to individuals or organisations in the wake of tragic events (Ewart & McLean, 2014; Bennett, 2015; Kamradt-Scott, 2016).

The process of blaming victims was first named by psychologist William Ryan in 1971, who drew attention to the practice of “justifying inequality by finding defects in the victims of inequality” (1976, p xiii), a definition as relevant now as at the time of writing. His comments were a response to the Moynihan Report which centred African American communities, especially Black women, as the cause of economic and educational disparities, drawing on crude racist and sexist assumptions without acknowledging the socio-cultural factors maintaining race, gender, and class inequalities at the time. While Ryan is often referenced as having coined the term ‘blaming the victim’, thinkers and theorists were aware of the phenomenon long before his work. Sociologist Karl Mannheim (1936) noted that blaming those affected by adversity maintains the social order which favours those holding the powerful position of deciding who is (and is not) responsible for events. Gunnar Myrdal’s 1944 research also recognised that blaming the impacts of structural inequalities on marginalised groups serves to protect the social hierarchies. While his work focused on

oppression and injustice towards Black communities in the USA, he noted that the same process operates through sexism and gender inequalities.

Later, the sociologist C. Wright Mills (1959) criticised the framing of adversity as a personal rather than public issue as reductive, damaging and a barrier to social change. Theodor Adorno condemned the practice of what he later termed 'baiting-the-victim' (in Harding, 1997, p.143) and this contempt for weaker or disadvantaged members of society contributed to the influential if highly criticised Authoritarian Personality construct (Adorno, Frenkel-Brunswik, Levinson & Sanford, 1950). While it was generally acknowledged to be a damaging practice, Ryan and Mannheim both argued that blaming victims is not indicative of ill-intention from the blamers: Ryan saw it as a manifestation of "kindness and concern" (1976, p.6) that favours sympathy over an acknowledgment of social issues, whereas Mannheim (1936) theorised it as being part of a collective, unconscious "style of thought" (p.3) which maintains the status quo, regardless of the cost to individuals.

It is interesting to note that these early conceptualisations of victim blaming practices viewed it as a sociological process which functioned to maintain structures of power at the expense of meaningfully addressing the causes and consequences of adversity, inequality, or violence. Unlike radical feminist responses (see Brownmiller, 1975), the observations of Ryan and Mannheim did not see anything wrong with this status quo, and their suggestions for addressing this blaming of victims was to address the individual attitudes of blamers. As we will see, this incessant focus on the individual – rather than their context – remains in psychological framings of victim blame to this day. In many ways, this mirrors mainstream understandings – or lack of understanding – of sexual violence, which frame it as an interpersonal issue between rapist and victim, without recognising the role of gender, power, and inequality (Gavey, 2019).

An important contribution from Ryan's work is the recognition that while victim blame disadvantages individuals and prevents social issues from being properly addressed, it also widens inequalities by reinforcing difference – and therefore prejudice - between already disadvantaged communities and the rest of society. The process relies heavily on myths, assumptions, and stereotypes about groups and by citing these myths as the reason that bad things affect certain people, victim blame reinforces their validity. Despite this progressive viewpoint, it should be noted that Ryan made little reference to the individuals who committed acts of racism against the African American community or their role in the marginalisation of others (Barry, 1979).

Since these influential writings, victim blaming has been observed in many areas of society. People have been blamed for health issues (Crawford, 1977; Allegrante & Green, 1981; Lee, Campbell & Mulford, 1999), educational disparities (Blyth & Milner, 1994), disability (Goffman, 1963; Darling, 1987), poverty and homelessness (Wright, 1993; Lee, Lewis & Jones, 1992), car accidents (Walster, 1966; Roberts & Coggan, 1994) and infant injury or death (Ladd-Taylor & Umansky, 1998). In recent decades, the concept of victim blame has become more commonly associated with violent crime (Baumer, Messner & Felson, 2000; Filak & Pritchard, 2007), especially sexual violence (Acock & Ireland, 1983; Whatley, 1996; Campbell & Raja, 1999; Bieneck & Krahé, 2011; Taylor, 2020). Although the focus of victim blame may have changed over time, it is still tightly interlinked with negative stereotyping and social myths.

While *Blaming the Victim* (Ryan, 1976) is the most cited reference, blaming people – especially women – for being subjected to violence has earlier roots in literature. In 1910, political activist Emma Goldman called out the tendency to view young women who were trafficked as being responsible for the poor treatment they experienced in brothels. She drew attention to those benefiting from the trafficking of women as well as the social and moral conditions which encouraged it.

Nor is the girl to be held responsible for it. On the contrary, it is altogether the fault of society, the fault of our lack of understanding, of our lack of appreciation of life in the making; especially is it the criminal fault of our moralists, who condemn a girl for all eternity, because she has gone from the 'path of virtue'.

Emma Goldman (1910, p.15).

It is important to note that Goldman made it clear that victim blame was directed at women of colour as well as white women, as the intersectional nature of the process has often been overlooked in discourses around gender and responsibility for violence.

While victim blame was being recognised through sociological and feminist framings as a detrimental process, the emerging field of victimology simultaneously perpetuated the idea that victims of violent crime bring the violence upon themselves. In 1914, criminologist Raffaele Garofalo asserted that some victims 'provoke' attacks upon themselves (referenced in Wolfgang, 1957 and O'Connell, 2008). This victim-focused view was furthered by the psychologist Hans von Hentig in 1940, who stated that "the human victim... seems to lead the evil-doer into temptation" (p.303). He argued that there were 'born victims' as much as

'born criminals' and that being victimised was not a passive experience. Similarly, Benjamin Mendelsohn developed categories of 'culpability' in relation to the perceived innocence of victims of violent crime (1947, referenced in Eigenberg & Garland, 2008). Marvin Wolfgang (1957, 1958) argued that some murder victims provoke their own homicide and coined the much-used term 'victim-precipitation'. Interestingly, he included examples of women who killed their partners due to physical or sexual violence, commenting that "females are less likely to precipitate their own victimization than males", at least in relation to murder (1957, p. 4). Stephen Schafer's 1968 text sets out his perspective from the title alone - *The Victim and His Criminal* - as a play on an earlier work by von Hentig. Schafer uses the term 'functional responsibility' to describe the behaviours of victims which provoke criminals to target them; while he tones down this attribution of responsibility in the book's second edition, the focus remains on how victims "play the role of the major contributor to a crime" committed against them (Schafer, 1977, p. 70). By this time, the focus on victims was firmly entrenched in criminology.

Wolfgang's (1958) concept of "victim-precipitation" was later applied to sexual assault by criminologist Menachem Amir, who argued that "the victim is always the cause of the crime" (1971, p.259) as without a 'precipitating' victim there can be no criminal behaviour.

Confusingly, while Amir identified the behaviours or characteristics of victims which initiate sexual violence, he also argued that it is the abuser's *interpretation* of the victim which matters more than the victim themselves, and his research acknowledges that most rapes are pre-planned rather than spontaneous acts brought about by the abuser interacting with a potential victim: these were all progressive understandings at a time that insisted on framing rape as a one-off incident between a 'provoking' victim and deviant man (Card, 1991). However, Amir's use of 'victim-precipitation' ultimately posits responsibility for sexual violence firmly with female victims (Eigenberg and Garland, 2008).

The victim-precipitation model was not disputed at the time other than through feminist dialogues (Weis & Borges, 1973) and has been highly cited since (Dunn, 2010), with the term still present in academic discourses<sup>2</sup>. Many of Amir's assertions – that sexual violence is a male need to be 'sated', victim 'seductiveness' causes rape and women say no when they mean yes, to name a few – echo common rape myths and stereotypes which are still instrumental in victim blaming responses against women today (Burt 1980, 1991; Ward, 1995; Taylor, 2020). The role of rape myths will be considered later in this chapter.

---

<sup>2</sup> A search conducted on 01.12.21 for the term 'victim precipitation' on a popular academic search engine resulted in 3,170 results since 2020 alone, across multiple fields and disciplines.



These early criminologists greatly influenced the field, especially with regards to terminology. While some have argued that there is a meaningful distinction between the notion of victim precipitation and 'provocation' with regards to culpability for sexual violence (O'Connell, 2008), such debates are semantic as the tendency to focus on victims is very present today, as evidenced in recent, high-profile crime-prevention campaigns targeting women's behaviour in public spaces (see Taylor, 2020). Discourses which focus on victim involvement or culpability often overlook the necessary truth that violence is wrong, regardless of 'provocation' (Dunn, 2010). It is also interesting to note the absence of gender within these early criminological frameworks; aside from Wolfgang's (1957) assertion that male violence against women is unacceptable and deserving of retaliation, gender is avoided in discussions of victim-precipitation even though it is obviously women who are being blamed for the crimes committed against them.

Unsurprisingly, feminist writers since Emma Goldman have drawn attention to the tendency to blame women who have been victimised: Susan Griffin's (1971) *Rape: The All-American Crime*, Karen DeCrow's *Sexist Justice* (1974), Diana Russell's *The Politics of Rape* (1975), Andra Medea and Kathleen Thompson's (1975) *Against Rape*, Susan Brownmiller's (1975) *Against Our Will*, and Kathleen Barry's (1979) *Female Sexual Slavery*, among many others, extensively detail the poor responses that victims of rape receive from family, friends, professionals and wider society, and explore how this devaluation perpetuates a culture where violence against women is tolerated. Mary Daly (1973) also identified victim blaming as one of many processes which keep women devalued and oppressed in patriarchal societies. She suggests that the official responses from police and other professionals which blame women for rape have the same underlying causes as the sexual assaults themselves, as "their judgment reflects the same basic attitudes of sexist society, which is given physical expression in the rapist's act" (ibid., p.108). In doing so, Daly links these sexist attitudes to traditional Christian beliefs which centre women as the cause for all of society's ills – originating from the temptation of Eve – and therefore argues that "it is women's *fault* that society is sexist" (1973, p.49, emphasis in original): in essence, women are to be blamed for being raped, for the causes of rape and also for the negative responses they receive after, which suggests that victim blame goes far beyond immediate responsibility for incidents of violence. Activists Andra Medea and Kathleen Thompson (1975) describe the 'double bind' of discussing whether women's behaviour can provoke violence: if a woman is polite, she can be seen as 'leading on' an attacker, whereas if she is abrupt or assertive, she is provoking violent retaliation through rudeness. However a woman acts or presents, she is liable to be blamed for what she did or did not do more so than the man who assaulted or

raped her. Susan Brownmiller (1975) also drew deep links between sexism, patriarchy, and victim blame, framing sexual violence and the subsequent poor treatment of victims as forms of social control which maintain the oppression of women.

Interestingly, many of these authors were writing at the same as Amir's *Patterns in Forcible Rape* and Ryan's *Blaming the Victim*, yet these latter texts are much more frequently cited in the literature as early references to the concept of victim blame. It must be noted that while these feminist texts hold incredible importance to the understanding and activism around violence against women, the experiences of Black women, women of colour and women from minority backgrounds and cultures has been vastly overlooked in this research (Wyatt, 1992).

A closely related concept that should be considered alongside victim blame is that of the 'ideal victim', which according to sociologist Nils Christie (1986) denotes those who "when hit by crime - most readily are given the complete and legitimate status of being a victim" (p.18). Christie identified general characteristics which society deems as deserving of victim status - weakness, respectability, being somewhere for a legitimate reason - whilst also considering the 'badness' and unfamiliarity of the offender. In this framing, the notion of victim and offender are dependent but only in one direction; an ideal victim by their nature will denote an ideal offender but even the most stereotypical rape (e.g., a deviant offender who is unknown to the victim and uses physical force) can complicate the victim's status if she is deemed by society as having taken unnecessary risks. Characteristics of 'ideal' victims are not limited to a woman's behaviour immediately prior to or during sexual violence and this concept subsequently demarks some women as inherently unable to be 'good' victims due to their behaviour (such as selling sex, drinking, using drugs), socioeconomic status or class, or because their responses to rape deviate from what is expected (Griffin, 1971; Barry, 1979; Madigan & Gamble, 1991). The expectations and demands put upon ideal victims also sit within Kathleen Barry's (1979) concept of 'victimism', which argues that when women are afforded victim status by authorities, they become reduced to what has been done with them and cease to be seen or treated as people. This framing of 'victim' – that it is a status accorded to women by others and comes with restrictive, stigmatising contingencies – has been mostly overlooked in violence against women discourses since Barry's (1979) *Female Sexual Slavery*, with victim blame taking a more dominant position. We will return to this concept later in the chapter.

Hand in hand with the notion of ideal victims is the stereotype of the 'classic' or 'real rape', which is generally imagined as having happened at night, outside of the victim's home,

where the victim does not present any precipitating or provoking behaviour, is able to give a clear account of the experience and has visible signs of injury and/or resistance, and where the rapist is a stranger who uses violence or weapons (Williams, L.S., 1984; Estrich, 1987). Both Williams and Estrich have noted that 'real' rape incidents are more likely to be reported to authorities, as victims think that they will be believed and are less likely to blame themselves or expect blame from others: this discrepancy in the sexual assaults which are reported and those which are not, maintains the societal notion of what a 'real' rape looks like (ibid).

The idea of 'real' rapes and 'ideal' victims, either because of who victims are or what has been done to them, deeply underpins the process of victim blame. It rationalises any reason to doubt or complicate blamelessness. Christie (1986) also observed that society tries to find ways of allowing the fewest number of victims possible, suggesting a structural investment in blaming or disregarding those affected by violence. Victim status also comes with expectations of how someone should act as well as what they may need or deserve, especially from statutory organisations and professionals: these expectations can lead to responses that are stigmatising, blaming, and otherwise devaluing (Schur, 1984).

## **Contemporary Research into Victim Blame**

In recent decades, extensive research has shown that victim-survivors are still widely blamed by professionals and agencies, friends, family, and wider society (see for example, Bieneck & Krahé, 2011; Grubb & Turner, 2012; Russell & Hand, 2017; Taylor, 2020). It appears to be a universal issue that has been researched in multiple countries and cultures (see for example, Wong, Wong, Lau & Lau, 2002; Shin, 2005; Chan, 2009; Gill, 2009; Kalra & Bhugra, 2013; Pedersen & Strömwall, 2013). Despite this wealth of knowledge, recent work suggests that victim blame may be increasing in the wake of worldwide discourses about gender inequality and violence against women, partly in response to the 2017 Me Too movement, and deepening political divisions (Orbitz & Smith, 2021). New pathways for victim blame have opened up in recent years through technology and social media platforms which make it easier to communicate and amplify negative attitudes and responses towards women (Killeen, McAlinden & Dowds, 2022).

Several general trends have been identified in relation to the tendency to blame victims. While research has tried to establish 'who blames who?', the role of gender in victim blame is prominent if unclear: some research suggest that men and women engage in victim blame in roughly equal ways (Acock & Ireland, 1983; Gerber et al, 2004; Suarez & Gadallo, 2010),

while other studies show that men are more likely to blame victim-survivors (Luginbuhl & Mullin, 1981; Bell, Kuriloff & Lottes, 1994; Ward, 1995; Anderson & Lyons, 2005; Grubb & Turner, 2012). In contexts where women felt that avoiding a particular behaviour would make them safer from violence – such as not wearing revealing clothing – they are as likely as men to blame victims (Gilmartin-Zena, 1988). There is also suggestion that women who are raped by men they know are more likely to receive negative reactions from others than women who are abused by strangers (Grubb & Harrower, 2008). Some research suggests that male victims are blamed more (Gerber et al, 2004; Anderson & Lyons, 2005; Strömwall, Alfredsson & Landstöm, 2012), especially by other men (Shaw & McMartin, 1973; Anderson, 1999; Anderson, Beattie & Spencer, 2001). It is likely that different beliefs and attitudes around rape underpin victim blaming practices depending on the gender of the victim (Kassing et al, 2005) or their adherence to traditional gender roles (Viki & Abrams, 2002; Gerber et al, 2004). However, most of the research into victim blame has used quantitative methods and there is a tendency to conflate rape myth adherence – a set of beliefs and attitudes around rape – with direct victim blaming comments or behaviours. This issue will be returned to later in the chapter.

These apparent differences around who blames who have been linked to traditional views of gender, masculinity, and femininity, as well as the dominance of heterosexuality as the 'default' social expectation around sexuality (Doherty & Anderson, 2004; Anderson & Lyons, 2005; Sleath & Bull, 2010; Grubb & Turner, 2012). It may be logical to assume that men will be blamed more than women as they are less likely to fit the expectations of 'ideal' victim or 'real' rape stereotypes, which would complicate their right to victim status. However, the role of gender could also be complicated by sexuality, as public attitude tends to view the rape of heterosexual men as a far worse crime than the rape of women or homosexual men (Doherty & Anderson, 2004). Research into male rape or sexual assault between people of the same sex is greatly lacking compared to the traditional 'heterosexual pairing' of male abuser and female victim (Russell & Hand, 2017).

Gender is not the only structural inequality through which victim blame is enacted. Women of colour are seen as less credible than white women and their victimisation is deemed less important: they therefore receive more negative reactions when they do report (Wyatt, 1992; Campbell & Raja, 1999; Ardovalini-Brooker & Caringella-MacDonald, 2002; Thiara, Roy & Ng, 2015). Gail Wyatt (1992) points out that people from different racial backgrounds, ethnicities or cultural groups may have differing definitions of sexual violence or what qualifies someone as a victim, which may further complicate the ways that others respond to them following violence. Racialised victim blaming seems particularly common when women of

colour are raped by white men (Campbell, 1998): conversely, white women who are raped by Black men are more likely to be believed and the abusers receive more severe punishments than white men (Moorti, 2002). This highlights the need for a more intersectional understanding of victim blame which can include structural inequalities other than gender in its conceptualisations.

Several researchers have explored specific cultural elements which are conducive to victim blaming narratives against women. The notion of *familism* demands obedience and loyalty from women which can extend to accountability for male violence (Flores, 2005). Community traditions around sexual violence, honour, and shame – especially the shaming impact on the families of victims – combined with notions of female inferiority can create a context where women are blamed, silenced, and disregarded following violence (Hang & Thao, 2005; Shin, 2005; Gill, 2009; Kalra & Bhugra, 2013). Young women from minority backgrounds are also more likely to encounter blame and suspicion when they report abuse (Thiara, Roy & Ng, 2015) and sexual violence against older women is taken more seriously (Foley & Pigott, 2000). Women from lower socioeconomic status are also more likely to be blamed than their wealthier counterparts (Ullman, 1996b; Campbell & Raja, 1999).

Gail Wyatt (1992) argues that assumptions and stereotypes relating to race, ethnicity, and cultural background influence attitudes to sexual violence, especially against victim-survivors from communities who have traditionally been discriminated against and oppressed. The intersectionality of prejudice and inequality means that racial or ethnic identity often overlap with class and socioeconomic status (Flores, 2005), ensuring that women who occupy different strata of inequality will be most poorly treated when it comes to sexual violence. This leads to what Ravi Thiara, Sumanta Roy & Patricia Ng (2015) refer to as a 'hierarchy of victims', with some victims seen as more 'deserving' than others due race, ethnicity, immigration status or age.

While this overview of the contemporary literature is by no means exhaustive, it does demonstrate that not all victim-survivors are blamed equally and that a more robust understanding of victim blame is needed. Rebecca Campbell (1998) has proposed an ecological model which highlights the interactions between the characteristics of victim-survivors, violence, and the responding communities, to appreciate that victim blame is more than an interaction between two individuals. A far fuller comparative picture of victim blame in relation to gender, culture, age, sexuality, and class is needed to understand this complex social process, particularly from an intersectional perspective which can recognise the context of inequalities from which women are experiencing blame.

Before considering the proposed theories behind blame, it is important to acknowledge some of the limitations in the research base. Several researchers have created surveys with the intention of capturing the prevalence and nature of victim blame (see Davis & Brickman, 1991; Ullman, 2000, Taylor, 2020) yet it is challenging to explore complex social issues through surveys: questions are open to interpretation, often allow a limited number of response options and are ultimately restricted by the survey creator's expectations and choices. Additionally, these research tools have specific limitations around their focus: Davis and Brickman (1991) created their CSSI survey from interviews with women who did not know their rapist, which does not reflect the reality of sexual violence (ONS, 2020). Ullman's 2000 survey included more open-ended questions but focused on experiences of 'threatened' or 'forced' sexual intercourse, which she acknowledged may not reflect many people's experiences of sexual violence. At time of writing, these studies have not been compared with each other in terms of reliability, validity, or consistency. Taylor's 2020 survey into victim blame – the BOWSVA – required participants to share their view on who was to blame in certain scenarios, thus catching an overall sense of whether female victim-survivors are more likely to be blamed than male abusers but was not designed to allow women to share their own experiences of feeling blamed following violence.

Recruiting participants is another area of concern within this research. Some studies reached out to people at random and asked if they had experience of sexual violence while others focused on women who accessed support through Rape Crisis Centres (RCCs) or hospitals. Campbell, Sefl, Barnes, Ahrens, Wasco and Zaragoza-Diesfeld (1999) point out that such measures can be invasive for women who may be trying to regain a sense of control or safety following violence; in their work, they chose to actively advertise their research in hopes that interested women would approach them. Sarah Ullman also points out that "the disclosure context in which women tell... about their sexual assault experiences differs substantially from the experimental context of studies of college students writing about traumas in which disclosure is anonymous and will not be met with any reactions from others" (1996b, p.55). It has also been noted that most studies focus on male abuse of women, with same-sex abuse and male victim-survivors generally absent from research (Russell & Hand, 2017).

A final point of consideration is whether research itself reinforces the focus on victims (Gavey, 2019). By drawing attention to the aspects of victims which blaming responses tend to focus on – such as appearance, behaviour, class, or sexual history – researchers may unintentionally reify negative judgments and gendered expectations towards women.

Researching the topic may give more life to the circular process of blaming victim-survivors and this possibility is considered in Chapter Three.

### **From the Individual to the Professional**

As the existing evidence base has made little attempt to clearly define the ways that blame is communicated to victim-survivors, it remains an insidious problem that is difficult to address. Responding to sexual violence is a complex process: it is a crime that occurs across all communities and backgrounds and can affect victim-survivors in many damaging ways (Brownmiller, 1975; Madigan & Gamble, 1991; Jordan, 2004a; 2008). Subsequently, victim-survivors may come into contact with a multitude of professionals throughout their lives who have the potential to make a difference – positive or negative – to their wellbeing. While judgment and blame are communicated by family, partners, friends, and peers, research suggests that victim-survivors are more likely to feel blamed by professionals (Golding, Siegel, Sorenson, Burnam & Stein, 1989; Ullman, 1996b; 1999; Campbell, 2005). Victim blame has been observed within healthcare services (Bacik, Maunsell & Gogan, 1998; Campbell et al, 1999; Campbell, 2005, Salter et al, 2020), police and criminal justice settings (Jordan, 2001; 2004a; Kelly, Lovett & Regan, 2005; Smith & Skinner, 2012; Burrowes, 2013; Brooks-Hay, Burman, & Bradley, 2019), counselling and therapy (McCann & Pearson, 1990; Idisis, Ben-David & Ben-Nachum, 2007), and immigration (Haynes, 2004). Worryingly, victim blame has also been observed within specialist services which support those who have experienced sexual violence (Kelly, Lovett & Regan, 2005). There is a huge disparity between the quality and helpfulness of agency responses (Martin, 2005) and professionals are often unaware of the impacts of their blaming statements or actions (Campbell, 1998; 2005).

For many women, the ‘responsiveness’ of services, whether they prioritise the needs and wellbeing of victim-survivors in their practices and interactions or if the needs of the organisation take precedence (Martin & Powell, 1994), makes a significant difference to how they rebuild their lives following violence (Koss & Harvey, 1991; Brison, 2002). As agencies are also under pressured to carry out primary duties such as investigation, legal processes, or medical treatment (Martin, 2005; Angiolini, 2015), their ‘responsiveness’ to clients, patients or services-users may not be priority. They may also expect victim-survivors to “behave a particular way” in line with agency needs e.g., police require witnesses, hospitals require patients (Martin, 2005, p.9).

There is value in focusing specifically on professional responses, as a better understanding of the ways that victim blame is enacted through staff, practices and policies is likely to shed light on the process more generally. Whereas much of the research has focused on individual beliefs and attitudes as the focus for intervention, targeting the cognitions or behaviours of staff – even if this were easily achieved – will have little if any impact on agency framings, hierarchies, or structures. Sidanius and Pratto (1999) describe ‘institutional discrimination’ as enforced by “rules, procedures, and actions of social institutions” (p.41) and a more covert form of discrimination which is harder to identify but is just as impactful on those affected. Martin and Powell (1994) have similarly implicated ‘organisational conditions’ within services as not benefitting victim-survivors. Sociologists such as Max Weber (quoted in Wendt, 2016) viewed institutions (healthcare, criminal justice, welfare systems) as reflecting wider societal views, values, and norms, with agency processes subsequently influencing public attitudes and behaviour. As Eigenberg and Garland (2008) have commented, the prevalence of victim blaming narratives in the criminal justice system ensures that “society, as a whole, is very supportive of the notion of victim participation” (p.32).

Victim blame is also propagated through agencies. Victim-survivors with little social support are more likely to be blamed by professionals, possibly because the presence of support establishes ‘credibility’ (Anderson & Lyons, 2005). Being blamed or dismissed by an organisation (e.g., police) might increase the chance that a victim-survivor will be doubted or poorly treated by another service or by their social network. In addition, there is evidence that working in an environment that fosters victim blame can contribute to staff burnout and an increased skepticism of victim-survivors, effectively keeping the problem going (Kelly, Lovett & Regan, 2005; Bakker & Heuven, 2006). Martin and Powell’s (1994) in-depth examination of organisational structures strongly suggest that more ‘responsive’ treatment of victim-survivors can “expediate organizational effectiveness and community cohesion” (p.890) and that treating women with dignity and respect may reduce staff distress and burnout and be less damaging to morale. Even though these recommendations were written almost 30 years ago, there is value in revisiting this work as it strongly suggests that addressing victim blame would also benefit the professionals who are doing the blaming as much as the people they are designated to support.

Victim blame research has tried to address why we blame those who have been victimised or harmed by another person. While there may be a general tendency to feel uncomfortable or out of our depth when something bad happens to someone we know (Coates, Wortman & Abbey, 1979), what is it about sexual violence that makes us want to shift responsibility and



judgement away from the person committing the abuse and onto the person who has been hurt? The literature follows two branches of theory: cognitive processes which focus on victim blame within individuals, and sociological theories that look at the wider cultural or societal conditions which enable victim blame. It is important to consider both avenues of enquiry, as well as ways of potentially consolidating these distinct approaches, whilst being aware of methodological issues in the research.

### **Individualising Victim Blame: Cognitive Theories**

The fields of cognitive and social psychology have traditionally framed victim blame as the result of the “cognitive processes people rely upon to make sense of the world” (Ward, 1995, p.70), stemming from beliefs (the ‘facts’ we hold about the world), attitudes (our opinions of these facts) and our attributions of causality and for certain events. The view that victim blame is an unconscious, unintentional process which attempts to make sense of complex events is rooted in the early work of psychologists including Leon Festinger (1957), Fritz Heider (1958) and Melvin Lerner (1974a/b). The theories of cognitive and emotional processing which are most relevant to victim blame are referred to under the umbrella of attribution biases and are still cited as driving forces behind victim blame today (Taylor, 2020), despite their limited applicability.

Cognitive psychologists have referred to people as ‘naïve scientists’ who want to make sense of our world, yet this desire makes us susceptible to making incorrect assumptions about negative or upsetting events (Kelley, 1967, 1972; Weiner, 1992). We are particularly likely to engage in distorted thinking when responding to stressful or emotive subjects such as sexual violence, as emotional reactions reduce the mental resources available to think things through and reflect on our conclusions (Goldinger, Kleider, Azuma & Beike, 2003). These assumptions are framed as “natural, knee-jerk reactions” to the anxieties of living in an unpredictable and threatening world and are essentially attempts to feel safer (Britt, 2007) but they also lead us to make biased conclusions about the causality of certain actions or events.

As we are privy to the reasoning behind our actions and prefer to see ourselves as responsible for our successes but not our misfortunes, we believe that bad things are less likely to happen to us than to other people (Kelley, 1967; Weiner, 1992). This can protect us from being overwhelmed by anxiety and can minimise the pain of failure or enhance the reinforcement of our successes (Shaver 1970; 1975): without this optimistic slant on our abilities and mastery, we would avoid taking risks or engaging in potentially dangerous

activities which would otherwise enhance our lives (Kelley, 1967; Britt, 2007). When we do recognise ourselves as being at fault for the things we have endured, we attempt to regain some sense of control by thinking of what we could do differently to avoid future hardships: again, this can lead us to make faulty assumptions or conclusions (Lerner, 1980).

Conversely, we are also 'naïve judges' who attribute responsibility and blame to others whilst overlooking environment or context (Kelley, 1967; Weiner, 1992). We attribute responsibility for events by focusing on the outcome rather than the reasons for someone's behaviour (Jones & Nisbett, 1972; Malle, 2011): for example, we might assume that a victim of sexual violence chose to wear certain clothes with the intention of initiating sex with a stranger, and thus we blame her for 'provoking' violence, when she may have simply liked the outfit. Such assumptions of causality *and* intention reinforce attributions of responsibility onto victims and essentially blames them twice: for their behaviour and the thought processes behind their behaviour. These cognitive biases trigger the emotional and behavioural responses through which we blame, criticise, or avoid victim-survivors of rape (Weiner, 1992). On a more meta-level, cognitive theories which focus on the way we process information about sexual violence also disregard the social or cultural contexts and norms within which we are trying to make sense of our world (O'Toole, 2007).

While psychologists assert that these biases come from attempts to be cognitively efficient rather than malicious intent towards others (Allport, 1954) and are desperate attempts to find meaning in the face of terrible events (Anderson, Kay & Fitzsimons, 2010), it makes little difference to the person being blamed.

### **Just-World Belief**

People's desire to live in a just world leads not to justice but to justification.

Zick Rubin & Letitia Anne Peplau (1975, p.84)

The Just-World belief (or Just-World hypothesis) is regularly cited as an explanation for victim blame (see for example, Jessica Taylor's review of victim blame research, 2020). Created by Melvin Lerner, the theory describes an innate human desire to see the world as inherently just and fair, where good things happen to 'good' people and misfortune befalls those who are 'bad' (Lerner, 1974; 1980, Lerner & Miller, 1978). In a just world, actions influence outcomes and people therefore deserve the things that happen to them, making the environment a stable and ordered place: this belief allows us to make sense of random and frightening events, to feel less vulnerable and more in control (Lerner & Simmons, 1966;

Lerner, 1980; Foley & Pigott, 2000). However, believing in a just world also makes us want to establish why a traumatic event happened *and* why it happened to a specific person, which leads us to interrogate the behaviours or characteristics of those affected (Jones & Aronson, 1973; Lerner, 1980; Furnham & Procter, 1989). As with other attribution biases, we are likely to avoid or ignore any evidence which challenges our search for justice (Lerner, 1980).

Similar to the Just-World belief, Shattered Assumptions theory explores the changes that happen to our internal network of beliefs when confronted with extreme events or threats to our feeling of safety, worth or trust in others. An experience such as rape can deeply fracture our sense of invulnerability or view of the world as a benign place (Janoff-Bulman, 1985; Roth & Lebowitz, 1988). While collective traumas like war or natural disaster can help us to empathise with and support each other, sexual violence is typically a lone experience which causes disconnection more than solidarity. For Susan Brison (2002), sexual violence “not only shatters one’s fundamental assumptions about the world and our safety in it, but it also severs the sustaining connection between the self and the rest of humanity” (p.40). It is not just the victim-survivor who is affected in this way, as assumptions and beliefs around safety can be threatened when we hear about others being subjected to violence or trauma. Clinical psychologists have theorised an extensive network of cognitive schemata which help us make sense of our world as a less threatening and more manageable place (McCann & Pearlman, 1990; Clark & Beck, 1999; Young, Klosko & Weishaar, 2006). Shattered Assumptions theory extends Lerner’s focus on our need for a fair and predictable world to consider a range of beliefs about ourselves and our worth in relation to others (for example, that we are loveable or deserving of respect) and is used therapeutically to help victim-survivors rebuild some sense of meaning which can incorporate the traumatic event. Both theories describe the same result in the face of violence: we feel vulnerable, anxious, and do our best to avoid the threat. In this context of threatened or shattered beliefs, victim-survivors themselves are seen as “manifestations of a malevolent universe” (Janoff-Bulman, 1992, p.148) and thus rejecting them helps us maintain the illusion of invulnerability and safety (McCann & Pearlman, 1990). As expressed by Brison, people “cannot allow themselves to imagine the victim’s shattered life, or else their illusions about their own safety and control over their lives might begin to crumble” (2002, p.11) so we blame, avoid, disbelieve, or otherwise deny victim-survivors to protect ourselves.

It has been suggested that belief in a just world is installed at a young age and reinforced through childhood stories or TV shows where good behaviour is rewarded and bad behaviour is punished (Lerner, 1980; Rubin & Peplau, 1975; Martin, 2007). Such simplicity is

tempered to some extent throughout our lives, as we experience unfairness and appreciate the complex and random nature of our world (Kohlberg, 1963). However, any threat to our foundational belief system causes cognitive dissonance which we attempt to mediate by distorting our perception of events to fit our beliefs and restore balance to our world view (Festinger, 1957). Lerner (1974a) also suggested that viewing distressing events as somehow 'just' allows us to protect the energy reserves that would otherwise be expended on attempts to flee or protect ourselves from victimisation, or on compassion and concern for victims.

Psychologists have explored why these belief systems do not lead us to condemn the perpetrators of violence. Condemning abusers and their actions as 'bad' does little to alleviate the discomfort of knowing that a 'good' or 'innocent' person has been harmed by another, so other cognitive processes are required to ease this dissonance. Punishing abusers or alleviating the damage caused to victims may go some way to resolving this dissonance (Hafer & Bègue, 2005; Ellard, Harvey & Calian, 2016) but these are difficult tasks due to over-burdened and ineffective justice systems, long waiting lists for healthcare or counselling, and lack of trauma-informed services. Therefore, we need to view the victim as having contributed to their fate in some way to protect our notion of a Just World (Lerner & Simmons, 1966; Foley & Pigott, 2000; Dalbert, 2009), by concluding that they did something wrong or violated social norms (Lerner & Miller, 1978; Hafer & Bègue, 2005; Ellard, Harvey & Calian, 2016). This process relies heavily on stereotypes to determine who can be a 'proper' victim of certain events (Jones & Nisbett, 1972; Lerner, 1974a). Conversely, we also feel threatened if we judge a victim as 'innocent' and therefore blameless, as this suggests that we can do everything right and still end up being harmed so we actively find ways to blame them (Lerner, 1974a; Lerner & Miller, 1978). We are adept at manipulating reality so as to defend our belief that things are not random or unpredictable: in some cases, the fact that victim experienced violence at all is seen as proof that they 'deserved' it (Lerner, 1980).

While these theories may seem like compelling drivers for victim blame, they are insufficient as an explanation for several reasons. Firstly, Just World is not a universally held belief (Lerner & Simmons, 1966; Rubin & Peplau, 1975; Lerner & Miller, 1978) and research is inconclusive as to what influences the degree to which individuals subscribe to the concept. These theories also assume that everyone grows up with a stable and positive worldview that could be shattered in the first place, which is not the case for many people from marginalised communities and identities or those who live in conflict (Gilfus, 1999; Wasco, 2003). Those from minoritised backgrounds or who experience discrimination and

oppression from a young age are unlikely to see the world as a kind, benevolent place: this privileged position most likely mirrors the white, middle-class, able-bodied people (men) who came up with the theory.

Also, while it is asserted that the belief operates at an unconscious level, many of us are consciously aware that the world is *not* a just or fair place (Ellard, Harvey & Calian, 2016): yet the dissonance between conscious and unconscious beliefs has received little commentary or consideration. Perhaps most importantly, the theory does not explain why people respond in such a manner to sexual violence but do not blame victims of physical assault or murder to the same degree; Just World belief or Shattered Assumptions cannot explain the 'special wrongness' of victim blame following sexual violence.

### **Defensive Attribution Theory**

Defensive Attribution is another perspective on cognitive processes which attempts to maintain a feeling of control whilst protecting ourselves from misfortune or blame for misfortune (Kelley, 1967; Shaver, 1970; 1975; Weiner, 1992). This theory was proposed by psychologist Kelly Shaver and builds upon the work of Fritz Heider on how we make sense of other people's behaviour. Like Just World belief, Defensive Attribution allows us to view events as meaningful rather than random and links good outcomes with positive traits within ourselves, but it also attributes negative outcomes to less favourable characteristics, especially in others (Heider, 1958; Weiner, 1992). It is a means of not having to acknowledge that bad things can happen to us (Shaver, 1975) and some researchers have suggested this as the mechanism underlying victim blame (Grubb & Harrower, 2008).

As with Just World belief, Defensive Attribution tends to "take the raw material too literally without taking into account additional factors that influence it" (Heider, 1958, p.56): we imbue causality into the actions of those centred by events and ignore contributing factors or the wider environmental context (Kelley, 1967). Rather than viewing the world as a fair and balanced place, Defensive Attribution theory accepts that bad things do happen but minimises how much we believe that they could happen *to us* or the extent to which we would be blamed if they did affect us (Shaver, 1970; 1975; Shaw and McMartin, 1973). The attributions we make depend on the similarities with those involved more than to the events themselves, which may explain why we blame victim-survivors who we see as not like us or make the effort to 'other' victim-survivors on account of their behaviour or characters (Luginbuhl & Mullin, 1981). Again, we rely on stereotypes and assumptions as to the characteristics or character of a 'type' of person (Jones & Nisbett, 1972); it also seems to

matter whether we 'like' the person being judged, dependent on the limited information we have about them (Nisbett & Ross, 1980). Whilst this othering reassures us that we would make 'safer' choices and are therefore protected (Grubb & Harrower, 2008), it is unclear if we are more likely to blame those who we view as dissimilar to us or if we look for discrepancies so we can blame those like us and protect ourselves (Bell, Kuriloff & Lottes, 1994).

This 'othering' may offer a route to explaining the gendered differences in victim blame. If women engage in victim blame as a self-protective distortion, they may also expect other women to take steps to protect themselves from the threat of sexual violence (Lonsway & Fitzgerald, 1994; O'Toole, Schiffman & Kiter Edwards, 2007). This would also explain why men are more blaming of victims and less damning of (male) abusers (Luginbuhl & Mullin, 1981). Essentially, we make whichever attribution will protect us personally the most (Shaver, 1970; 1975).

It has been argued that Defensive Attribution is a logical way of understanding causality as it looks for consistency and repetition when making sense of events (Kelley, 1967).

Unfortunately, this means that people who experience multiple assaults are more likely to be blamed for their experiences (Calhoun, Selby & Warring, 1976) even though we know that there are multiple complicated reasons for revictimisation (Mason, Ullman, Long, Long & Starzynski, 2009). Defensive Attribution may also function to maintain the 'moral' status quo within society by punishing those who are deemed to have violated social norms and therefore 'deserve their fate'. As with Just World belief, this cognitive process seeks the path of least resistance by trying to change an individual (in this case, someone who has been assaulted) rather than the circumstances or structures which enable their misfortune (Kelley, 1972).

As with other cognitive explanations, Defensive Attribution does not account for individual differences or attitudes towards sexual violence (Grubb & Harrower, 2008). It also overlooks the *intention* of those being judged<sup>3</sup> (Kelley, 1967): we may blame a woman for her choice of clothing even though we *know* that she did not choose to wear it in hopes of being assaulted. While other authors have tried to add intention into this theory (see Jones & Davis, 1965), it remains an overall limitation of all individual processing theories as an explanation for views on people's behaviour (Malle, 2011).

---

<sup>3</sup> Malle (2011) claims that Heider's early work has been misinterpreted by later scholars and that he was always interested in how we consider other people's intentions for their behaviour.

A crucial issue with these cognitive theories is the specificity of cultural context. A study by Michael Morris and Kaiping Peng (1994) suggest that attribution processes may not operate in the same ways within 'collectivist' versus more individualist cultures. As victim blame occurs in traditionally collectivist societies (see Wong, Wong, Lau & Lau, 2002; Chan, 2009), a more comprehensive explanation is required.

### **Victimisation Perspective Theory**

Rather than being rooted in self-protection, Victimisation Perspective theory stems from the desire to help others. When we see people affected by traumatic events, we are moved to alleviate their suffering and feel helpless or impotent if unable to do so (Silver, Wortman & Crofton, 1990). This frustration can lead us to withdraw support or otherwise reject victim-survivors (Ullman, 1996a), especially those who are deemed as coping least well (who may be the people most in need of assistance) (Silver et al, 1990). We also hold beliefs about how people should react to violent or traumatic experiences and may feel upset or even 'repulsed' by certain trauma responses: although it is generally accepted that people want to talk about difficult experiences or express their feelings, there is a preference for victim-survivors who 'stay strong' (Coates, Wortman & Abbey, 1979). Such expectations interlink with gender norms, about how women should protect themselves from being victims of sexual assault as well as responding in the manner expected of a female victim e.g., upset but credible, angry but not aggressive, in need of help but not incapable of helping themselves (Schur, 1984). Social assumptions include the type of support that should be welcomed by victim-survivors and we feel threatened if our assistance is resented or if those we are trying to help are not coping 'correctly' (Herbert & Dunkel-Schetter, 1992).

Authors suggest a cyclical element to the process, where helpers feel frustrated at victim-survivors' reactions to their attempts to help and subsequently blame them for feeling blamed; such observations are unhelpful, as they keep the focus on victim-survivors as the cause and 'solution' of victim blaming (Coates et al, 1979). In addition, ineffective helping might challenge our belief in a Just World and sense of personal invulnerability, thus activating other cognitive process which lead us to blame victims (Dunkel-Schetter & Wortman, 1982). Victimisation Perspective theory may explain the impossible expectations placed onto victim-survivors: that they respond to violence in defined, rigid ways; that they are grateful and responsive to all attempts at help; that they suppress thoughts, feelings, or actions that others may not wish to see. Obviously, none of these demands are likely to help victim-survivors rebuild their lives following violence. They also echo the concept of

victimism (Barry, 1979) which recognises the ways that women are reduced by victim stereotypes *and* dismissed if they do not meet these reductive expectations.

As with other theories, Victimisation Perspective does not account for the varied ways that people respond to victim-survivors. Others have suggested that when faced with someone we know personally, we would respond in a more understanding and compassionate manner than research suggests (Ahrens & Campbell, 2000), yet this does not explain why some victim-survivors are rejected by family, friends, and peers. However, there is value in Victimisation Perspective's wider consideration of social stereotypes and expectations of victim-survivors which frames victim blame as a social rather than purely individual process.

### **The Limitations of Cognitive Theories**

Although there is logic within the theories discussed above and their relation to victim blame, there are major issues that must be addressed from both methodological and theoretical perspectives. As stated by Candace Clark (1992), "psychological factors cannot entirely explain how people give and withhold sympathy, because macro- and microsocial factors are also at work" (p.48).

### **The Role of Emotion**

Searching for a cognitive explanation of victim blame overlooks the role of emotion or, at most, views it as the affective afterthought to information processing. Empathy, the ability to understand someone "from his or her frame of reference rather than one's own, so that one vicariously experiences the person's feelings, perceptions and thoughts" (APA, 2007, p.327) is an important part of the human experience that promotes social cohesion over conflict or exclusion (Konrath, O'Brien & Hsing, 2011). It is understood as a cognitive *and* emotional process (Davis, 1983; Ibrahim, 2012) which is crucial for creating "glue for social bonds, the building blocks of society" (Clark, 1992, p.5). A lack of empathy makes it easier for us to be dismissive and cruel to those who are suffering (Konrath, O'Brien & Hsing, 2011).

Unsurprisingly, empathy has been noted as an important factor in positive responses to survivors of sexual violence (Ahrens & Campbell, 2000; Brison, 2002) and while few studies have considered this element, there does seem to be a link between blame and low empathy for victims, especially from men towards women who have experienced violence (Sinclair & Bourne, 1998).

Empathy is at odds with Western neoliberalist ideologies which value individual responsibility to the extent that those affected by adversity or violence are likely to be met with blame



more than compassion (Clark, 1992). Employing empathy in interpersonal interactions is a demanding process which requires energy and willingness to take on some vicarious experience – to be in the other person’s shoes – and is often seen as an ‘unprofessional’ response in work or formal settings (Ibrahim, 2012). It is easy to see how professionals responding to victim-survivors may be unable or unwilling to engender an empathic response, and how this may subsequently be experienced as judgment, blame, or rejection.

As empathy is a key driver of meaningful social change (Krzmaric, 2008), we would need to break down the widely held assumptions and beliefs about the causes, impacts, and solutions to sexual violence and help people understand the lived experience of victim-survivors in order to reduce victim blame. There is some hope that ‘empathy training’ may reduce bias and improve interactions (Eberhardt, 2019): however, changing beliefs, attitudes, and preconceived notions – especially on a collective level – is a very difficult undertaking. There is also a limited understanding of how emotional empathy interacts with cognitive processes when making sense of violence or trauma, and how we reconcile the dissonance that these different perspectives may create within us. Focusing at a purely individual level also ignores the systems and resources which prevent us – or enable us – to respond empathetically to victim-survivors.

### **Methodological Tensions**

There has been much scrutiny of the methodological approaches and reliability of the research into victim blame, especially the foundational studies which have established the cognitive process most drawn on in the literature. Considering the influence that these theories still hold, especially Just World belief (see Taylor, 2020), a quick overview of these methodological tensions is required to put them into context. Chapter Three explores the wider issues around using positivist, quantitative measures rather than more feminist approaches when researching sensitive and gendered processes such as sexual violence and victim blame.

Firstly, there is a tendency to conflate terms: we have already seen how victim blame is rarely given a clear definition in research, and ‘blame’, ‘cause’, ‘fault’ or ‘responsibility’ are used interchangeably within studies. Similarly, the terms ‘rape’, ‘sexual violence’, ‘assault’ and ‘abuse’, as well as more specific terms such as ‘forced sex’ or ‘unwanted touching’ (Ullman, 2000) are used throughout the research which may complicate findings: do certain victim blaming responses relate to specific act of sexual violence against women?

Research methods also differed: some studies used surveys or discussions of vignettes, either with direct questions about attitudes to victims while others presented sexual violence scenarios – some fabricated for the purposes of research, others taken from newsprint or violence prevention campaign materials – to elicit responses. These inconsistencies make it difficult to directly compare different studies and findings (Grubb & Harrower, 2008). The reliance on strictly quantitative perspectives through self-report surveys or scales does not provide space for nuanced responses from participants. Kleinke & Meyer (1990) also suggest that written vignettes cannot represent the reality of rape or the context from within which we make judgments about it. Studies which require participants to self-report fail to consider the intrinsic human desire to present ourselves in a positive light and therefore may not be a true measure of participant's views and attitudes (Stahlberg & Frey, 1996). If it is widely accepted that victim blaming is not a positive thing to do, would people consciously admit to thinking or acting this way?

As with many psychological studies, participants are often university students taking part in research for course credit: this means that those taking part are not representative of general populations (Anderson & Lyons, 2005; Grubb & Harrower, 2008) and are also motivated to do so for the benefit of their studies which may mean other biases are also in play (Acock & Ireland, 1983; Brown & Testa, 2008). Most of this research has also been conducted in North America (Grubb & Harrower, 2008). The reliability of what is actually being measured is also up for debate as it is unrealistic that questionnaires would be able to focus on a single belief – such as Just World – in isolation from other attitudes, biases, or personality traits (Hafer & Bègue, 2005; Pedersen & Strömwall, 2013). The complexity of human experience also makes it unlikely that cognitive responses would be so siloed, rather than deeply interactive and multi-layered, and as cognitive processes operate subconsciously, how do we know what is being studied? It is difficult to differentiate between theoretical concepts and solid, psychological constructs which influence real world behaviour and social interactions (Fazio & Petty, 2008; Ellard, Harvey & Calian, 2016). Some have argued that the quantitative research instruments used are too crude and simplistic to account for sensitive processes such as making judgments about emotive and complex events, or how such views may change over time and contexts (McMahon & Farmer, 2011).

Interestingly, some of the key foundational studies are inconsistent, inconclusive, and contradictory in their findings of attribution and causality (see Walster, 1966 vs. Shaver, 1975 vs. Kelley, 1967), yet theories of victim blame have built upon this research without querying its accuracy (Beattie & Anderson, 1995). Despite the volume of research in this field, the same interest has not been applied to those who do not blame or derogate but

support victim-survivors (Hafer & Bègue, 2005); rather than just an absence of beliefs, helpers may hold other attitudes about victimisation which are as important to explore. A final key point is the complexity of social processes such as victim blame: whilst some theories can be linked to biases and stereotypes, it is unlikely that a singular theory can explain a multi-causal issue like victim blame (Sidanius & Pratto, 1999; O'Toole, 2007; Taylor, 2020). And yet these theories continue to hold weight in academic and mainstream discourses.

### **Changing Attitudes or Changing Behaviour?**

A final point of interrogation for cognitive theories is whether they are useful in terms of real-world change. Theories of change from social psychology suggest a two-fold approach, of challenging stereotypical attitudes which lead to unwanted behaviours and also correcting the discriminatory behaviour which reinforces negative judgments. Some researchers recommend education and awareness-raising around the realities of rape when tackling victim blame, to help professionals engage emotionally and feel more empathy for victim-survivors (Amar, 2008; Burrowes, 2013).

It seems intuitive that changing attitudes would change behaviour yet research has repeatedly shown that this is often not the case (LaPiere, 1934; Festinger, 1957; Abelson, 1972; McGuire, 1985; Stahlberg & Frey, 1996). Beliefs are rigid structures and very difficult to change because they are usually adopted early in life and form the entrenched, cognitive foundations from which we understand the world (Clark & Beck, 1999). Stereotypical attitudes are especially resistant as they are repeatedly reinforced through peers, media, or culture; there is some suggestion that trying to suppress stereotypic beliefs can inadvertently strengthen them in a 'rebound effect' (Macrae, Bodenhausen, Milne & Jetten, 1994).

Psychologist Anabela Pinto (2020) describes such beliefs as 'sticky' and highly resilient to change even in the face of contradictory evidence. This 'stickiness' has the evolutionary function of protecting cognitive frameworks which maintain social cohesion and create a collective view of the world as controllable and less threatening (Pinto & Bright, 2016). Even when we consciously acknowledge the complexities of reality, unconscious biases still affect how we interpret and experience daily life (Weiner, 1992; Ellard, Harvey & Calian, 2016). Training interventions designed to highlight and challenge biased beliefs, especially in work settings, are not particularly effective or hopeful (Eberhardt, 2019).

It may be more pertinent to focus on behavioural change as a 'bottom-up' approach to modifying related attitudes or beliefs, as some research suggests that behaviours are easier

to change than attitudes (McGuire, 1985). If encouraged to change their behaviour, people may modify their attitudes accordingly for “we are good at finding reasons for what we do, but not very good at doing what we find reasons for” (Abelson, 1972, p.25). If this is the case, then changing how people respond to victim-survivors could also affect how they think about victim-survivors. Research which has looked on behavioural change, such as workplace diversity training – which also involves challenging prejudicial stereotypes – has shown that providing instruction and encouragement to alter specific behaviours is more effective than attempting to challenge attitudes. People “respond negatively when they feel that someone is pointing a finger at them” and this may result in a cognitive ‘backlash’ which strengthens certain attitudes rather than promoting positive change (Dobbin, Kalev & Kelly, 2007, p.26).

Allport’s (1954) contact hypothesis suggests that meaningful contact with people from a stereotyped group – in this case, victim-survivors – can reduce prejudice, especially when alternative stances are sanctioned by “institutional supports” such as law or customs (p.281). That said, the factors which determine interactions as ‘meaningful’ are varied and complex (ibid). The fact that victim blame operates within services which regularly support victim-survivors, such as criminal justice and healthcare systems (Jordan, 2004a; Martin, 2005), also queries whether the contact hypothesis needs to be linked to understandings of how institutional contexts reinforce individuals’ attitudes and behaviours.

There has been minimal research into the application or effectiveness of behavioural change strategies with regards to victim blame, and the little that does exist has relied upon self-reporting from professionals rather than observations (Foubert, 2000). Crucially, interventions focused on victim blame would require significant input from victim-survivors, as their lived experiences of responses from others would need to be the measure for assessing success. Additionally, purely behavioural approaches assume that blame is only communicated through comments or actions of individuals, which may not be the case.

These findings have important ramifications for considering strategies for change and highlight the need for a thorough, more workable conceptualisation of victim blame than purely cognitive or behavioural theories can allow. Sidanius and Pratto (1999) argue that different scientific perspectives home in on one aspect of social issues, such as prejudice, and subsequently cannot see the bigger picture. Cognitive and behavioural approaches to victim blame overlook the social and cultural context within which the process operates, is influenced and maintained; just as sexual violence is not a one-off incident occurring in

social or cultural isolation, victim blame needs to be seen within this wider context. It could be argued that theories which focus on attitudes and behaviours maintains the focus on individuals as being the problem and the solution to social issues such as sexual violence and the derogation of victim-survivors.

While there is recognition of victim blame as a social phenomenon which is deeply linked to gender, sexuality, and negative attitudes towards women (O'Toole, 2007; Britt 2007, 2013<sup>4</sup>), the cognitive psychology roots run deep in academic discourses as to the origin and function of the process. Therefore, we need to consider social and cultural understandings of victim blame to move away from purely focusing on the individual.

### **Socialising Victim Blame: Prejudice and Rape Culture**

Human behaviour is highly socially moderated: we behave in accordance with social norms and expectations, to avoid appearing foolish or risk being excluded by our communities (Abelson, 1972). Attitudes and beliefs are reinforced when those around us hold the same views (Shaw & Sulzer, 1964, Jones & Nisbett, 1972) and peer approval has been established as a contributory factor in sexual violence (EVAW, 2011a). Researchers like Sidanius and Pratto (1999) have acknowledged the gulf between psychological and sociological understandings of power, hierarchy, and discrimination. Negative, stereotypical attitudes towards victim-survivors alone cannot account for the prevalence of victim blame in society yet they are often seen as a simplistic cause (Suarez & Gadalla, 2010). Rebecca Campbell's (1998) ecological model of negative responses to rape highlights the 'victim-systems' processes and argues that we should locate victim-survivors and sexual violence more broadly within the wider context of communities: yet the majority of victim blame research still focuses on individual interactions.

Feminists have suggested that rape myths, misogyny, traditional gender roles and female sexualisation have become so entrenched that they form 'rape culture', an environment which normalises and fails to prevent sexual assault (Philips, 2016; Fanghanel, 2020). Liz Kelly introduced the concept of 'conducive context' for violence against women and children, which accounts for wider socio-political conditions that are otherwise overlooked (Kelly, 2007; 2016), while the term insidious trauma has been created to describe the cumulative

---

<sup>4</sup> Dr Michael Britt's podcasts on *Blaming the Victim* (2007) and *What Men Need to Do to End Violence Against Others* (2013) provide a fascinating insight into the thinking shift that is needed from seeing victim blame as the result of individual cognitive processes to understanding the socialisation and normalisation of male violence against women.

impacts of a lifetime of discrimination and oppression (Gilfus, 1999; Wasco, 2003). While these may seem like huge concepts to consider, overlooking contexts in favour of individual explanations “denies the systemic nature of oppression and privilege” (Frazier & Falmagne, 2014, p.482) which enables sexual violence and the dismissal of victim-survivors.

### **Stereotypes and the Influence of Cultural Norms**

The culture reinforces the behaviour, and the behaviour reinforces the culture and becomes the reality. A continuing cycle of beliefs denies real victim status to women and makes it very hard to be a woman who has been raped.

Martha Burt (1991 p.34)

Academics have tried to explain the co-existence of stereotypes and other prejudicial beliefs with the cognitive theories of victim blame (see Taylor, 2020 for an overview). While some frame prejudicial attitudes as a form of defensive attribution (Grubb & Harrower, 2008; Grubb & Turner, 2012), this framework does not account for the other information processing theories and such explanations overlook the role of emotion, as discussed previously. If, as it seems, attributions of responsibility influence our treatment of other people for many reasons, including how much we relate to or ‘like’ the person being judged (Nisbett & Ross, 1980), then prejudices born from structural inequalities and cultural biases against different communities must be considered in relation to tackling victim blame.

Research into victim blame has focused on the role of prejudicial attitudes, particularly ‘rape myths’ (Brownmiller, 1975; Burt, 1980, 1991), which are considered in more detail in the following section. When we hold negative beliefs about a person that is based on certain conditions – such as their experiences of violence – we are likely to stereotype them in ways which lead to negative judgements and discrimination (Allport, 1954; Jost & Hamilton, 2005; Eberhardt, 2019). In his formative text on blaming victims, Ryan (1976) argued that stereotypical attitudes about African Americans made it seem ‘reasonable’ to white communities that they be blamed for their struggles. Stereotyping also makes us feel better about ourselves through the derogation of others and justifies both the poor treatment both of some social groups and the superiority of others (ibid). While stereotypes can be positive and neutral as well as negative, they all help to maintain the status quo and subsequent inequalities, such as gender disparity, within families, organisations, and wider societies (Jost & Banaji, 1994). As with defensive cognitive processes, stereotyping is an unconscious way of making sense of the world and is strongly reinforced by early experiences, social norms, and popular culture: psychologist Gordon Allport (1954) saw prejudice as “stitched

into the fabric of social living” and argued that biased assumptions are a cultural phenomenon as much as a characteristic of individuals (p.506). Stereotypes which devalue a group or community of people are maintained by social structures including laws and regulations, popular media, and institutional structures (Jost & Hamilton, 2005; Eberhardt, 2019). This means that to fully understand the biases or stereotypes which underpin victim blame, we also need to consider the social and cultural contexts for such beliefs.

The decisions and actions we make depend upon the information available to us as well as the context within which we are processing it: if people have access to lots of information with the time and motivation to consider it thoroughly, then they make assumptions based on this information (referred to as data-driven processing), whereas if we are pressed for time or have limited details, we tend to make decisions based on existing beliefs or stereotypes (schemas) (Bieneck & Krahé, 2011; Dawtry, Cozzolino & Callan, 2019). Making sense of rape is a complex task and it can be emotional and difficult to process information relating to it (Nisbett & Ross, 1980; Roth & Lebowitz, 1988), hence the tendency to rely on existing schemas. These schemas are hugely influenced by cultural norms – such as rape myths, see below – and lead to confirmation bias, the seeking out of information which supports our existing beliefs and ignoring that which challenges our assumptions (Horowitz & Reidbord, 1992). Social psychologist Jennifer Eberhardt (2019) describes bias as a “distorting lens that’s a product of both the architecture of our brain and the disparities in our society” (p.6), which is implicated when information is ambiguous or upsetting.

This distinction is particularly relevant to complex and emotive issues such as sexual violence. The prevalence of stereotypes and ‘rape myths’ which place emphasis on irrelevant information such as the appearance, drunkenness, or sexual history of victim-survivors, influence the ways that individuals and organisations react to those affected by sexual violence (Burt, 1991; Krahé, Temkin & Bieneck, 2007; Dawtry et al, 2019). As with Just World belief, assumptions about sexual violence influence crucial decisions throughout victim-survivors’ contact with the criminal justice system, from the initial response of police to the Crown Prosecution Service’s consideration of evidence and the outcomes dictated by barristers, judges, and juries (McEwan, 2003; Bieneck & Krahé, 2011). Criminologist Jan Jordan (2004a) theorises that schemata-driven information processing leads to lower conviction rates in cases which do not resemble the more ‘stereotypical’ stranger rapes. As with other aspects of beliefs, attitudes or prejudice, these processes take place outside of our conscious awareness and operate independently to our values or intentions (Eberhardt, 2019). The most pervasive stereotypes which are routinely linked to the blaming of victim-survivors are rape myths.

## **Rape Myths and Victim Blame**

Rape myths are false and prejudicial stereotypes: “beliefs about rape that put women at a disadvantage” (Bohner & Schwarz, 1996, p.164). Since attention was first drawn to these myths by Susan Brownmiller (1975) and Martha Burt (1980, 1991), extensive research has identified the range of stereotypes which take four general forms (Doherty & Anderson, 1998; Jordan 2004a; Bohner et al, 2009; Fenton & Jones, 2017). These myths:

- blame victims
- dispute the credibility of rape or minimise its seriousness
- exonerate perpetrators
- assert that only a certain type of woman can be raped, based on behaviour, character, or other characteristics.

Rape myths are not just thoughts: they affect the behaviour of those who believe them, including perpetrators, victim-survivors, and criminal justice professionals (Jordan, 2004a; Temkin & Krahé, 2008; Wilson & Scholes, 2008; Bohner et al, 2009) and serve the wider, cultural function of justifying and enabling male violence against women (Bohner et al, 1998; Payne, Lonsway & Fitzgerald, 1999; Fenton & Jones, 2017). As stated by Fenton and Jones (2017), rape myths “operate in multiple ways to scaffold gender-based violence as they feed victim-blaming, permit, excuse and normalise men’s violence against women, and inhibit and suppress (supportive) disclosure” (p.151).

Worryingly, rape myth adherence is highly present in the criminal justice system, especially the idea that ‘no means yes’ or that rape allegations are often false, despite the intense work of many activists to highlight the inaccuracy of these claims (Jordan 2004a; Burrowes, 2013). It seems that like other negative stereotypes (Eberhardt, 2019), rape myths can evolve to become more subtle and maintain a hold in public and professional discourses (Bohner et al, 2009; McMahon, 2010; McMahon & Farmer, 2011): one example being the growing tendency to view rape as the unintentional result of ‘miscommunication’ rather than a deliberate act of violence and dominance (Frith, 2009; Coy, Kelly, Vera-Gray & Kanyeredzi, 2015). They are also self-perpetuating: victims or assaults which do not fall in line with rape myth expectations are more likely to be dismissed, not recorded, or result in a not-guilty conviction, reinforcing the rigid assumptions around what counts as a ‘real’ rape (Sinclair and Bourne, 1998; Ahrens, 2006). Rape myths also deter victim-survivors from disclosure or seeking support, especially those from more marginalised groups or who do not feel that their experiences match the typical ‘violent’ rape, which further maintains our



flawed understanding of sexual violence (Lonsway & Fitzgerald, 1994; Ahrens & Campbell, 2000; Jordan, 2012). This contributes to a much bigger picture than victim blame, that of a general culture of rape acceptance: as Jan Jordan puts it, “in colluding with the rapist, society silences the victim” (2012, p.254).

Many have tried to make sense of rape myths in line with cognitive bias. Dawtry et al (2019) argue that rape myths are part of our cognitive schemata and are used to ‘fill in’ information gaps when we hear about sexual violence so that we can establish causality (and therefore responsibility). Some have linked rape myth acceptance to defensive attribution (Gilmartin-Zena, 1988), others to Just World belief (Sinclair & Bourne, 1998), especially when trying to explain why men and women accept or challenge these myths in different ways. While it makes sense that inaccurate assumptions about the causes of sexual violence may suggest that we and our loved ones are immune from such an awful experience (Lonsway & Fitzgerald, 1994), it could be argued that rape myths make violence *more* likely, as they reduce society’s ability to respond appropriately to victim-survivors, prevent further violence, or hold abusers to account (Ahrens, 2006; Bieneck & Krahé, 2011, Burrowes, 2013). In these ways, rape myths facilitate sexual violence as a pattern of behaviour and maintain male dominance over women (Fenton & Jones, 2017): however, the actual relationship between rape myths and victim blame is somewhat messy.

Believing in rape myths is often seen as the direct cause of victim blame, due to the disproportionate focus on victim-survivors’ behaviour, character, and lifestyle (Lonsway & Fitzgerald, 1994; Ward 1995; Doherty & Anderson, 1998; Donde et al, 2018). Although the validity of these assumptions – such as that women lie about being raped or that rape is ‘caused’ by certain types of clothing – has been repeatedly debunked, they are still pervasive in the public and professional consciousness (Hinck & Thomas, 1999; Jordan, 2004a; Shechory & Idisis, 2006; Burrowes, 2013). Additionally, these beliefs extend to assumptions around how people should act *after* being raped, such as being visibly distressed rather than calm or numb, which directly affects whether they are believed or supported (Buddie & Miller, 2001). The fact that victim-survivors themselves often believe these myths and doubt their experiences demonstrates the power that these assumptions hold within our collective and individual understandings of rape (Peterson & Muehlenhard, 2004).

There are a couple of issues with the concept of rape myths as an explanation for victim blame. Firstly, there seems to be a differentiation between overtly held beliefs and more implicit rape myths (Greenwald & Banaji, 1995) as well as an inconsistency between a belief

in the 'cultural' stereotypes surrounding rape and a more nuanced appreciation for the severity of the impacts of sexual violence (Buddie & Miller, 2001): this suggests that people engage in a more complicated process than unquestioningly believing crude stereotypes. The fact that women and men believe rape myths to different degrees has also been puzzled over without a clear consensus (Gilmartin-Zena, 1988; Sinclair & Bourne, 1998). It should be noted that rape myths do not just focus on making victim-survivors responsible for their victimisation; they also deny or minimise rape, discredit victims, or exonerate perpetrators (Fenton & Jones, 2017), which is a wider continuum of attitudes than just attributing blame to victims.

While a correlation has been established between rape myths and negative responses to victim-survivors (Burt, 1980, 1991; Check & Malamuth, 1985; McMahon, 2010; Sleath & Bull, 2010; Pedersen & Strömwall, 2013; Crippen, 2015), the causal direction is unclear (Dawtry et al, 2019). There is also a tendency in research to conflate the two concepts without interrogating the relationship (see for example Grubb & Turner, 2012) even though rape myths are stereotypical beliefs around sexual violence and victim blame is the active process of expressing blame or other negative judgment to victim-survivors (Russell & Hand, 2017; Dawtry et al, 2019). The implications of rape myths, especially in criminal justice settings, are more complex than merely ascertaining whether or not people outwardly agree with views which blame victims (Daly et al, 2022).

There are also concerns that measures for assessing rape myth adherence cannot appreciate more 'subtle' or socially acceptable stereotypes (Bohner et al, 2009; McMahon & Farmer, 2011) and overlook the complex factors that may reinforce these attitudes such as language and terminology (Doherty & Anderson, 1998). There is an inconsistency in the specific myths that are measured across the field, with a wide variety of definitions and exclusions (Lonsway & Fitzgerald, 1994; Payne et al, 1999). Researchers themselves are not immune to adhering to rape myths and this can influence the ways that the data is collected or interpreted, further perpetuating their validity and existence (Anderson & Doherty, 1997). Even before rape myths were gaining traction in feminist discourse, Diane Russell (1975) pointed out the issues with cultural stereotypes of rape being studied by male researchers who could subscribe to them. The early studies which provide the foundations for current research tended to distinguish abusers and victim-survivors from 'normal' men and women and focused on individual differences and 'deviancy' rather than framing sexual violence as a sociological problem (Check & Malamuth, 1985; Ward, 1995) and no matter how far understandings have moved forward, these roots remain. If focusing on individual

factors can perpetuate rape myths, how can research adequately measure or appreciate a phenomenon that has itself shaped the field?

There is, of course, the issue of falsity of rape myths. Despite their repeated debunking, it has been argued that these stereotypes remain in our collective consciousness because they are occasionally true; however, they are applied to *all* victim-survivors and exist within settings and processes where objectivity is assumed, such as criminal justice systems (Fenton & Jones, 2017). There is a general assumption that challenging the validity of such beliefs will automatically lead to the reduction in victim blame, even though changing attitudes or beliefs is a complex process with limited success. The correlation between rape myth belief and victim blame might be more complex: Sinclair and Bourne (1998) found that women with high levels of rape myth acceptance were *less* likely to blame victims, which is the opposite of what would be expected. When professionals are given evidence which debunks rape myths, it does not necessarily change their attitudes towards victim-survivors or their adherence to stereotypes (Jordan, 2004a; Kelly, 2010; Taylor, 2020). Challenging rape myths may reduce more overtly expressed prejudices but seems to have little effect on the subtle blaming and devaluation that can occur (Bohner et al, 2009; McMahon & Farmer, 2011).

Rape myths and victim blame may need to be considered side by side, as both are reinforced by and maintain perceptions of victim-survivors, yet the relationship is unclear: do people blame victims because they hold these beliefs, or are these beliefs formed from interactions with victims and/or information surrounding rape which is framed in a way that asserts responsibility? Trying to modify beliefs or behaviour in individuals is unlikely to have a meaningful impact when the environmental and cultural contexts remain unchanged. For the purposes of this study, rape myths are considered as part of the conducive context for victim blaming but will not be a specific focus for change due to the limitations considered and the potential for conflation and confusion.

### **The Intersection of Rape Myths and Existing Prejudice**

Rape myths do not exist in isolation to other prejudicial attitudes. Perhaps unsurprisingly, rape myth acceptance correlates with social prejudices including racism, homophobia, and classism, but most notably sexism (Burt, 1991; Aosved & Long, 2006; Brown & Testa, 2008; Suarez & Gadalla, 2010; Munsch & Willer, 2012). Victim-survivors more likely to be blamed if they are deemed to have violated expected gender norms (Acock and Ireland, 1983) and many rape myths are explicitly linked to heteronormativity, with clear overlaps between

beliefs about rape and stereotypes about gender, sex roles and female sexuality (Burt 1980; Acock and Ireland, 1983; Frazier & Falmagne, 2014): for example, the expectation that women say no to appear coy and chaste against men's persuasive and forceful pursuit of sex (Burt, 1991). The distinction between hostile and benevolent sexism may explain the range of harsh stereotypes – such as that women are deceitful or that sex workers cannot be raped – versus the 'softer' sexism inherent in rape myths, such as protection of virginity or expectations of more dignified behaviours (see Glick & Fiske, 2001).

Some have suggested that rape myths are an extension of sexism: Sue Ann Barratt (2018) describes the concept of 'femininity as fail', which ensures that women who "fail to uphold feminine standards of respectability, responsibility and containment can never be a victim and are subject to the worst forms of misogyny" (p.27). Within criminal justice systems, women must conform to sexist stereotypes and rape myths in order to be allocated 'victim status' (Konradi, 1996). The relationships between sexism, sexual violence, rape myths and victim blame are clearly complex: is victim blame a manifestation of sexism or misogyny, or are sexist views bolstered by the derogation of victims of sexual violence, who happen to be primarily women? It is likely to be a reinforcing and multi-directional relationship, as victim blame is bolstered by *and* reinforces sexist attitudes and rigid gender stereotypes (Jordan, 2004a). For a thorough exploration of the intersections of sexism, misogyny, and gendered violence, see Kate Manne's (2018) *Down Girl*.

Another related concept is the 'normative restriction' of women, where certain behaviours and characteristics are expected in exchange for protection by and from men, with these protections withdrawn when expectations are violated (Litton Fox, 1977). 'Violations' range from engaging in a behaviour not afforded to 'nice' girls, such as hitch-hiking or drinking (Ward, 1995), to merely being present in public spaces: the intention of normative restriction is to "facilitate the hegemony of men in a sex-stratified world" (Litton Fox, 1977, p.817). As rape myths minimise men's responsibility when it comes to rape, by framing men's violence to women as inevitable and therefore women's responsibility to manage or avoid (Frazier & Falmagne, 2014), they may bolster normative restriction as another form of social control over women.

Expectations of maleness also apply here. Dominant views of masculinity include the devaluation and domination of women as traits of a 'real man' (Kupers, 2005). Men who hold sexist attitudes are more likely to believe rape myths and blame victims (Viki et al, 2007; Thomae & Pina, 2015) and there may be a link between perceived 'threats' to masculinity or male dominance and a rise in discrimination, harassment and blaming of women (Bell,

Kuriloff & Lottes, 1994; Maas et al, 2003; Munsch & Willer, 2012). These prejudices do not just disadvantage women: most rape myths focus on female victims of male aggression and while this reflects the disproportionate violence against women, it perpetuates the idea that men do not experience sexual violence (Anderson, 1999). The myths which do apply to male victim-survivors are steeped in homophobic assumptions linking responsibility to victim sexuality, supposed 'provocation', the extent of harms experienced and expectations of physical resistance (West, 2000; Doherty & Anderson, 2004; Kassing, Beesley & Frey, 2005; Sleath & Bull, 2010). While this study does not focus on male victim-survivors, these findings further reinforce the links between gender stereotypes, heteronormativity and victim blaming, as well as the overlaps with structural inequalities.

Racialised stereotypes influence how people view victim-survivors from Black and minority backgrounds. The early works of Myrdal (1944) and Ryan (1976) drew attention to the role of racism in the blaming of Black communities and a more recent meta-analysis by Suarez and Gadalla (2010) found that people who held racist views strongly believed rape myths as well. Black women's negative interactions with services following sexual violence were related to their gender *and* their race or ethnicity, suggesting an intersection of biases within agencies (Campbell & Raja, 1999). Within the crude framework of rape myths, women of colour are reduced further and demarked as 'unrapeable' due to racist assumptions about their sexuality or that their victimisation is less important than that of white women (Wyatt, 1992; Ardovalini-Brooker & Caringella-MacDonald, 2002). Harmful caricatures of Black women as 'hypersexualised' and overtly strong intersect with expectations of femininity to diminish their experience of sexual violence (Davis, 1981), while racist tropes of Black male masculinity as dominant and sexually aggressive simultaneously force Black women to be gatekeepers and therefore accountable for men's behaviour (hooks, 2005). In her review of high-profile cases of sexual assault, Kimberlé Crenshaw (1991) found that when Black women are acknowledged as victims, they tend to be blamed for 'provoking' the violence, and Ardovalini-Brooker and Caringella-MacDonald (2002) also showed that victim-survivors of colour experience greater victim blame than their white counterparts. Feminist Moya Bailey created the term *misogynoir* to describe the "particular amalgamation of anti-black racism and misogyny" that Black women face (2013, p.26), especially from the media. Yet these intersections are rarely made explicit in critical dialogues around rape myths.

Other racialised stereotypes intertwine with rape myths in ways that compound the derogation of women of colour. Asian women are often seen as 'submissive' and adhering to traditional gender roles, and this perceived passivity is drawn on as the cause of sexual violence (Ward & Inserto, 1990; Wilson, 2001; Shin, 2005). Women from other minority

groups are labelled as culturally 'promiscuous' as a means of downplaying sexual assault against them (Kelly, 1999). Viewing rape as normal or accepted within certain cultures reinforces the derogatory and dismissive responses that women may face from services (Thiara & Roy, 2020). Sadly, racist, sexist, and cultural stereotypes are even applied to children and young people who are victimised and exploited (Whittier, 2016).

While the links between sexual aggression and racial hatred are known (Shin, 2005), these intersections of prejudice bolster a 'hierarchy of victims' even within specialist services, with women of colour being viewed as less affected by sexual violence and less deserving of support (Thiara, Roy & Ng, 2015). As victim blame and other forms of sexist treatment are experienced in addition to the racial biases, discrimination and disrespect already placed on people from minority ethnic and racial backgrounds by statutory services such as healthcare or criminal justice institutions (Wilson, 2001; Eberhardt, 2019), the impacts are likely to be even more damaging for women of colour.

Ignoring the constellation of prejudicial beliefs that may bolster victim blame makes it much harder to challenge the discrimination against victim-survivors, as such stereotypes reinforce each other and identify certain people as being more 'at risk' of violence (Hall, 2004). The intersectionality of discrimination that victim-survivors face complicates any attempts to challenge and discredit rape-supportive attitudes. Beliefs, such as that violence against women is part of the 'natural order' (EVAW, 2011b) and culturally sanctioned (Flores, 2005; hooks, 2005) or that women are disingenuous (Jordan, 2004a; 2012), are significant barriers to preventing sexual violence and tackling victim blame. As Professor Inés Hernández-Ávila (2005) noted, it is hard to consider "a world without rape" without also imagining a world without violence against any community or group (p.337).

There is also the matter of impact, as racist or homophobic attitudes are likely to compound and amplify negative responses to victim-survivors even further, especially when experienced from professionals who are in the position to help them. A related concept which is rarely considered in victim blame discussions is insidious trauma: the cumulative and ongoing impact of being socially and culturally devalued through personal characteristics such as gender, sexuality, race, ethnicity, or ability (Root, 1992; Gilfus, 1999; Wasco, 2003). Daily experiences of discrimination may influence the way that society responds to violence against certain individuals as well as the way that individuals make sense of their experiences as "for some survivors, a sexual assault may be one part of a pattern of insidious trauma" (Wasco, 2003, p.316). Additionally, victim-survivors from more marginalised communities may have access to fewer resources to help them deal with the

aftermath of a traumatic event like sexual violence, further compounding the damaging impacts (Gilfus, 1999).

This is in stark contrast to medical framings of trauma and PTSD (which were based on white men's experiences of war or physical injury), which treat sexual violence as the 'instigating event' to a series of predictable physiological responses, with little consideration for individual meanings or contexts (Root, 1992; Gilfus, 1999; Wilson, 2001). A similar concept is 'chronic shock' (Palmer, 1991), the accumulated layers of impact when victim-survivors do not have safe, supportive spaces to process their experiences, especially those who are already marginalised on account of their age, sexuality, or disability. For women, a lifelong exposure to sexual objectification and social restrictions, along with the awareness and hypervigilance this instils, may compound experiences of sexual violence (Palmer, 1991; Miles-McLean et al, 2014). Lesbians in particular may contend with a lifetime of discrimination based on gender *and* sexuality, which in itself can cause 'trauma-like' symptoms (Szymanski & Balsam, 2011). All of this is likely to influence the ways that the responses of service providers and agencies are experienced.

These concepts emphasise the importance of social and organisational responses to victim-survivors as there is potential for negative treatment to become part of the ongoing trauma of sexual violence and discrimination (Wasco, 2003). From a victim blame perspective, failing to acknowledge or accommodate experiences of oppression may come across as insensitive, uncaring, or uninformed, yet researchers rarely enquire about the context of victim-survivor's experiences within this context.

Belief in prejudicial stereotypes and rape myths have a wider, collective impact on society than individual behaviour. The nature of stereotypes and their influence on our understanding of the world ensure that these reductive framings continue to propagate, within individual meaning making and through public discourses, legal processes, court decisions, media representation and agency practices. Some people have described the proliferation and wide-spread acceptance of these messages as rape culture.

### **Rape Culture and its Limits**

In their 2012 review of the literature, Amy Grubb and Emily Turner argue that victim blame contributes to "a cultural acceptance of rape and a rape-supportive society" (p.446). Others have framed rape-supportive society, or rape culture, as a causal explanation for victim blame (Buchwald, Fletcher & Roth, 2005), although the relationship is likely to be less linear.

Rape culture has been described as a framework for understanding male hostility towards women, especially through and following acts of sexual violence (Ward, 1995; Philips, 2016). The term is used to describe the proliferation of cultural practices which normalise, encourage, and justify male sexual violence against women (Projanksi, 2001; Buchwald, Fletcher & Roth, 2005; Rentschler, 2014) as “an everyday occurrence and even a male prerogative” (Parenti, 2006, p.71). It is so pervasive that it is seen as the “thread with which the fabric of meaning about sexual and social life is woven” (Fanghanel, 2020, p.13).

Rape culture exists and is given power through pornography (Russo, 1987; Buchwald et al, 2005), jokes, tweets, and memes (Rentschler, 2014), sexist and sexualised representations in popular media (Brison, 1993; Valenti, 2014; Finley, 2016; Savigny, 2020), sports, religious institutions, criminal justice responses and attitudes to women’s mere existence in public spaces (Buchwald et al, 2005; EVAW, 2011a: 2011b; Fanghanel, 2020). This is the value of rape culture as a concept; it draws attention to the role of society, systems, and culture in the devaluation *and* abuse of victim-survivors and/or women and girls. As rape culture frames sexual violence as an individual problem and shifts responsibility from (predominantly male) abusers onto (predominantly female) victim-survivors (West & Subisatti, 2017), it is easy to see how victim blame fits into this framing. In this way, victim blame can be understood as both a perpetuating factor and a result of rape culture at the level of ‘normalising’ violence against women.

However, there are limitations to this concept. As with many discourses around sexual violence it comes from predominantly heteronormative foundations (Herman, 1984) and still focuses on ‘heterosexual’ violence, overlooking the experience of victim-survivors from LGBTQ communities. The concept also ignores the intersectionality of capitalist and white supremacist control over all oppressed and marginalised communities, not just women (Kessel, 2022). Ann Russo (1987) warned that polarising debates about what contributes to rape culture – such as pornography – can silence women who do not take a binary position or who refuse to be seen as passive consumers of culture. Others have criticised rape culture as an alarmist concept: Aya Gruber describes it as simultaneously “so prolific as to be banal” (2016, p.1028) and a moral panic which dictates how women should feel about sexual violence and thus disregards individual lived experiences. There is a hopelessness to the absence of imaginings of what an ‘antirape’ culture would look like. A more nuanced concern is that highlighting rape culture may create a culture of fear in certain settings, such as universities, and galvanise knee-jerk responses which restrict women’s freedoms, such as curfews or dress codes (Day, 1994): such interventions reinforce rape culture and victim



blame by recentring individuals as the causes and solutions to sexual violence. Carrie Rentschler (2014) argues that while there is value in focusing on cultural practices rather than perpetrators, there is a danger that rape culture overlooks the individual men who choose to abuse women.

Considering this, a mix of individual and societal views is needed. We need to move away from purely psychological, medical, and trauma-focused understandings of sexual violence to a more encompassing understanding of the context within which the derogation of victim-survivors occurs, whilst not losing sight of the culpability of individual offenders. The value of rape culture is that it draws critical attention to the areas of society where change could be instrumental in loosening the pervasiveness of sexual violence, such as through more progressive media reporting and representation (Projanski, 2001), gender-specific and supportive policies (Day, 1994), or social media as a vehicle for collective resistance rather than victimisation (Rentschler, 2014). However, a more expansive concept is required to fully understand and situate victim blame within its wider socio-cultural contexts.

## **Bringing the Two Together: Victimism, Cultural Scaffolding and the Conducive Context**

The above discussion of the literature has shown the limitations with individual cognitive explanations for victim blame as well as the complications in some of the existing sociological framings for understanding it. Some of these limitations are resolved through the feminist psychological and sociological literature, particularly the concepts of victimism (Barry, 1979), cultural scaffolding (Gavey, 2019), and the conducive context for sexual violence (Kelly, 2007; 2016).

### **Victimism**

For a long time, feminists have battled to have sexual violence taken seriously as a social issue. As we have seen, traditional criminological framings of rape viewed it as an interpersonal incident between a 'provoking' victim and a deviant (and therefore unaccountable) rapist, while feminists argued that the act is rooted in cultural practice and socialised norms (Estrich, 1987; Walklate, 1990). Susan Brownmiller (1975) drew attention to the historic neglect of male violence against women by philosophers and thinkers and she argued that rape holds the "critical function" in society of controlling all women (p.15). Decades later, Carol Card (1991) echoed this sentiment by declaring rape a 'terrorist institution' which pressures women into adhering to gendered norms, restricting their

freedoms and agency. Susan Griffin (1971) also described sexual violence as a 'protection racket', while Mary Daly (1973) observed that while not all men commit rape, all benefit from the social control that violence and threat of violence holds over women.

These compelling and uncompromising voices shifted mainstream understandings of rape from a problem of concern to individual victims to a social issue with wider ramifications, which is deeply tied to power, gender, and other structural inequalities (Kelly, 1988; Gavey, 2019). Kathleen Barry wrote that "making rape no longer the personal, private problem of the victim shifts the focus of attention and the responsibility for the violence back to the assailant" (1979, p.44). However, she pointed out that whilst this was a positive shift in terms of dismantling victim blame, it also created a new status: that of the victim. Emphasising the physical, psychological, and social impacts of violence meant that women who disclosed such experiences were at risk of being viewed purely through the lens of someone who has been victimised: "she is assigned a victim status and then seen only in terms of what has happened to her" (ibid., p.44). This victim status comes with blame, shame, and stigmatisation (Schur, 1984) and multiple layers of restriction.

We have already discussed Christie's (1986) notion of the 'ideal victim' as well as the expectation that sexual violence fit the 'classic' or 'real' rape tropes (Williams, L. S., 1984; Estrich, 1987), yet the demands on women continue after they have been acknowledged as victims. Victimism stipulates how women should behave and what they are entitled to in terms of support from others with the threat that their status be rescinded if they deviate from expectations (Barry, 1979; Schur, 1984; Manne, 2018). In many ways, victim status has the same social control functions as sexual violence and it is unsurprising that feminists like Mary Daly (1973) have called for women to free themselves from this identity entirely: it seems that being given victim status requires a significant amount of work from women with few perceivable benefits (Schur, 1984). This is interesting in light of Christie's observations (1986) that society does its best to limit the number of victims it recognises, as another form of control over women: making victim status undesirable and difficult to obtain is one way of achieving this goal.

In response to the recognition of sexual violence as an abhorrent act which has no place in civilised societies, patriarchal narratives found a way to make it the fault and responsibility of women. Sexual violence was seen as the result of women's failure to manage the 'natural' male sex drive or successfully gate-keep their own sexuality – rather than a choice made by men – and this framing ensured that blame and responsibility firmly remained with the victims (Griffin, 1971; Gavey, 2019). As Carol Card (1991) observed, "patriarchal tradition

blames, ultimately, the women in the case – women targeted for rape, rapists' mothers, rapists' wives – and reserves sympathy for rapists, who “have a problem” (p.306). Feminists made clear links between sexual violence and the blaming of victims as reflecting “the same basic attitudes of sexist society, which is given physical expression in the rapist's act” (Daly, 1973, p.108).

Whilst Barry's concept of victimism resolves some of the issues with the individualised framings of sexual violence and can also account for victim blaming responses, it has been mostly neglected in feminist discourses. This lack of exploration is surprising considering its value in bringing together the individual and social aspects of victimisation. It is a social status that is afforded to women – under strict conditions – by others rather than an identity that can be claimed and owned by individuals: this refocuses attention on the wider social perspective and treatment of victims rather than homing in on an individual as the source of stigma. Whereas attempts to make sense of why we blame victims have been limited by the inordinate focus on cognitive processing and societal attitudes, at the exclusion of wider structural inequalities and prejudice, seeing victim blame as a practice of victimism locates it more clearly in its social and cultural settings. However, the concept does not extend far enough to explain why women are blamed in social settings and narratives outside of sexual violence. A wider perspective may be needed to clarify the connections between the treatment of women who have experienced rape and the treatment of women more generally.

### **The Cultural Scaffolding of Rape**

Nicola Gavey's concept of the 'cultural scaffolding of rape' draws attention to what she calls the “everyday taken-for-granted normative forms of heterosexuality” (2019, p.2) within which sexual violence is embedded. Whereas discussions around rape culture argue that the prevalence of sexual violence in women's lives “sustains heteronormativity” (Fanghanel, 2020), Gavey's model instead unpacks “the discourses of sex and gender that produce forms of heterosex that set up the preconditions of rape” (2019, p.3). She references gender norms which reinforce violence – such as female passivity and weakness versus male aggression and sexual need – and explores a more nuanced continuum of heterosexuality that can account for sex that is unwanted, coerced, or painful outside of the reductive binary that only allows for rape or consensual sex. An important part of Gavey's cultural scaffolding concept which is missing from rape culture or victimism is the inclusion of women's agency within the restrictions of heteronormativity.

Whilst striving to have rape taken seriously, feminist attention has also amplified the many ways that women experience and cope with male violence. In *Surviving Sexual Violence* (1988), Liz Kelly argued against the pessimism of seeing women as 'inevitable victims' by recognising the acts of resistance that women employ within and around the constraints of violence. Betsy Stanko's (1985) notion of 'safety work' took a similar focus on women's agency rather than helplessness and these discourses continue today with recent explorations of women's navigation of male intrusions in public spaces (Vera-Gray, 2017b, 2018) and online spaces (Jane, 2016; Barratt, 2018). Recognising women's agency and coping within the narrow confinements of violence and social control challenges the focus on what victim-survivors should not have done or should have done differently, and the subsequent blame, responsibility, and stigma that is placed upon them. Gavey's conceptualisations of agency, power and gender move away from the discourses that render women as either pathetic victims or emboldened survivors: this also allows for the inclusion of male victim-survivors and female abusers into discussions. While victimism illustrates the denial of agency and freedom that comes with victim status, cultural scaffolding allows us to consider these possibilities side by side and intertwined.

Framing rape within the concept of cultural scaffolding can also account for other structures in society which dictate responsibility and blame for violence. Victim blame has been linked to the socio-political ideology of neoliberalism, which "has further served to obscure power structures, through an emphasis on the individual and the 'choices' that they are free to make" (Gill, 2007, p.36). The attribution of individual responsibility for violence fits well with this notion that we all have 'free will' in society (Dunn, 2010), which is replicated through crime prevention 'risk management' initiatives that restrict the freedoms of those most likely to be affected, over perpetrators or the communities and systems which enable them (Hall, 2004; Trnka & Trundle, 2014). This can be clearly applied to victim blame: in neoliberal framings where the focus is on women's vulnerability more than male threat (Hall, 2004), "sexual assault is considered part and parcel of life" which women must take steps to counteract (Bates, 2017, p.25). These expectations are more so for women of colour, women with disabilities or from lower socioeconomic classes (Hall, 2004; Brown, 2015; Bhopal, 2018), whose experiences are often neglected in white feminist discourses around sexual violence. The concept of cultural scaffolding can create space to address the intersectionality of race, ethnicity, and gender, as well as other structural inequalities.

Neoliberalism is also heavily gendered, as it bolsters male entitlement and is reinforced by the patriarchal underpinnings of society which render women as subordinate (Savigny, 2020). It is also implicated within 'empowered' models of female sexuality which suggest

greater agency for women than was previously allowed (ignoring the ongoing structural limitations) but with the proviso that they shoulder full responsibility for whatever happens (or is done) to them (Moran, 2017). Again, this is a logical driver of victim blame; whereas previously women have been blamed for stepping outside of expected social norms (Litton Fox, 1977; Schur, 1984), now sexism has been ‘repackaged’ to make women feel that they have more freedom and choices and therefore accountability (Moran, 2017). This framing of responsibility extends beyond sexual violence to potentially any area of daily life and fits neatly with Gavey’s focus on gender relations and their maintaining of sexual violence and blame.

A final, important benefit from the concept of cultural scaffolding is hope. The fight to have male violence against women recognised in ways which are not turned back onto the victim has been extensive and yet, as observed by Jan Jordan “decades of feminism... have made little dent in rape’s occurrence or the attitudes surrounding it” (Jordan, 2012, p.258). More recent literature suggests that still not much has changed in terms of the victimisation of women or the insistence on blaming women for men’s violence against them (see Manne, 2018; Taylor, 2020). Even with a renewed focus on agency and resistance, many feminist framings come with a sense that male sexual violence is somehow inevitable: however, there is an element of hope for social change within Gavey’s formulation, as scaffolding can be dismantled and taken down, allowing the root structure beneath to be revealed and interrogated.

While the cultural scaffolding of rape is a more expansive and inclusive theory of the cultures and practices which enable sexual violence and victim blame, Liz Kelly’s concept of the conducive context provides another way of formulating these issues.

### **The Conducive Context for Sexual Violence**

In 2007, Liz Kelly described the wider, sociological conditions which enable the trafficking of women and children, such as mass unemployment and geopolitical conflict, as the ‘conducive context’ for gendered violence to take place. While rape culture, victimism, and cultural scaffolding focus specifically on areas of society through which gender and sexuality are enacted and can enable violence, the conducive context draws attention to any aspect of culture which enables the abuse of women by men to continue unchecked. It is an important concept for highlighting the cultural practices which are exploited by those who victimise others and it shifts focus from the individual to wider social conditions, including men’s position of power and authority, both within the home and in social institutions, the lack of

resources available to women and intersecting structural inequalities such as race and ethnicity, class and socioeconomic status (Kelly, 2016).

The conducive context concept also allows for consideration of culturally specific attitudes and practices which bolster gendered violence and victim blame. Notions of honour and shame as well as viewing women as property of male family members enable sexual violence and make it more challenging for organisations to provide meaningful support to victim-survivors (Flores, 2005; Gill, 2009; Kalra & Bhugra, 2013). Even the language used to name sexual violence can place responsibility with victim-survivors as it “implicitly lays the blame for tarnished honour on the women” (Gill, 2009, p.165). Class can also be accounted for, as girls and women from lower socioeconomic statuses are often viewed as ‘choosing’ to be exploited or consenting to abuse (Jay, 2014; Kelly, 2016). The conducive context can be linked to intersectionality (Crenshaw, 1991) and the matrix of domination (Hill Collins, 2000) in relation to sexual violence, by recognising the impact of race, ethnicity, and cultural background in terms of access to resources and responsiveness of agencies. As we have seen in our analysis of rape myths and stereotyping, sexual violence and victim blame are not just gendered issues yet individual framings or concepts like rape culture overlook these additional prejudicial dimensions.

Others have suggested that the sexualisation of popular culture be considered part of the conducive context, as it reinforces the notion that women are gatekeepers to their bodies and therefore must firmly resist male sexual advances whilst appearing attractive and available (Coy & Garner, 2012). In recent years, social media has become recognised as a key component of the context for gendered abuse, as well as an arena for resistance (Kelly, 2015; Jane, 2016; Barratt 2018): these are important areas for consideration to ensure that girls and young people are included in conceptualisations of violence and blame. The wider the lens through which we view victim blame and frame it in relation to victimisation, the greater account we must take of structural inequalities and social practices which play a role in perpetuating violence and demeaning victim-survivors. Without a full and comprehensive view of the issues at heart, interventions for social change are unlikely to do much to dismantle the cultural omnipresence of rape and blame in the lives of women.

### **Tackling Victim Blame: Pump-handle and Root Cause Interventions**

As the research suggests, most attempts to tackle victim blame have focused on changing attitudes and challenging the veracity of rape myths and stereotypes, with limited success (Kelly, 2010; Burrowes, 2013; Taylor, 2020). Research into other areas of prejudice have

shown similarly poor results from addressing biases and acceptance of stereotypes (Eberhardt, 2019). Feminist, sociological perspectives on victim blame demonstrate the limitations and ineffectiveness of focusing on individuals: as Jayaratne and Stewart (1991) have identified, “situational/environmental interpretations can often yield more effective political strategies for change” (p.103). Psychological and sociological perspectives suggest that tackling victim blame will require interventions on several fronts, through interrogating individual processes, institutional discrimination *and* the sociological or cultural contexts which reinforce negative attitudes towards victim-survivors. However, an approach that requires change at multiple levels is difficult to visualise, let alone implement within agencies, institutions, systems, and cultures.

A useful way to make sense of this is through the framing of pump-handle and root cause interventions. Social psychologist Elliot Aronson (2000) identified two ways of responding to social problems: pump-handle and root cause solutions. These different levels of intervention stem from the tendency to look for obvious, surface causes of social problems and determine solutions accordingly rather than consider the underlying factors. In his 2000 book *Nobody Left to Hate*, he refers to a cholera epidemic in Victorian London where physician John Snow removed the pump-handle from a contaminated well as an immediate solution to tackling the outbreak; only later was the cause identified as inadequate sewage infrastructure throughout the city, which was compounded by poverty and social inequalities. Pump-handle solutions are quick, cheap, and reactive responses which do not fully address the issue whereas root cause solutions occur at deeper systemic levels and require more analysis, time, and interventions to implement. Aronson discusses these concepts in reference to school shootings in the USA and the knee-jerk solutions of installing metal detectors at schools or censoring violent media rather than confronting wider social issues like toxic masculinity, the adversarial, competitive nature of the US school system or fetishised gun culture.

This concept can be applied to victim blame, both in conceptualising and tackling it. Surface-level understandings of sexual violence draw attention to two obvious factors - victims and abusers – which, as discussed, reinforces assumptions of victim precipitation. This is evidenced by police force campaigns aimed at changing women’s behaviour (drinking habits, using licensed taxis) to prevent sexual violence (Taylor, 2020). Similarly, focusing on the ‘vulnerabilities’ of women who are abused – such as age, childhood experiences, or ability – retains focus on victims when trying to make sense of violence, rather than exploring how abusers exploit these vulnerabilities (Jordan, 2004b). It also tells us nothing about women who do not have these vulnerabilities and yet still experience abuse (see

Alderson, 2016), and reinforces a sense of inevitability by suggesting that some women are inherently vulnerable to rape (Jordan & Mossman, 2017).

Pump-handle approaches centre responsibility for risk management with victims and potential victims whilst ignoring the root causes of sexual violence such as gender inequality, gender stereotypes, and male entitlement. One way to conceptualise victim blame is to see it as a 'side-effect' of pump-handle attempts to understand and prevent sexual violence which ultimately end up reinforcing the conducive context which enables violence to happen.

Feminist researchers have called for changes which acknowledge that victim blame is greater than the actions or comments of a few 'bad apples' within agencies. There have been calls for an overhaul of systems and laws to better protect victim-survivors (Anderson, 2002; Kelly, Lovett & Regan, 2005; Crown Prosecution Service, 2012) as well as the use of advocates to mitigate the negative messages they may receive from services (Campbell, 2006). Some research suggests that it is helpful for professionals to pre-emptively challenge any feelings of blame that women may hold (Kelly, Lovett & Regan, 2005). Police forces have highlighted the need for specialist training and supervision for officers who interact with victim-survivors to raise awareness of how their responses can be detrimental (Jordan, 2004a): yet it seems that even when specific laws or policies are in place to protect victim-survivors, these are not always adhered to (Kelly, 1999; Jordan 2004a). It may be that resources, policies, procedures, equipment, and timeframes have a negative impact on both victim-survivors and the professionals trying to support them, especially in the current climate of austerity and funding cuts to services. This is an area that needs to be explored further.

## **Conclusion**

This chapter has demonstrated that despite the wealth of research into victim blame, there is no clear consensus on what this process does or does not involve. This complicates any attempt to address it seriously, especially when trying to highlight the ways it is enacted through agency practices. Additionally, the limitations of individualised theories emphasise the need for a wider conceptualisation of the process which can accommodate social perspectives and expectations of victims, the cultural scaffolding and the conducive contexts for sexual violence and the blaming of victims. Strata of power and inequality including – but not limited to – gender, race and ethnicity, class, and age, must also be considered to ensure that attempts to tackle victim blame do not end up perpetuating it. Focusing on individuals as a source of change reinforces neoliberal narratives which blame individuals for



social issues, whilst ignoring the very systems, institutions or cultural practices which allows victim blame to flourish and prevents meaningful change. A deeper, more comprehensive understanding is needed.

## **Chapter 3: Researching Victim Blame**

This chapter sets out the methodology for the study. It will begin with an overview of perspectives on feminist research methods and a discussion of the tenets which were most relevant to my study design. Then it will move into a discussion of the design of the current study: the research aims and questions which arose from the literature review, the rationale for focus groups as a feminist research method with victim-survivors and the process of running these groups. My thematic analysis of the data is presented, some initial findings, and reflections on the study before leading into the first of the three empirical chapters.

### **Feminist Approaches to Research**

There has been much criticism and challenge to the dominant positivist approach of scientific enquiry, which lauds the existence of clear and observable objective ‘truths’ about the social world and people’s experiences within it (see Reinharz, 1983; Stanley & Wise, 1993; Cook & Fonow, 1986; Maynard, 1994 for in depth feminist critiques of positivism). Traditionally, such research methods have focused on the collection of predefined data points on a narrowly specific topic, with participants seen as little more than sources of data and researchers as merely hands which wield the research tools (Oakley, 1981). Findings from such studies have been filtered through masculine perspectives and the assumptions of patriarchal structures, regardless of the people or topics under study (Westkott, 1979; Criado Perez, 2019), and therefore little importance has been attached to how specific methodologies and techniques are placed within “historical, cultural, ideological and other contexts” (Reinharz, 1983, p.162). Some have argued that an overly deductive scientific approach asserts the validity of its determined truths over other forms of knowledge and thus either ignores the perspectives of those outside of dominant social groups or distorts their experiences to fit the ideologies of the research (Daly, 1973; Cook & Fonow, 1986; Campbell & Wasco, 2000; Criado Perez, 2019). Such positivist approaches also make the arrogant assumption that an external observer with a trained, scientific mind is more able to understand another person’s life than the person themselves (Stanley & Wise, 1993). Traditional research approaches have been widely critiqued as biased, sexist, and unable to adequately to capture the lived experiences of women and people from marginalised groups (Duelli-Klein, 1983; Campbell & Wasco, 2000). Feminist research frameworks developed from these critiques to redress this imbalance, in hopes of “understanding the person within a social world” (Wilkinson, 1998, p.111).

The extensive discussion on research methodologies highlights different aspects and defining features which encapsulate feminist approaches to research. For the sake of clarity, I will explore several tenets which emerge from these discourses that are relevant to my study: quantitative versus qualitative methods; the idea of a single, universal truth; research being on women and for women; research as a tool for social change; and to do no (more) harm. As many academics have discussed, there is no single feminist approach or methodology: I use the term flexibly to refer to any research process which is created in line with the tenets described below.

### **Methodological Debates**

A particular strand of debate has focused on the value and propriety of quantitative over qualitative research methods. Although many researchers assert that it is the application and intention of particular tools which determines whether or not research can be considered feminist (see, for example, Kelly, Burton & Regan, 1994; Maynard, 1994; Letherby, 2003), specific concerns have been raised regarding the use of certain methods. A positivist approach often assumes that quantitative methods (e.g., questionnaires, surveys, ratings scales) are more objective and/or more clinically sound than 'messier', subjective qualitative approaches (Reinharz, 1983). This dichotomous distinction has resulted in methodology becoming 'gendered', seen as either masculine (objective, 'truthful', unbiased) or feminine (messy, subjective) in approaches to creating knowledge, which has led some to reject quantitative techniques in feminist enquiry (Daly, 1973; Oakley, 1998).

When reviewing research in the field of violence against women, these criticisms appear to hold up. Quantitative measures tend to focus on specific thoughts, attitudes, and behaviours rather than feelings or the meaning people make of their experiences, and rarely do they explore the ways that viewpoints have been reached (Reinharz, 1983; Barbour and Kitzinger, 1999). The wording of quantitative measures is often restrictive and forces people to tailor their responses to fit researchers' expectations, without any acknowledgment of the assumptions that are being made behind the measure (Daly, 1973; Cook & Fonow, 1986). Choice of wording can restrict how people understand a question: for example, asking about women's experiences of rape yields different results to asking about experiences of forced sex (Kelly, Regan & Burton, 1992; Gavey, 2019). It can also cause people to 'de-select' themselves from taking part in research if they do not think it relates to them or to their experiences (Letherby, 2003). In her study of violence experienced by taxi drivers, Nicola Westmarland (2001) highlights the difficulties with presuming a shared understanding of terms such as abuse or harassment among participants and the limitations when

researchers set definitions without consulting those whom they wish to engage through research.

Study design elements such as wording are heavily informed by the personal opinions, standpoint, and biases of the researchers as well as expectations and hopes for the research outcomes (Sprague 2005). As the majority of those who carry out research are – and have been – male, it is important to note that “language itself reflects male experience, and that its categories are often incongruent with women’s lives” (DeVault, 1990, p.96). Even the language used to describe those taking part can be problematic: the term ‘subject’ suggests “an animal in a zoo” to be poked at and observed (Westmarland, 2001, p.8) whereas ‘participant’ suggests a more equal relationship than exists between researchers and those they research (see also Letherby, 2003 who recommends ‘respondent’ as an alternative). While this study uses ‘participant’, it is with an understanding of the power balance that is inherent in the term and ‘woman’ or ‘victim-survivor’ are favoured, where possible.

Quantitative methods often take a deductive approach to concentrate on one or two individual variables separated out from contexts, which is inadequate for exploring intersectionality or socio-cultural issues (Reinharz, 1983; Sprague, 2005). Such studies are often designed with specific analytical approaches in mind (such as software packages like SPSS) and therefore focus on collecting data which are simple, easily coded, and reductive as representations of lived experience (Westmarland, 2001). The focus on statistical analysis has been criticised by some as presenting a particular representation of reality as being definitive, when it has been over-generalised, sanitised and removed from context: a stark example comes from Anne Pugh (1990), who was being unable to recognise the people she worked with – and knew well – in the statistically transformed data.

There is a tension between wanting to gather large amounts of data, to increase the generalisability of findings, over seeking richer, more in-depth information which may be more useful for understanding social issues. Traditional research has been criticised for seeing “individual experiences as essentially subjective and therefore not properly ‘scientific’ unless collected together to produce generalizations” (Stanley & Wise, 1993, p.194): this is in stark contrast with the ‘units of data’ (to use a positivist phrase) in feminist approaches which are “natural events encased in their ongoing contexts” (Reinharz, 1983, p.170). Due to the large numbers of participants and data points desired in positivist work, there can be a tendency to choose convenience samples over more thoughtful, relevant, or inclusive participant recruitment strategies: most notably, the reliance on North American

undergraduate students from whom findings are extrapolated onto general populations with little reflection on the possible differences (Anderson & Lyons, 2005; Grubb & Harrower, 2008). Conversely, collective data can be useful for determining the scope of a problem by applying numerical value to under-estimated issues (Kelly, Regan & Burton, 1992; Hesse-Biber, 2012). There may also be a strategic value to presenting findings in a format that is recognisable and meaningful to those positioned to create change, such as policymakers and funding bodies (Pugh, 1990; Reinharz, 1992).

These concerns have led to a somewhat blanket assumption that qualitative methods are better suited to feminist research. These methods – in-depth interviews, focus groups or ethnographic practice – “focus more on the subjective experiences and meanings of those being researched” (Maynard, 1994, p.11) than on specific data points in isolation and are commended for taking wider, more open-ended views on social issues. They can be used in more naturalistic settings, to better understand people’s experiences within the context of their lives (Reinharz, 1983; Kitzinger, 1995), and conducted in places where participants feel more comfortable – such as homes or community spaces – through less formal interactions than one-to-one meetings with researchers at clinical or academic settings (Green & Hart, 1999).

Contemporary commentary tends to recognise that it is “less the method used, and more how it is used and what it is used for” which determines its feminist value (Kelly, Regan & Burton, 1992, p.150): here, feminist research must explore the fit of specific methods with the aims of each project (Duelli Klein, 1983; Letherby, 2003). Stanley and Wise (1993) warn that “goodness of heart and mind, and purity of feminist intent” alone is not enough to ensure true ethical practice (p.35) and they suggest that deeper understandings of the meaning and implications of research – and feminism – are needed. Additionally, it would be easy to become so caught up in the desire to ‘do’ feminist research that this overtakes the original aims of the study and derails the focus (Gillies & Alldred, 2002). Clearly, a careful balance is needed when investing time and resources into research design and therefore other tenets should also be considered in the pursuit of truly understanding the lived experiences of others.

### **No Universal Truths**

Feminist discussions have critiqued positivist assumptions that there are singular universal truths, especially in relation to social issues and subjective personal experiences. Mary Daly (1973) noted that “under patriarchy, method has wiped out women’s questions so totally that

even women have not been able to hear and formulate our own questions to meet our own experiences. Women have been unable even to experience our own experience" (p.11-12). Daly asserted the need for a reconfiguration of scientific enquiry that would allow for the creation of new perspectives, ideas, and discoveries: she termed this approach 'Methodicide'. Others have echoed the need for new approaches to knowledge and knowing, especially with regards to women's experiences (Letherby, 2003). As the positivist framework "derives from a simplistic model of the physical sciences" (Kelly, Regan & Burton, 1992, p.156), it tries to understand intricate social issues through individual theories with little consideration for the wider sociological factors or structures, whilst devaluing individual experiences in favour of generalised data from populations (Campbell & Wasco, 2000). As demonstrated in Chapter Two, this is an ongoing issue in victim blame research.

Feminist methodologies have advocated for varied and creative ways of exploring, hearing and representing the experiences of women, to find frameworks which "asserts women's voices, as different as they are from each other, [to] converge into some common themes" (Stanko, 1994, p.96) whilst simultaneously acknowledging that individuals can only be privy to one piece of the puzzle with regards to social processes (Glucksmann, 1994; Kelly, Burton & Regan, 1994). This desire to understand a person within their social world (Wilkinson, 1998) also recognises the fallacy of the detached or non-impactful researcher (Cook & Fonow, 1986). Rather, researcher visibility and influence should be embraced as an integral contribution to our knowledge about the lives of women (Stanley & Wise, 1993; Reinharz, 1992). There has also been a call for research that is open-ended and curious, caring and compassionate towards those it seeks to understand whilst remaining reflective and aware of its limitations (Campbell and Wasco, 2000).

It is possible, however, that focusing on gender can end up generalising women's experiences with assumptions of uniformity obscuring the range of day-to-day realities and contexts (Kelly, Burton & Regan, 1994; Letherby, 2003). Even well-intentioned studies may dilute individual voices by fitting them into existing theories or distort their meanings through the researcher's standpoint, expectations, and analysis (Reinharz, 1983; Holland & Ramazanoglu, 1994). Similarly, qualitative studies on the lives of women often yield small amounts of data so there must be some consideration as to how far such findings can accurately represent the experience of women – or any other group – as a collective (Letherby, 2003). As there cannot be a single feminist standpoint which represents all aspects of race, culture, sexuality, ability, age, or class, these intersectional dimensions can be overlooked in favour of gender, when in reality women manage many different identities within their different contexts (bell hooks, 1984; Gillies & Alldred, 2002; Letherby, 2003).

However, a counterargument to these limitations is that awareness of differing standpoints can allow researchers to note the similarities *and* differences of women's perspectives by acknowledging that "we share multiple versions of both oppressions and resistance" (DeVault, 1990, p.112). Therefore, another tenet of feminist research is the acceptance that there are no universal truths when it comes to lived experiences, as people's truths are shaped by their social positioning and the meaning they make of their internal world and interactions with others. Conversely, individual perspectives alone cannot provide a sufficient understanding of complex social issues.

It was important that my research design allowed for meaning-making and an open exploration of women's experiences of victim blame, within their social and cultural contexts. Where possible, I hoped to minimise the use of reductive questions or definitions which would restrict the topic and introduce researcher bias.

### **'On Women and For Women'**

Feminist... implies assuming a perspective in which women's experiences, ideas and needs (different and differing as they may be) are valid in their own right, and androcentricity – man-as-the-norm – stops being the only recognized frame of reference for human beings.

Renate Duelli Klein (1983, p.89)

Historically, scientific knowledge has been created by and through a male perspective (see Oakley, 1998; Campbell & Wasco, 2000; Westmarland, 2001, Criado Perez, 2019). Research that has included women has tended to treat them as objects for study in relation to their male counterparts, to add to the knowledge base rather than attempting to make any substantial change or improvement to the lives of women (e.g., Westkott, 1979; Duelli Klein, 1983; Letherby, 2003; Criado-Perez, 2019). Attempting to understand women in terms of their difference either assumes that their lives and experiences are closely comparable to those of men (Stanley & Wise, 1993) or it frames femininity and being female as 'deviant' from the male norm against which it is compared (Westkott, 1979; Letherby, 2003; Criado-Perez, 2019). Duelli Klein's oft quoted assertion that feminist research needs to be 'for' women as much as it is 'on' women highlights the fact that a substantial amount of inquiry into women's experiences has not been (and some may argue still is not) feminist but rather from the perspective that "*he* is the norm and *she* is the 'other'" (1983, p.91). As past research quickly becomes the foundation for present and future research, this approach to

gender is incredibly problematic and has fuelled demands for a radical overhaul in the way that scientific enquiry is carried out (Criado Perez, 2019).

Yet even when research does not construct women as 'other', it is still a limited framework for exploring issues which disproportionately affect women, as quantitative approaches tend to force women's experiences into limited, unrepresentative categorisations (Westkott, 1979; Cook & Fonow, 1986). Reducing people to data points not only distorts their words and meanings but renders any experience which does not fit methodological expectations into 'non-data', unimportant and invisible outliers (Daly, 1973; Campbell & Wasco, 2000). Such research also frames the individual as separate from – or existing in harmony with – their environment, so it cannot recognise the way that lives and experiences are shaped by patriarchal structures like families, communities, and institutions (Westkott, 1979). Therefore, a feminist perspective must do more than just bring women into the equation: it must view "gender as a fundamental organizer of social life" (Kelly, Regan & Burton, 2000, p.156).

Similarly, a feminist perspective should seek to open up a topic of study rather than narrow it into manageable pieces. Feminist research is self-generating, with methods establishing feminist theories which in turn call for the creation of new research methods to explore these theories further (Duelli Klein, 1983). Indeed, it has been identified as a tenet of feminist research that theories should emerge from the data rather than being designed in accordance with pre-existing concepts and expectations (Reinharz, 1983). Only in this way can research be truly *on* women rather than restricted by positivist, patriarchal fundamentals.

With regards to *for* women, feminist research should aim to improve women's lives rather than just create knowledge for knowledge's sake (Westkott, 1979). This requires research which can work towards a theoretical understanding of women's oppression *and* be a "call to action" (Kelly, 1988, p.4). Carol Ehrlich (1976, quoted in Stanley & Wise, 1993) distinguishes between 'research on women', which is unlikely to benefit anyone other than female researchers and academics, and 'true' feminist research which works *for* women as a collective through political change. It should be noted, however, that Ehrlich's work has been criticised for asserting a narrow definition of what does (and does not) count as feminism (Stanley & Wise, 1993). It has also been argued that sociological research focusing on oppressed or marginalised groups should similarly 'study up' to better understand the maintenance, organisation, and enforcement of oppressive structures (Sprague, 2005).

Another point for consideration is the role of female researchers. It is often assumed that there is less of a power imbalance when women speak with women than between female



participants and male researchers, yet this overlooks other hierarchies by presuming that all women come from an equal place of privilege and/or oppression (Glucksmann, 1994; Skeggs, 1994; Gillies & Alldred, 2002). Power dynamics may change throughout the research process, with those being researched initially having ownership over the desired knowledge (e.g., whether they choose to engage) yet in the end it is still the researcher who 'owns' the data and can manipulate it as desired (Sprague, 2005). It is the researcher who analyses the words of participants and thus decides what is relevant and what is not (Alldred & Gillies, 2002) and other than in certain forms of participatory action research, the outcomes will always be the property of those who collect and work with the data more so than the participants (Glucksmann, 1994; Letherby, 2003). There is still a distinction between the interests of the individual (the researcher) and the interests of the collective (the participants) in the pursuit of social change even when both parties are female (Finch, 1993). It is important to reflect the standpoint, privilege, and potential bias from which we are conducting our research and where possible, access worldviews which differ to our own without relying on those from differing stances - most commonly from marginalised groups - to correct our 'blindness' (Sprague, 2005).

One way of addressing these power imbalances and biases is through participatory research. Rather than treating participants as detached objects to be studied, this approach aims to create "research of the people, by the people, and for the people" (Park, 2006, p.83) by giving more autonomy to marginalised groups within the research context. The overall aim is to make research a more reciprocal, two-way process (Letherby, 2003), although exactly what counts as participation seems to vary between definitions and discussions: some argue for complete involvement of participants at each stage (Reinharz, 1992) while others suggest only a few collaborative elements – such as engaging with data collection or being kept informed on findings – are required for the endeavour to be considered participatory (Letherby, 2003). However, those who advocate for participants to take on a more collaborative role acknowledge that this is difficult to achieve practically and ethically (Reinharz, 1983). A certain amount of power imbalance must be accepted in research (Kelly, Burton & Regan, 1994) and some have suggested that it is indeed impossible to carry out 'true' participatory research work (Birch & Miller, 2002). As with all elements of feminist methods, it seems that it is the intention to minimise power discrepancies – or at a minimum acknowledge them - that is key as much as the execution, as participatory research still requires someone from a research background to make decisions around what will be asked, of whom and how.

Traditionally, feminist researchers have been white, middle-class women and the implication of this privileged bias is often overlooked (Campbell & Wasco, 2000; Gillies & Alldred, 2002). Duelli Klein describes the “layers of indoctrination” (1983, p.100) which feminist researchers might need to shed following their education and development in predominantly non-feminist academic environments. This links in with the importance of recognising the potentially oppressive academic structures within which research takes place and the impact that such structures may have on the process, the findings and on those involved (Gillies & Alldred, 2002).

The issues of standpoint and bias are complicated. As feminists have rallied against the assumptions of male researchers and scientists being placed upon the lives of women, so have white feminists assumed that their understandings and experiences can apply to and represent women of colour. As bell hooks (1984) states, “much feminist theory emerges from privileged women who live at the center, whose perspective on reality rarely include knowledge and awareness of the lives of women and men who live on then margin” (p.xviii). There is also a conflict between white researchers actively including women from diverse backgrounds into their research and ending up speaking for them, by translating their experiences through their own viewpoint without appreciating the differing platforms and privileges that exist (Reinharz, 1992). These issues are just as relevant for researchers and participants from LGBT communities who are trying to create research space within heteronormative traditions, methods, and analyses (see Brim & Ghaziani, 2016).

Rather than strive for the improbable elimination of researcher bias entirely, another option is to acknowledge it and make it visible (Letherby, 2003). This is also the case with the power imbalance between the researchers and the researched: it is easy for researchers to become “translator and mouthpiece” (DeVault, 1990, p.107) and there is a need for explicit reflection on whose version of the truth is being told and why (Gillies & Alldred, 2002), whilst keeping in mind that research can be exploitative and coercive even when the intention is noble (hooks, 1984; Miller & Bell, 2002). In line with this, it is important to state my standpoint from the outset: as a white, heterosexual, middle-class, cis-gender British female, I am susceptible to multiple streams of bias, especially when considering the intersectional characteristics of victim blame. My background in psychology, psychotherapy and victim advocacy focuses on individualised conceptualisations of lived experience which can overlook wider, sociological factors: this means I must be mindful and reflexive of my readings and the conclusions I make within this work. In addition, my work as a therapist may give me an insider’s view into certain agency structures and processes, although it may also generate a level of defensiveness to criticisms of therapeutic practice. It is hoped that

disclosing and locating my standpoint can be a position from which to maintain a more analytical and inclusive perspective.

A final issue is the exclusion of men. As explored by Kelly, Regan, and Burton (1992), research that incorporates male participants (such as their study on sexual abuse) could be dismissed as non-feminist solely based on the inclusion of men, even though we know that boys and men are also subjected to abuse and violence. There is a danger of excluding male victim-survivors whose experiences may provide important insight into the dynamics of victimisation (Gavey, 2019). Additionally, research tends to focus on the oppressed more than the oppressors (Sprague, 2005) and gaining a true knowledge of sexual violence requires an understanding of victim-survivors and abusers outside of the rape myths and gender stereotypes which socialise women to see violence as inevitable, invalidate the experience of male victim-survivors and shut men out of discussions around perpetration (Stanko, 1994).

I have previously justified the focus on women in this current study (see Chapter One). An additional point of reflection during the study design was consideration of my researcher bias and standpoint, and how to make my visibility explicit within the research whilst also focusing on the lived experiences of – and differences between – the women who took part.

### **Research as Contribution to Social Change**

Shulamit Reinharz (1983; 1992) highlights the ‘social value’ of research and the potential for change at both the individual level, through reflective discussion and consciousness-raising, and societal level through the dismantling of oppressive structures and redistributions of power. Many feminists have similarly argued for a focus on intervention and have suggested ‘woman-consciousness’ as a challenge to women’s oppression in many areas of society, through enabling both participants and researchers to see their world in a different way (see for example Cook & Fonow, 1986; Finch, 1993; Gillies & Alldred, 2002). However, if feminism is “both a mode of understanding and a call to action” (Kelly, 1988, p.4) then speaking out on the issues which affect women can be powerful but is unlikely to be enough to create tangible changes (hooks, 1984; Finch, 1993). When researching issues such as sexual violence, the focus on past or present subjugation – as a means of generating an accurate perception of the problem – may come at the expense of exploring alternatives or hope for change, thus reducing the researcher to a “passive recorder of social reality” (Westkott, 1979, p.428). However, in her work on women’s experiences of motherhood, Ann Oakley (1981) suggests that research interactions can be a valuable way of enacting change

at the individual level, especially when the researcher is willing to share some of their life and perspective with interviewees. Others assert that research must be a collective endeavour, as “only women hearing each other can create a counterworld to the prevailing sense of reality” (Daly, 1973, p.51).

If the purpose of feminism is to “understand women’s oppression in order that we might end it” (Kelly, Burton & Regan, 1994, p.28), it is important to consider how research findings can be applied to more than just academic settings. As Fox (2003) highlights, many researchers are also practitioners yet it is still a challenge to incorporate findings into something useable and meaningful. One possibility is making research more available to different audiences, as academic publications are not always accessible to the public or even to those who have been written about (Skeggs, 1994; Sprague, 2005). Therefore, it is important to consider different ways of creating and sharing knowledge so that it can be useful to those who took part, otherwise the benefits may be limited to the academic community or just the researcher who is seeking to obtain a doctorate or publish a paper. Lay summaries are one way to share information more widely (Kelly, Regan & Burton, 1992), and blog articles, think piece editorials and social media posts are other potential channels for accessing and analysing knowledge in more inclusive ways.

Researchers also need to be mindful that even well-intentioned studies can strengthen the social structures which maintain gendered oppression. In their work on rape, Bristow and Esper (1988) emphasised the importance of framing the issue as part of social attitudes towards women rather than an event caused by individual behaviour. Research which focuses on the characteristics or actions of individuals can inadvertently communicate blame to those who are taking part (for example, if the focus is on victim behaviour or responses to rape) (Sprague, 2005). As most studies into violence against women do not include the experiences of non-victimised women for comparison, there is a danger of making conclusions which reinforce victim blaming narratives, whilst ignoring the circumstances which mean ‘risky’ behaviours for some people are necessary survival tactics for others (Eigenberg & Garland, 2008).

Individualistic conceptualisations of violence are unlikely to improve the lives of women as they cannot illuminate useful strategies for preventing violence or address the underlying contexts which enable rape and abuse. Rather than creating positive change, such research merely replicates rape myths and social attitudes and can therefore be considered part of the conducive context for sexual violence (Kelly, 2007; EVAW 2011a; see Chapter Two). For these reasons, the current study hoped to establish more than just knowledge for the sake of

knowledge, to gain a deeper understanding of the enactment of victim blame within agencies which could be used to create good practice guidance in hopes of improving the responsiveness of services who engage with victim-survivors.

### **Do No (More) Harm**

Consideration of ethical issues is paramount in feminist research which often focuses on reducing oppression or harm and improving the lives of those being researched (Cook & Fonow, 1986). As with other aspects of research, ethical practice is about the intention as well as the specific 'codes of conduct' or frameworks being adhered to (Gillies & Alldred, 2002). Yet there also needs to be an ongoing process of review as issues can arise at any stage of the research and it is often the case that ethical protocols are not revisited after initial approval has been obtained (Miller & Bell, 2002). It should be noted that formal ethical approval processes are not infallible as research may be designed to meet the required standards more than out of consideration for participant welfare or research integrity (Kelly, Burton & Regan, 1994; Downes, Kelly & Westmarland, 2014). The Academy of Social Sciences states that "all social sciences should aim to maximise benefit and minimise harm" (2014), yet it does not explicitly state who should receive the benefits and who should be protected from harm. Although many of those embarking upon sociological research may aim to improve conditions for certain groups of people, potential negative impacts are not always considered prior to the commencement of studies (Sprague, 2005).

Many researchers have raised concern around the ethical implications of studying the lives of women who have experienced violence and abuse. During the development phase of the current project, several ethical issues were identified for consideration within the methodological design:

- 1) How to explore victim blame in a way which did not reinforce feelings of blame and minimises emotional distress to participants.
- 2) How to avoid focusing on victimisation and create a space to allow participants to reflect on their autonomy, agency, or resistance rather than define them solely by their experiences of violence *or* victim blame.
- 3) How to develop definitions for the study (e.g., victim blame, sexual violence) that would encourage women to engage with the research and feel able explore their experiences without being restricted by the researcher's understanding or assumptions.

The foremost ethical consideration for my study had to be the wellbeing of the women who chose to participate. Asking victim-survivors about their experiences can be a complex process as they have potentially experienced harm in two contexts: from sexual violence and subsequent negative interactions with others. Therefore, it was important to minimise the possibility of the research causing further harm or retraumatisation. Prioritising the wellbeing of participants was a requirement of the codes of conduct stipulated for PhD students and researchers in line with the Academy of Social Sciences, the British Sociological Society and London Metropolitan University's Ethical Board but I also see it as a moral obligation for those undertaking research. These considerations fit within safeguarding and ethical considerations of my practitioner role so were somewhat second nature for me to consider; however, I was mindful that the process of research is very different to therapy and therefore I had to actively consider the potential risks and how best to mitigate them.

One area of ethical research practice is informed consent, protection of participants and respect for their privacy, confidentiality, and anonymity (Miller, Birch, Mauthner & Jessop, 2002). Although often discussed as separate issues, it could be argued that informed consent and confidentiality fall under the protection of those taking part as this consideration must include *all* aspects of wellbeing, from physical and emotional safety to respectful treatment, right to privacy and freedom from exploitation. Research studies which can lead to disclosures of abuse – whether or not this is a direct topic of investigation – raise specific ethical quandaries as talking about upsetting life events could cause distress, affect mental and emotional wellbeing and be re-traumatising. In her work on Satanic Ritual Abuse, researcher Sara Scott (1998) noted that the pursuit of data can lead researchers to ignore or undervalue the “lives behind the text” (3.3), even when discussing traumatic or distressing events. However, in-depth enquiries into sensitive topics can also provide an opportunity for participants to be heard, to feel empowered through speaking and to gain a different perspective on their experiences within a safe, moderated setting (Farquhar & Das, 1994; Kitzinger, 1994; Montell, 1999).

It has been noted that the apparent benefits of consciousness-raising opportunities can be inflated to unrealistic proportions (Kelly, Burton & Regan, 1994), with the danger that participants may be exploited under the guise of being given an empowering and valuable opportunity (worth the risks of taking part), when the real benefactors are researchers, funders, or other stakeholders (Miller & Bell, 2002). Even when taking part does not cause outward harm or distress, it can still be disruptive to participants' lives in terms of the time, energy and travel that is required of them (Letherby, 2003). Subsequently, a key element of

informed consent is to make clear the possible benefits and costs of engaging in research in a transparent and non-coercive manner, and which is revisited and re-established at each point of contact.

As already discussed, the power imbalance in research can complicate attempts to make the process empowering rather than exploitative. Research which endeavours to create some form of relationship with participants has been seen as preferable to the traditionally hierarchical and detached positivist stance, with the human capacities for warmth, compassion and connection often cited as important tools for researchers to foster rapport and trust with participants when investigating difficult topics (Reinharz, 1983). Yet the potential for manipulation in these circumstances is often overlooked: a skilful researcher may create an interaction which is experienced as positive and supportive by participants, but this raises questions around sincerity, deception, and the ethics of creating false relationships as a means of getting information (Oakley, 1981; Duncombe & Jessop, 2002; Sprague, 2005). To counter these dilemmas, Reinharz (1983) has suggested that a sincere and trusting relationship can be built through researcher willingness to be questioned or scrutinised – ‘sussed out’ – by participants, which is a wildly different stance to the cold, objective observer who gives nothing away.

Others have noted that ‘bonding’ can occur between researchers and participants and have queried the implications of this, especially as researchers are unlikely to be able to ‘give back’ to participants in a way that balances what they give to the research (Oakley, 1981). If a study involves more than one point of contact – as with multiple interviews – this relationship can become more complicated (Stanley & Wise, 1993). Due to the assumptions that female participants are more likely to feel comfortable with and disclose to other women, this places extra responsibility on female and feminist researchers to ensure that their work does not mislead or further exploit those from oppressed or marginalised groups (Finch, 1993). Some researchers have gone as far as to suggest that participants need protection from ‘people like them’ (Finch, 1993; Scott, 1998).

Ethical considerations are not limited to the times when researchers are in direct contact with participants. During the design stages, researchers must decide upon their sample population – who they will allow to take part – which will ultimately deny some people the opportunity to engage with the study (Cook & Fonow, 1986). After their involvement has finished, participants have no influence over how their contributions – or indeed, themselves – may be interpreted or presented and are thus reliant on good intentions alone to ensure they are not portrayed in a way which could be harmful to them or to their communities

(Glucksmann, 1994). Concerns around the ‘harms’ of research may be especially pertinent for women of colour: the fine line between engagement and exploitation is particularly complex when those taking part are concerned about how issues of race, ethnicity, culture, and community will be explored and presented by the researcher (Phoenix, 1994). There may be (valid) concerns around how ‘visible’ they will be in the research (Sprague, 2005) and as white feminists have particular difficulty understanding women of colour, the potential harms of taking part in research can outweigh the possible benefits (hooks, 1984; DeVault, 1990; Reinhartz, 1992). In addition, the desire to ensure that women of colour are not excluded from feminist endeavours can lead to new problems, such as tokenism, with researchers’ desires for their study to be diverse and representative putting additional demands on people of colour, as well as those from other marginalised groups, to take part and stand for their communities (hooks, 1984).

An important area of feminist research is shining light on “the strategies girls and women find to resist, challenge and subvert” (Kelly, Burton & Regan, 1994, p.33). I have already discussed the ways that research can end up reinforcing dominant societal images around rape and strengthen the idea that women are helpless and passive victims (Stanko, 1994; Letherby, 2003). Yet excessive concerns over the risks of taking part in research can also replicate the idea that victim-survivors are weak or unable to manage their wellbeing and thus are inherently more vulnerable than other groups of people. Such conclusions are assumptive and greatly overlook women’s ability to enact agency within even the most constricting of circumstances (Downes, Kelly & Westmarland, 2014). There is a difficult balance between protecting research participants and assuming a lack of agency or resilience and such discussions overlook the power that participants *do* have: if a study is conducted ethically, they have the power to choose whether or not to participate, to consent to what is asked of them, to refuse to answer questions, not turn up to focus groups or interviews and to withdraw from the research entirely (Sprague, 2005).

With all of this in mind, I will now explain my rationale for the study, including aims and questions, the research design of using focus groups, and the steps I took to mitigate harm and attempt to amplify the benefits for the women who chose to take part.

## **The Current Study**

As explored in Chapter One, the generating drive for the project came from personal dissatisfaction in experiential practice and a desire to improve the lives of victim-survivors. It felt important that the topic be approached as openly as possible due to the potential for bias



that can come from the dual role of practitioner-researcher. Similarly, I did not want the study to be restricted by the definitions and assumptions of the existing knowledge base but rather develop conceptualisations or hypotheses from the perspectives of victim-survivors: in the words of Nicole Westmarland (2001), to “fully understand women’s experience and theorise these experiences with a view towards social change” (p.5).

The research aim of the study is to develop a more comprehensive and nuanced understanding of victim blame, which explores the different ways that blame can be communicated by agencies and experienced by victim-survivors. This aim was broken down into four research questions to address the gaps in the knowledge base:

- How is victim blame communicated to and experienced by victim-survivors of sexual violence?
- Are there specific contexts or behaviours within agencies, such as actions, comments, situational characteristics, or processes that communicate blame?
- Are there less direct, more subtle ways that blame can be communicated to and experienced by victim-survivors?
- Are these different forms of victim blame widely experienced by victim-survivors or are they specific to certain agencies and/or professionals?

I felt that these questions would be best addressed within a feminist sociological research framework. This approach was chosen for two reasons: it was clear that victim blame would need to be considered from a wider perspective than individualistic fields like psychology could allow (see Chapter Two) and it was crucial that I chose an approach which could adequately and sensitively allow for women’s experiences to be shared, explored, and represented whilst ensuring that those participating were treated with respect.

Initially, I thought the best way to explore victim blame would be via a survey or questionnaire that could be administered electronically and in paper hard copy to women who had experienced sexual violence. This instrument would ask women whether they had experienced the different forms of victim blame already known in the knowledge base, such as specific comments, body language and antagonistic or obstructive behaviour that prevented access to services, whilst exploring the impact of these forms of blame on them. This initial design seemed to be a relatively simple way of reaching many women with a measure which could be provided in different formats and was deemed (at the time) to be less intrusive than one to one or group interviews. It was also thought that a survey or

questionnaire could be used – in a similar way to the British Crime Survey of England and Wales – to reach women who had experienced sexual violence but had not reported their experiences to authorities or had any formal contact with services, whom might otherwise be missed by invitations to participate through agencies.

On reflection, these initial ideas were a direct result of my familiarity with quantitative rather than qualitative methods, my background in psychological research and a subsequent discomfort with the unfamiliarity of interviews or group work outside of a therapeutic setting. After reviewing the debates around feminist methods and the existing knowledge base on victim blame, I realised that the foundation for this research had to be the lived experiences of women. As little is known about the variety of ways that victim blame may be communicated, or the more subtle aspects of agency practice which may be experienced as judgmental or blaming, developing a quantitative measure from the existing research would be limited. I became increasingly convinced that I should avoid a methodology that would “impose externally defined structures on women’s lives” (Maynard, 1994, p.12). The challenge then became to find ways to approach the topic from a wider angle and create space where women could explore their experiences and understandings of blame following sexual violence.

I decided that focus groups would be the most appropriate method for exploring experiences of victim blame. Focus groups can provide rich, in-depth data by exploring what people think as well as the subjective meaning and social contexts of *how* and *why* they think as they do (see Kitzinger, 1994, 1995; Maynard, 1994; Sprague, 2005). Jenny Kitzinger (1994, 1995) has explored in detail the potential benefits of focus groups as a less formal method which allows people to contribute in minimal ways, such as by agreeing with others, and to express ideas in their own words rather than being bound by pre-set definitions. They can also engage participants who cannot or do not want to write their responses, and alternative meanings and perspectives can be accessed through conversations with others (Kelly, Burton & Regan, 1994). Group discussions may better facilitate the exploration of potentially difficult or sensitive topics, as more confident members can open up spaces for others to contribute (Kitzinger, 1995).

It was hoped that focus groups would be more comfortable settings for research, as they can take place in familiar surroundings and recruit members from existing communities, adding insight into people’s social contexts and helping participants feel supported by their peers (Reinharz, 1983; Green & Hart, 1999; Wilkinson, 1999). Being part of a group can also offer the safety of being ‘hidden by numbers’ (Farquhar & Das, 1999). They are seen as less

exploitative than other methods as they allow participants to manage their level of contribution and define key concepts without expectations of reaching a definitive, 'correct' answer (Farquhar & Das, 1999; Montell, 1999). This last point is particularly aligned with the feminist view that multiple perspectives are valid and meaningful and therefore the need for research which can acknowledge the similarities *and* differences of women's experiences (DeVault, 1990). However, while some women may feel more comfortable speaking with other women, others may prefer to interact with people from 'out' groups, such as men or those who have not experienced sexual violence (Farquhar & Das, 1999), so focus groups cannot be claimed to be entirely inclusive as a research tool.

Interactions between group members such as jokes, anecdotes, queries, or disagreements, are useful sources of data which can be gathered in focus groups, as they provide a window into thoughts and understandings that may be missed in more formal, one to one interactions (Glaser & Strauss, 1967; Kitzinger, 1994). As elaborated by Kitzinger, "tapping into such variety of communication is important because people's knowledge and attitudes are not entirely encapsulated in reasoned responses to direct questions" (1994, p.109). Although some critics have dismissed focus groups as a cost-effective way of interviewing several people at once (Montell, 1999), the intention is that group members talk amongst themselves rather than to the researcher and that different information might be shared within a group than in other social contexts (Kitzinger, 1995; Green & Hart, 1999). If group members already know each other, this may make them feel more comfortable with disclosure, yet being unfamiliar with each other may lead them to explain their points in more detail and thus reach deeper levels of meaning (Montell, 1999). Crucially for this study, groups can be a useful way of generating hypotheses and theories as they can identify shared or common knowledge that might not be explicitly accessible through other methods of enquiry (Glaser & Strauss, 1967; Kitzinger, 1995).

Focus groups can also provide a platform for those who may not normally have a voice to discuss their experiences or opinions (Montell, 1999; Sprague, 2005). Focus groups can involve members directly by asking about their hoped-for outcomes and whether they feel that the research topic is meaningful for them (Scott, 1998): while it is not always feasible to match participant hopes to the agenda of researchers, it allows the opportunity to manage expectations and could lead to a change of research focus. Considering that women are silenced in many aspects of society, especially with regards to sexual violence (Jordan 2004a, 2004b, 2012), it was crucial that the current research was designed in a way which would work *for* women and offer a space to speak and be heard. Taking part in a group can reduce the risks of 'coming out' as a victim-survivor, as there is a pre-established

understanding that everyone there has experienced violence, and this may foster feelings of empowerment, rapport, and support between group members (Farquhar & Das, 1999). Elaborating on each other's responses or observing how people cement their thoughts or change their minds throughout a discussion can better illustrate how people construct their opinions and identities than through direct questioning alone (Wilkinson, 1998).

However, there are some potential limitations to this method which were also considered. Some people might not feel comfortable speaking in a group or have concerns around confidentiality (Barbour & Kitzinger, 1999), while others might not feel comfortable to outwardly disagree with the points being made, especially in the face of a consensus (Kitzinger, 1995). Conversely, women might feel 'too comfortable' in a group and end up sharing more than would have liked (Maynard, 1994; Finch, 1993; Sprague, 2005). Speaking with others about issues such as sexual violence can cause distress (Kelly, Burton & Regan, 1994). To combat this, researchers have suggested offering time outside of the groups for one-to-one conversations if participants wish to share something or ask questions that they did not feel able to within the group (Kitzinger, 1995; Wilkinson, 1998). This space could also be used as an opportunity to debrief if women felt that they had 'over-shared' or had concerns about how their information would be used or represented.

There can also be issues with the 'collective identity' of groups. If discussions reach a majority agreement on a topic, it might be assumed that each individual member of the group agrees with the consensus (Farquhar & Das, 1999). Whereas group discussions could lead to women connecting and finding common language to express their experiences, some have questioned whether this process reflects actual lived difficulties if it requires a group effort to acknowledge and draw it out (Campbell & Wasco, 2000). There is also a danger of over-stating the participatory nature of groups; as with all methods, it depends on how the group is structured and how rigidly the researcher decides to stick to their agenda (Baker & Hinton, 1999). Similarly, there is a danger of over-stating the potential value of speaking out, as taking part in a research study is unlikely to change lives but it can have a difficult emotional impact on those who participate (Kelly, Burton & Regan, 1994).

Focus groups can exclude people of colour. Firstly, they may be less able to take part in this type of research due to caring or work commitments and may have concerns around being more identifiable than their white counterparts (Sprague, 2005). Chiu and Knight (1999) explain how the experiences of people from different races, ethnicities and cultures may be 'diluted' within predominantly white, middle-class groups whilst their presence assures researchers that their experiences will be represented in discussions. This can be especially

difficult when engaging with bilingual group members and the use of interpreters, who may feel they are speaking on behalf of a particular community (Ibid). As with all methods, researchers may not be aware of the white, racialised perspective from which they are observing and making conclusions about group members and the perspectives they are sharing (Sprague, 2005).

After considering the potential benefits and limitations of focus groups, I felt that this was the most appropriate research method for the topic.

### **Study Design**

The initial study design was to hold several focus groups with women who were victim-survivors, to discuss their experiences of victim blame from agencies. I had initially considered running four or five focus groups and then using the findings to create a research instrument, such as a survey, which could be distributed more widely, could reach women who did not want to speak in a group and allow for some triangulation of data through a mix of qualitative and quantitative methods. However, due to adaptations to the study which took place at the request of the women, this stage of research did not take place. Instead, I ended up running ten focus groups, including three follow-up focus groups and an online feedback group.

Ethical approval for the research, including a data management plan, was granted by the London Metropolitan University Ethical Approval Committee in January 2017 (see Appendix A). Ethics was revisited and granted again following changes to the methodology, in February 2021 (Appendix B).

### **Negotiating Access**

I decided early in the design stage that it would be most appropriate to run focus groups through agencies which already supported victim-survivors rather than set up groups in independent community spaces with open invitations to attend. In Sara Scott's research (1998) with survivors of abuse, she discusses the importance of recruiting participants who are "well supported and coping with life" (5.3) and one way of strengthening the emotional and physical protection of participants was to engage with women who were already in contact with services and therefore had existing support networks. Running the groups at locations that were already familiar to women would hopefully make it easier for them to engage and could provide some support for childcare, travel costs or other barriers to

accessibility (which I was unable to fund). Additionally, pre-existing familiarity between women at specific centres might help them feel more comfortable to engage in discussions.

Focus groups were organised and run through local branches of Rape Crisis England and Wales. Initially, other agencies were also considered: I had hoped that NHS services which support women who have experienced violence (such as women-only crisis centres) would also be viable options for reaching potential participants and may have provided a useful comparison between the experiences of statutory and feminist agencies. I approached one NHS site where I had previously worked and despite their interest in taking part, the arduous nature of the NHS Ethics process meant that it was not possible to continue down this avenue. The application process had to be completed through NHS England and with separate requests to the ethics boards of each local NHS Trust: the process was so unwieldy and time consuming that it was ultimately abandoned. In the end, all participants were recruited through local Rape Crisis Centres (RCCs) who agreed to take part.

My initial aim was to run a minimum of four focus groups at different locations in England and Wales, with between four and eight women in each group (so between 16 and 32 women in total) to gather enough data for analysis and comparison. In the end, nine focus groups were held with 35 women taking part: some of these were return groups (see below) so there was an average of four women in each discussion group.

I approached 55 RCCs in England and Wales through the contact details available from the national Rape Crisis website ([www.rapecrisis.org.uk/centreslist](http://www.rapecrisis.org.uk/centreslist)), with information about the research project and a request to participate, including Information Sheets for Women and for Agencies (Appendix C & D) and a Consent Form (Appendix E). Six months later, I contacted the RCCs that had not responded again by email and by phone. Several centres declined for various reasons: staff shortages; staff and/or service users not being interested in the research topic; already running research groups; not wanting to overburden their service users; imminent closure of the service. Some of the centres which declined to hold groups did express interest in involvement with the later research stages and some centres did not respond at all. Of the 55 centres contacted, five opted to take part in the first stage of the research, all based in England.

I planned to run the focus groups during the summer of 2017. However, the process of liaising with RCCs and arranging groups with the women who wanted to take part took longer than anticipated due to staff sickness and the time taken for centres to process the request through Board of Trustees or service-user involvement networks. The first three

planned focus groups were cancelled due to bad weather, staff sickness, and a change in management, so the focus groups started in January 2018 and were completed by December that year.

### **Recruitment and Participants**

Focus group participants were recruited from women who were in contact with the RCCs. Although this approach meant that women were already engaged with support, it did rely on Rape Crisis staff to be gatekeepers to potential participants. I provided each centre with information and consent forms to provide to the women who they felt might be interested and/or able to participate (see Appendix C & E): the information sheets included my contact details in case women had direct questions about the research but ultimately the project focus and intentions were first explained to potential participants by Rape Crisis staff.

A few inclusion/exclusion criteria were stipulated, that participants:

- were women
- were 18 or older
- had experienced some form of sexual violence
- were currently receiving support from Rape Crisis
- were interested to explore interactions with agencies within a group discussion
- were not at significant risk of suicide, self-harm, or violence from others.

It was left to each centre to interpret 'women'<sup>5</sup>, 'sexual violence' and 'support' and therefore to decide who would be invited to take part and who would not. It was also made clear that the research would *not* ask women about their experience of sexual violence: it felt important to make this clear to manage women's expectations and emotional safety.

Whilst having to rely on gatekeepers for participant engagement was far from ideal<sup>6</sup>, Rape Crisis staff were in a better position than I to carry out risk assessments and safeguarding duties with the women using their service. Although the focus groups were not intended to provide therapeutic contact, Sara Scott (1998) talks about the value of counselling skills in research contexts, especially when debriefing with participants at the end of contact. Although it was expected that any support needed by participants before, during or after the group would be provided by staff at the RCCs, I was hopeful that my counselling skills could

---

<sup>5</sup> Trans women were not intentionally excluded from the study but may not have been able to participate depending on the local RCC policies.

<sup>6</sup> In one focus group, several women had not received the Information Sheet ahead of time. While this was easily remedied in the group, it did mean they had less time to prepare for the discussion.

be useful for checking in with the women during the discussions and helping to manage the conversation. I also had contact numbers for the National Rape Crisis and the Samaritans helplines in case women did not want to speak with the staff on site.

In the end, 35 women took part in the focus groups and were all recruited through RCCs. While the research did not set a definition of sexual violence, it is likely that recruiting participants through Rape Crisis would have had a selection effect on the women who felt comfortable to align themselves with this agency. The topic of defining experiences came up directly in one group: Grace said she was encouraged by the wording on the Rape Crisis website when she was looking for help in her local area.

Somehow it clicked that I never talked about what happened in the past. I knew deep down that I had to do something, and I started researching different agencies. When I came across Rape Crisis, the website really encouraged me: it said that 'it doesn't matter when it happened, it can be anytime'. For many years, I thought this agency was for people who have just suffered abuse or gone through traumatic experiences so I felt like I can't go there. But when I read this three years ago, I felt like oh yes, I can go there (Grace).

Her experience reinforces the importance of support services using open and inclusive definitions of sexual violence and she added that had the website not specifically mentioned timeframes, she would not have contacted them.

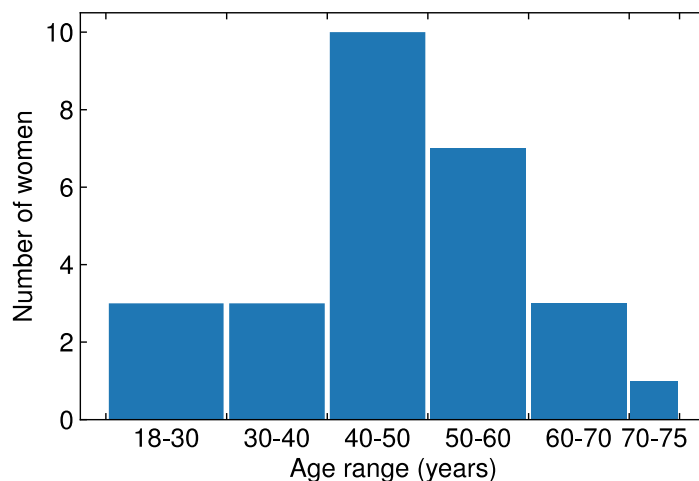
While it was reiterated that there was no expectation for women to discuss violence or abuse within the groups, some chose to share their experiences and the women that did so reported a range of recent and historic abuses perpetrated by friends, strangers, family members and partners, with some of the violence occurring in childhood. Several women described multiple incidents of victimisation and their experiences were in line with Liz Kelly's (1988) concept of the continuum of sexual violence, including forced kissing, grooming and unwanted touching. Irrespective of when the violence took place or the woman's age at the time, the agency responses described were markedly similar.

All of the women who participated were asked for their demographic information as well as how they would like to be known during the focus group discussions and any subsequent publications. Not all women chose to provide demographics but those who did so present the following picture of those who took part.



- Women were aged from 22 to 71 years (see Figure I).
- Eight women said they had a disability, 12 said they did not.
- They were a mix of full- and part-time employed, unemployed, home makers and retirees. Three women identified as carers and one described herself as an artist.
- 10 women said they were heterosexual or straight, one was queer, one was 'mostly queer', and one was bisexual. One participant described her sexuality as 'none' and another as 'WOMAN!'.
- The largest ethnic group (16) was white British. Other women identified as white Italian, white Irish, Pakistani British, and South Korean. Seven women said they were part of a specific Asian community which will not be shared here to protect the location and identity of the group and its members (see Figure II).

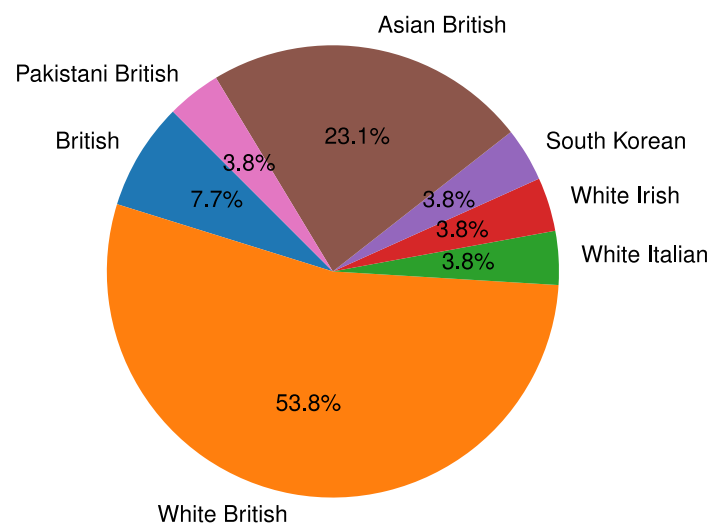
As presented in Figure I (below), most women were aged between 40 and 60 years. While this impacts the representativeness of the data in relation to the experiences of younger and older women, it was interesting that there were a few conversations in the groups regarding age and the treatment of older women within services. Women also shared experiences with agencies from when they were teenagers or children, so this added some insight into professional responses to younger women even though these experiences were not that recent.



*Figure I: Age ranges of women.*

As not all the women shared demographic information and some left out certain details, it is hard to complete an intersectional analysis of those who took part. The breakdown of women's ethnicities shows that the study was not representative of the general population of the UK, for example no Black women took part. The Asian British women all described

themselves as heterosexual, and all the women who identified as having a disability were white British or white Irish. The age ranges were spread evenly across the different ethnicities shared by the women.



*Figure II: Ethnicity of women*

Most participants wanted to use a pseudonym for publication. One woman requested that she be referred to as Dee while another, Sue, wanted her real name to be used as a way of owning her experiences.

I'm thinking well I do what it to be known now, I've had to tell too many people, you can jolly well have my real name and this is who I am and this is what I've been through and these are the people who actually really hurt me and these all the people I've had to tell my very personal information that I never wanted to tell anyone (Sue).

The rest of the participants were happy to share their real names during the focus groups but requested to be anonymous with in any following write ups: they have been allocated pseudonyms in this thesis.

Women described interactions and responses from a wide range of agencies, which have been grouped into different sectors for ease of analysis.

- Criminal Justice (police, courts, judges, SARC, CICA)
- Healthcare (NHS services)
- Education and Child Welfare (teachers, Sure Start, Childline, Barnardo's, NSPCC)
- Social Care (housing associations, local authorities, DWP, Foodbanks)

- Specialist Violence Services (Rape Crisis, NAPAC)
- Advice and Mental Health (Mind, CAB, The Samaritans)
- Employers
- Priests/chaplains (Christian)

As all women were in contact with Rape Crisis, they might not have felt able to freely share any negative views of this agency. However, Rape Crisis was specifically and repeatedly mentioned as a service which was experienced as supportive and helpful, and a place that created space for women (see Chapter Six).

Having an open and flexible methodology that was not confined to strict definitions of victim blame, violence, or agencies allowed women to speak more generally about their experiences. This generated a deeper understanding of the ways that women were devalued, disrespected, and made responsible by statutory agencies across a range of sectors and allowed the inclusion of professionals that have been overlooked by existing literature, such as priests, community cafes, and employers.

### **Running the Focus Groups**

It was important that discussions took place in as safe an environment as possible, somewhere familiar, private, and accessible where women could access support if needed. The groups were held in rooms at local RCCs which were already well-considered and appointed in terms of comfort and accessibility: although each room was adequate for the purpose and seemed to be a comfortable space for the women who took part, they differed in terms of size and facilities. Some rooms were set out like a dining room, with a table and tea-making facilities, whereas other spaces were more informal with armchairs arranged in a circle. Staff from Rape Crisis who were known to the women were on hand in case support was required. In six of the ten focus groups, staff were present in the group but for the most part did not speak or contribute to the discussion (other than to clarify some requested information or in one case, to gently challenge a rape myth expressed by a group member). Their presence was at the request of the women and, in the case of one group, to interpret for some group members. In the remaining four groups, staff were present in the building and offered greetings and check-ins to the women on arrival and leaving but did not take part in the group itself. The groups were solely facilitated by me.

Where possible, steps were taken to reduce barriers to attendance. Physical accessibility, cost of travel or availability of parking, options for childcare, interpreting services and comfort

(familiarity, privacy, non-clinical nature of location) were discussed with and managed by the RCCs. Although I was unable to provide monetary compensation or funds to cover costs of attendance, I brought refreshments (biscuits and fruit) to supplement what was already available at the centres. I was flexible with the arrangement of the groups and fitted in with the consensus of women and staff as to the dates and timings, as much as travel and other commitments allowed. It was anticipated that groups would last between 60 to 90 minutes, and it was made clear that participants should feel free to move around, replenish drinks or step out for cigarettes or take breaks as required: this led to a more informal, comfortable atmosphere in some of the groups even if it did provide additional background noise and therefore challenges for the later transcription of recordings.

To try and ensure a significant number of attendees to facilitate meaningful discussions, participants were over-invited to account for withdrawal or extenuating circumstances that may have prevented people turning up on the day. The information sheet provided to the RCCs suggested an aim of eight to ten women per group while the realistic hope was to have four to eight women in each discussion. Researchers who are experienced in running focus groups have recommended this strategy to account for their observed 10-20% drop-off rate for attendance (Kitzinger, 1995). In the end, the average attendance was four women per group and was more than sufficient for meaningful, full discussions of the topic.

Each group started with an introduction to the researcher and the research. Although my background was included in the information sheets, I did not overly state my practitioner role as I did not want to shut down certain areas of discussion around mental health or therapy, or conversely set up an expectation that this was a support group. I made it clear that I was a PhD student and not a member of Rape Crisis staff. Secondly, I asked if women were happy for the group to be recorded and explained the reasons for doing so: the intention to record was made clear in the previously provided information and consent forms and did not seem to be a surprise for the women taking part. Once the group had agreed to the recording, I started the recorders.

The next step involved asking the group members what name they would like to be known by during the group and in the subsequent write-ups. This was to protect their anonymity as much as they wished to do so, as well as to simplify the recording and coding of responses by having their chosen names linked with their voices on the tapes. I sketched out a diagram of where women were sat in the room, to help link their names/pseudonyms to each speaker and aid later transcription. I also took brief notes during the group of key agencies or themes mentioned.

I went through the consent forms and handed out demographic forms for completion (see Appendix F) and then brief ground rules were covered: respecting each other's views, confidentiality and switching off phones. I was mindful to not be too prescriptive around conduct at this stage in danger of replicating the format of support groups (which often start with setting such ground rules) and at each RCC, I asked women if they wanted any additional rules included. Due to the short time frame, no warm-up exercises were implemented and in most cases the discussion around names and demographics seemed to be enough of an 'opener'. Handing around snacks and organising hot drinks also seemed to break the ice and encourage interactions within the group prior to the discussion.

I had hoped that the research space would offer the following things to the women: to speak about what they wanted (and not feel pressured to speak about things that they did not want); to feel that they were heard; to be involved with the research as much or as little as they wanted, in the way that felt most comfortable; to be able to give their thoughts and feedback on the topic of research and how it was being carried out. At the start of the group, I handed out notebooks and pens to the women with the suggestion that they write down any thoughts or ideas that they might have during the group, to ensure that anything they wished to raise would not be forgotten or lost as the discussion progressed. Some of the women used their notes to have a one-to-one discussion with me after the group and one participant handed me a note that she had written but did not wish to discuss in person.

Overall, I hoped that women would feel that they had got something out of attending the group so that it was not a completely one-way experience in terms of what was given and received. To this end, discussion was initiated with a brief open-ended prompt rather than using a rigid topic guide: "which agencies have you had contact with? How was it?". I tried to hold a position of curiosity and asked women to clarify their points to make sure that I had understood them and to encourage expansion. On one occasion when there was silence and a seeming unwillingness to start the conversation, I asked specifically about the group's thoughts on the Rape Crisis Centre where we were meeting. I tried to include the wider group by asking if other people had experienced similar things, which encouraged others to agree, disagree or add their own experiences: in all cases, the discussions continued with little prompting needed once they had started.

At the end of the groups, I tried to direct conversation to a future-facing topic to end on a more hopeful note (as recommended by Kelly, 1988). In most groups, this was done through eliciting feedback on their experience of taking part in the research or asking them what else

could be explored in the next stages. In another group, we discussed an upcoming social event that the women were looking forward to. In most cases, I stayed at the centres for half an hour to an hour after the groups had ended to help with clearing up the spaces but also to respond privately to questions or comments. On two occasions, I met with women who wished to speak outside the group about their experiences.

According to Shalomit Reinharz (1983), data gathering in a setting such as a focus group comes to an end when both parties “feel saturated, depleted, complete” (p.181): in all cases, the groups ran on longer than the expected 90 minutes and were ended due to time constraints rather than because women had run out of things to say. This led to a reconsideration of how the groups were run and ultimately to a change in the method. In the first focus group, the discussion was still in full flow after two hours and the women did not seem in a rush to leave: one woman (Sue) suggested that we meet again to revisit the conversation and others were also keen to meet at another time. One participant (Ginny) observed that her friend had been unable to attend and would want to come to another group, while another (Selena) said that now she had met and knew me, she would feel more comfortable speaking and had more to say. I discussed this option with the member of staff after the group had ended and arranged a second focus group at the RCC a few months later.

After this experience, I suggested the option of follow-up focus groups at the other RCCs and held return sessions with three of the six original groups. Of the centres I did not return to, one of the groups was an existing community group which had disbanded before the second meeting could be arranged, another centre did not have enough interested participants for a second group and participants from the third centre were not able to return within the required timeframe due to a court case, work commitments, and health issues. The discussions in the follow-up focus groups revealed more examples of agency interactions – from new attendees or discussions of experiences which had happened since the first group – as well as a deeper exploration of the themes that had come up in the initial session and from the other groups. Considering my concerns about the potential for distress and discomfort during the focus group processes, most women seemed to find the experience useful and wanted to repeat it. Of the repeated sessions, two of the groups expressed interest in meeting for a third time but due to time constraints, this did not happen.

At the end of each focus group, I offered to keep women updated on the progress of the research: some gave me their email contact details with explicit consent that I could contact

them for updates or future opportunities for involvement in this research study. I sent brief email updates to the RCCs which were involved and to the women who wanted to be kept updated on the project: these updates were sent every six months and included a reminder that women could withdraw their consent to being kept up to date on the research and/or their consent to be involved in the study at all. I provided simple instructions on how they could withdraw this consent, should they wish to do so, up until the point that findings were submitted or published.

## **Ethical Issues**

Informed consent to take part in the research was initially obtained by the Rape Crisis staff who invited women to attend. I had no control over this part of the process other than to provide information and consent forms ahead of time to pass on to those who might be interested. At the start of each focus groups, I revisited informed consent with the group members and information about the research was provided again in written format and was verbally discussed. This information included:

- what the research would entail
- potential risks to participating in the research
- Information on the ethical approval granted
- who will have access to data and how the data will be stored
- the right to withdraw from the research, the options and process for doing so and the point at which withdrawal would not be possible (after the thesis has been submitted)
- contact details for the researcher and my supervisor, in the eventuality of any concerns or complaint.

Women were asked to sign the consent forms and copies were provided: this process also included a discussion of the reasons and practicalities for recording the sessions using small dictaphones and encrypted software on my phone as a back-up recording. In one group where some women were not comfortable speaking in English, a member of Rape Crisis staff (who knew the group members well and also identified as a victim-survivor) interpreted the discussions around consent and obtained verbal consent on behalf of the participants, who also signed the forms. While it was not ideal to rely on an interpreter in this way, I did not want to prevent women from taking part in the group due to language issues.

Again, my contact email was provided in case women had any concerns or questions after the group contact. The three follow-up focus groups were comprised of women who had attended previously and some new participants: informed consent and confidentiality was revisited during these repeat visits, although women who had already signed a consent form were not asked to sign another.

I took several steps to protect women's right to privacy, confidentiality, and anonymity. At the start of each group, I asked the participants what name they would like to be known by during the group discussion and in the written analysis, to allow them the option of anonymous identification throughout the research process. I stored data from the groups in line with my data management plan (see Appendix A): the data was coded as soon as possible after collection and was linked anonymously to any potentially identifiable information (e.g., participant email addresses and signed consent forms) to protect both participant confidentiality and data robustness. Hard copies of the recordings and paper notes were stored in a locked filing cabinet while electronic materials (digital files of recordings, typed up notes) were stored on a password-protected hard drive that only I could access.

Though ethical considerations are typically focused on participants, feminist research also asks us to consider the impact of the research on the researcher. Anneeka Marshall (1994) has written about the negative effects that her PhD had on her at "monetary, emotional and psychological levels" (p.122), and points out that while sharing experiences or identities with the groups we are studying can bring insight to research, it may also increase the negative emotional impacts upon the researcher. Topics which focus on 'the misery of others' can complicate motivation or excitement and lead to negative feelings like guilt or helplessness (Letherby, 2003). Rebecca Campbell's (2002) book, *Emotionally Involved*, goes into great depth about the impacts of studying rape from a compassionate, open-minded perspective: this book, along with Marshall's chapter, were invaluable resources for me to consider my own wellbeing while conducting this research and enabled me to put in place certain strategies to take care of myself throughout the process.

I made the decision that I would not disclose my personal experience of the issues being discussed in hopes of keeping the focus on the women and their experiences. However, I decided that if I were directly asked about my background, I would answer honestly as it might be important for some women to feel that the person asking questions had some personal insight. It also felt like a way to restore some of the power imbalance. However, bringing personal experiences into the discussion could have felt like an artificial attempt to



prove I was part of the 'in group' and therefore manipulative or it could have influenced the women's understandings and definitions of sexual violence or victim blame (Scott, 1998). In the end, I was not asked and in the analysis of transcripts, it was apparent that several women had assumed that I did not have personal experience of violence or of interacting with agencies as a service-user. I also spent time thinking about how best to present myself to the group, as I did not want to fit too much into the stereotype of a 'student' (e.g., unprofessional, inexperienced) versus a serious researcher but I also did not want to dress in an overly professional manner and risk coming across as an authority on the topic or align myself with staff more than with the women taking part.

## **Data Analysis**

After initial analysis of the data and themes which emerged from these focus group discussions, I decided to return to the RCCs for a third time to present and discuss these findings, as a way of 'sense-checking' my interpretations and conceptualisations with the women. I was also keen to explore women's thoughts on how best to present and distribute their information to agencies and professionals, and more widely, whilst managing realistic expectations of what a PhD-level research project can achieve. I contacted the RCCs to see if they would be willing to hold another follow-up focus group where women could discuss the findings and give feedback on my analysis. Three RCCs were interested in facilitating a third focus group and we were in the process of arranging dates when the Covid-19 crisis struck.

Due to constraints of the Covid-19 pandemic and national lockdowns, I adapted my methodology to incorporate remote options for sharing information and eliciting feedback from women. There were several practical and ethical issues with holding group discussions through video platforms such as Zoom, such as the security of encryption and the reduced accessibility for those who did not want to interact through this medium, who had limited internet access or did not have privacy to contribute from home. Some of the RCCs were already running coffee mornings and other social events via Zoom; I attended one of the online coffee mornings and gave a brief overview of my findings to the women in attendance. The informal conversation suggested that the women did agree with my initial findings and several of them opted to give further feedback on the research more formally.

I updated my ethical review application to include these adaptations to the study and it was granted in February 2021 (Appendix B). I hoped that it would be more accessible and participatory to provide my findings in a variety of formats with different pathways for women

to provide feedback, should they wish. I recorded a brief video presentation of my initial conclusions and themes and emailed this to women who had asked to be kept informed of the research, as well as to the involved RCCs to forward to any interested participants. I uploaded the video to YouTube under private settings (so only those with the link would be able to find and view it) and removed it after this stage was complete. No identifiable or personal information on the women involved was included in the video.

Along with the YouTube link, I provided an updated information sheet with a written overview of the findings as well as reminders of the research aim, confidentiality, and the right to withdraw from the research at any time (see Appendix G). As all the women had previously engaged in the research, there was no need to ask them to sign another consent form.

I provided several options for women to provide feedback on these findings:

- A feedback form with specific questions (see Appendix H).
- The same questions in an anonymous online survey (Survey Monkey).
- To provide thoughts or feedback directly by email.
- To request a meeting to discuss feedback in person (through phone or Zoom, depending on the ongoing lockdown restrictions).
- To take part in another group meeting with women from their local RCC, via Zoom or a similar video platform.

In total, six women provided feedback on the research and their views were incorporated into my analysis. In addition to this feedback group, I held a remote meeting with one woman (Jess) who wanted to share her recent experiences of going through the criminal justice system: this was arranged at her request and she led the conversation entirely. At the time, I was using MS Teams for my clinical work and Jess also used this video platform for her work so was comfortable with the functionality as well as the security limitations.

The focus group recordings were written up as full verbatim transcripts to include hesitation and filler terms ('erm', 'you know' etc.,) as well as laughter, sighs and other non-words and extraneous sounds (doorbell, sounds of people making tea) so that nothing was missed. I recorded in italics the emotional expression of speakers as well as background noises, and interpersonal dynamics were also noted (such as nods, touching each other's arms, making tea for each other).

I used thematic analysis to explore patterns and common themes in women's accounts using NVivo 10 software: I chose this method as it is useful for "examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights" (Nowell, Norris, White & Moules, 2017, p.2). Considering the confusion around definitions of victim blame and its conflation with other processes and attitudes (see Chapter Two), I wanted to be as inductive as possible in my analysis.

Although I did not also apply conversational analysis (due to time limitations and the wealth of data), I did consider the ways that women engaged with each other in the groups. They often agreed with each other, were supportive, and clearly saw each other as whole people, which was in stark contrast to their experiences with professionals in statutory services (see Chapter Four). Where possible, I have used quotes which illustrate these interactions and their respect for each other, as this adds more meaning and consensus to the experiences and emphasises the value of group discussions over individual interviews for this topic (Kitzinger, 1994).

To provide a clear structure to my data analysis, I followed Nowell et al's (2017) six-phase process for thematic analysis which involves: deep familiarisation with the data; generating initial codes; searching for themes; reviewing themes; defining themes; producing the report. I also referred to Johnny Saldaña's (2012) *Coding Manual for Qualitative Researchers* for additional guidance. I carried out three stages of coding: one using paper print outs of the focus group transcripts and two using NVivo. I will detail my process here to allow the reader some insight into the rigour with which the data was analysed and considered.

### **Phase 1: Familiarisation**

Two recordings were made of each focus group from different places in the room (three in some cases, using a phone as a back-up). The transcripts were written in Word documents using the same format to aid comparison and analysis, with two-minute time guides inserted for reference. Each group discussion was listened to three times: once for a general overview and quality control, a second time with regular pauses to type up sections, and a third run through after a few weeks' break to pick up on any missed sections and to double check accuracy. I printed out the transcripts and made several reads throughs, highlighting and underlining references to four general themes: agencies, blame, impact/meaning of blame, violence.

In addition to the recorded data, I made detailed field notes after each focus group on what was said and how the group was conducted: as well as being useful for adapting my study throughout the process, this helped me identify some early themes and commonalities. I also discussed possible themes with my supervisor as a way of informing my conceptual readings. The raw data (recordings and transcripts) were repeatedly referred to throughout the analysis process to ensure that my findings were rooted in the women's words and experiences.

To manage the volume of data collected (20+ hours of recordings, 205+ pages of transcripts) and make it easier to link specific examples to codes whilst protecting the anonymity of participants and omitting the geographic locations of the RCCs, each focus group was given a coded name and the return groups were linked via numbers. Initially, each participant was given a number with a W in front of it (W1, W2 etc.) for ease, but pseudonyms were added later to ensure that the women were represented as real, whole people rather than reduced to numbers or categories.

## **Phase 2: Generating Codes**

I took the approach of inductive coding, highlighting single words or phrases and small sections of text as 'units of observation' as a starting point to identify themes (Saldaña, 2012). The transcribed discussions were imported into NVivo 10 software and used to generate initial codes which were closely linked to the topic of victim blame (e.g., agencies, blame, helpful, unhelpful, violence/abuse) as well as codes that were less immediately linked, such as 'identity', 'interpretation', 'feelings', 'meaning'. A second stage of coding narrowed down the data into subcodes (using 'nodes' in NVivo): for example, 'unhelpful' responses included nodes of 'disbelief', 'rude', 'waiting list', 'environment', 'not offered water', 'not given information'.

At this stage, I chose to code everything rather than just focus on obvious references to directly blaming responses as I wanted to identify ways that women's experiences were similar but also how they differed, with each other and between agencies. After this initial run through, I had identified 505 nodes within NVivo which suggested that I was staying close to the data rather than drifting towards particular themes in line with my assumptions (Saldaña, 2012). It is useful to have more than one researcher analyse the text and while this was not possible in my study, I had regular conversations with my supervisor as a form of secondary analysis. I also kept a reflexive journal of my thoughts throughout the coding process, especially around emergent themes, and made note of the codes and subcodes which I

eventually discarded or combined: this is in line with what Nowell et al (2017) consider 'auditable evidence' of analysis.

### **Phase 3: Searching for Themes**

Once all the data was coded, I sorted the codes and subcodes into themes (using 'hierarchies' in NVivo) to link the data together and start to build a conceptual framework. Again, these codes related to agencies (e.g., 'healthcare', 'volunteers'), elements of responses ('language', 'nonverbal', 'kindness', 'gender of worker'), experience of responses ('blame', 'judged', 'stigma', 'disrespect'), and women's responses ('resistance', 'refusal', 'avoidance', 'shame'). These were then built up into themes which linked different nodes together: as an example, 'disbelief', 'dismissed', 'blame' and 'minimised' were grouped under 'devaluation', which I then put under a node hierarchy of 'impacts on women'. There were also themes relating to codes which were not immediately linked to the central topic of victim blame but came up enough times in the discussions to warrant consideration: 'nature and animals' and 'media', which were initially put under a 'miscellaneous' hierarchy, became part 'meaning-making' during analysis. I have included a table and a treemap of NVivo codes as an illustration of my coding process (see Appendix I & J).

During this process, I revisited my coding decisions whilst reading original transcripts and my field notes to ensure that I did not lose the context and meaning of the data through overgeneralisation, as can be a risk with analysis of first-person narratives (Nowell et al, 2017). An immediate observation during phases 1 – 3, from both reading the transcripts and the NVivo coding, was the distinct lack of direct incidents of victim blame shared by women. As an example, the words 'blame' or 'blamed' occurred only three times in over 20 hours of discussion, while the word "dog" was said seven times. However, there were many other examples of unhelpful, negative, or obstructive responses from professionals which were linked to different aspects of agencies, suggesting that something other than conventional understandings of victim blame was taking place.

At this point, I took a break from the data for several months and on my return, I re-read the transcripts in their entirety and made notes of any new codes that jumped out, before reanalysing through NVivo. I did this to ensure that my themes and conclusions were "firmly grounded in the data" (Nowell, Norris, White & Moules, 2017, p.10).

#### **Phase 4: Reviewing the Themes**

This stage required review and refinement of themes to identify the ones most relevant to the topic, as I was not able to consider all of them in my final analysis. Direct contradictions to themes were specifically searched for within the data, to ensure that all women's experiences were considered, not just those that fitted the existing literature on blame. Some themes did not have a huge amount of data to back them up, so I left these for the time being but generally there was a lot of overlap and clarity between the themes that emerged:

- Theme 1: Negative messages can be communicated in different ways by agencies (individual staff, processes and policies, physical spaces, expectations).
- Theme 2: Women are made to feel devalued in many ways and responsible for things that were not their fault, not just having experienced violence (needing support, not 'getting better', for agencies failing them, for childcare, housing, or financial issues).
- Theme 3: Women were treated as problems rather than people (medical diagnosis, labels, short-term 'quick fix' solutions, expected to 'improve' rapidly with minimal support).
- Theme 4: space for action (freedom, choice, time, energy, space to speak) was greatly reduced by negative agency responses. Agencies which opened up space for women (through compassion, time, meaningful options, supportive relationships, welcoming spaces) were experienced as helpful and challenged stigma and devaluation.
- Theme 5: women felt treated poorly because they were women, rather than simply their experiences of violence. Women also felt badly treated due to their age, class, ethnicity, race, culture, sexuality and ability, or a combination.

#### **Phase 5: Defining Themes**

Throughout the analysis, I spoke regularly with my supervisors as well as colleagues and friends about the themes that were emerging from my data. I presented my early findings at conferences and seminars, to spark discussion and feedback from others, gain other perspectives and challenge the assumptions within my findings. I also shared these findings with the six women who took part in my online feedback group (see Appendix G): they agreed conclusively with the themes and suggested ways that the findings could be shared and utilised, for professionals and more generally (see Chapter Seven).

## **Phase 6: Producing the Report**

As much as possible, I use direct quotes to demonstrate the prevalence of the themes and back up my interpretations (Nowell et al, 2017). I have tried to include quotes from all the women although one focus group is under-represented due to technology issues which resulted in lost recordings (see below). In some cases I 'cleaned up' direct quotes by removing 'ers' and 'ums' or trailed off sentences, as the meaning of these elements of speech is lost in transcription and can obscure the sentiment of what is being said or make the speaker seem unintelligible.

The themes identified through my analysis show clearly that responses to women and victim-survivors are far more complicated than the framing of victim blame can accommodate. Despite the wealth of information and interest on the topic, experiences of agency responses were wider-reaching and deeper than blame and were linked to aspects of women's identity other than experiences of victimisation. Women were also blamed and made responsible for things other than violence. I began working with the existing feminist concepts of victimism, responsibilisation, and space for action to work with the material (see Chapters Four, Five and Six), as it was clear that victim blame is an inadequate term on two counts: it is not (just) about victims and it is more than just blame.

My analysis is presented in three chapters. Chapter Four considers whether victimism (Barry, 1979) is a more useful concept than victim blame for understanding women's experiences of agency responses and how this process intersects with structural inequalities such as gender, age, disability, class, sexuality, race, and ethnicity. As this research explores the topic of victim blame through the lens of gender, it would be pertinent to consider the intersectionality of other aspects of identity in relation to gender: however, I am mindful that using the term intersectionality in this way may overlook the concept's purpose of centring the experiences of Black women (Crenshaw, 1991). Therefore, 'structural inequalities' is preferred in this analysis and this decision is not intended to overlook the vital concept of intersectionality.

Chapter Five explores the process of responsibilisation as a way of making sense of the blaming and judgement of women for things other than their victimisation, while Chapter Six explores the notion of space, through space for action (Kelly, 2003; Kelly, Sharp & Klein, 2014), spaces to speak (Wilson, 2016), and space to be, as an important commonality of the agency responses and interactions which were helpful and meaningful to participants.

## **Reflections and Limitations**

Like most research studies, some challenges were encountered throughout the process. A significant amount of data was lost due to technical failures: in one focus group, two recorders failed simultaneously and only thirty minutes of a two-hour group was recorded. This was not picked up until the end when it was too late and consequently there are fewer direct quotes from one group of women than I would have liked. Thankfully, I made notes during and immediately after the discussion so their experiences are represented in some form, if not directly through their own words. In subsequent focus groups, I used multiple new recorders and encrypted software on my phone as a backup and there were no further technical issues.

The global Coronavirus pandemic in 2021-22 also provided methodological challenges and opportunities. Without the experience and proliferation of remote working, it may not have been possible to hold a follow-up meeting with Jess to discuss her court case experiences. Both of us were familiar and comfortable with this communication platform and she had the technology, access, and privacy to ensure that it was a safe experience for her. The Covid-19 situation and my meeting with Jess helped me to assess whether remote options would be feasible for Stage 2: I realised that even if I were able to ensure privacy, confidentiality, safety as well as comfort and proficiency for the women using MS Teams, it would be difficult to facilitate a focus group remotely. Working remotely during lockdown had already made it apparent that there were significant downsides to missing out on nonverbal communication, body language and the experience of being in the same physical space. Changing the methodology also raised ethical issues, as it expected women to talk about sensitive subjects in front of others and then be left without proper chance to debrief. There would also be the risk of them being overheard by people in the same accommodation, which could potentially include abusers. However, as the RCC involved in Stage 2 had adapted their service to provide support online, they were able to 'host' the online feedback group more safely than I could have done.

The Covid-19 crisis also illustrated how agencies and professionals can 'fail' women. Even with the best will in the world, unexpected challenges can mean that victim-survivors do not get the support or responses they need. Services had to shut over lockdown, resources dwindled further and waiting lists have expanded beyond their already extensive lengths. Crucially, it is important for services to acknowledge and communicate this to those who are trying to access them. The importance of clear, honest communication from agencies was a key message from the focus groups. In line with this, I did my best to keep the women and the RCCs updated on the changing plans for Stage 2 without inundating them with emails



and information. Additionally, being able to work from home gave me additional time for data analysis and writing up.

As discussed in the overview of feminist research, a participatory approach is one way to mitigate biases and power imbalances. As much as I wanted to provide a participatory space for the women who chose to take part, the limitations of PhD-level experience and research restricted the opportunities to be fully creative and flexible. However, the study was designed with this intention in mind and I wanted to make sure that women had a space to talk about the topics that were important to them and were able to influence the research rather than being bound by specific questions, definitions, or agendas. The terms 'blame', 'agencies' and 'sexual violence' were not defined in the written information provided beforehand or during the groups and conversations as to what these terms meant to the women came up several times. Women were asked about their thoughts on the research topic and whether they felt that other areas were also important or more important to explore.

I also tried to manage the expectations of those taking part and be clear that the research was unlikely to have much of an impact on their lives or contribute to significant social change, despite my best intentions and hopes. The groups were managed loosely without a formal topic guide. As a key principle of participation is enabling those taking part to make active decisions about the research (Reinharz, 1992), discussions were initiated with an open-ended question and follow-up prompts but otherwise allowed to organically progress so that group members could take the topic where they wished. It was hoped that this would allow for discussion of areas of interest outside of agency interactions and victim blame. Women were asked for feedback on their experience of taking part, as a way of improving future groups and to provide an avenue for any concerns or difficulties. This was done in three ways: within the group discussions as part of the 'wind down' process, through the option of one-to-one feedback with myself after the group and through a feedback form which was offered both in paper format (to hand back directly to the researcher or to give to support staff to send on later) and via an online, anonymous form. I wanted to provide a clear pathway for women to be kept updated on the process and findings of the research, either directly through email or through RCC staff, whilst also making it clear that they could withdraw from these updates at any time. Consent to be contacted as well as options for withdrawal were reiterated at each contact point and this was especially important in light of the GDPR changes that were implemented in the UK in 2018. The second stage of research enabled me to present and sense-check my initial interpretations, to check the validity of conclusions and challenge researcher bias, as well as to allow participants to be more involved in the research and guide the study.

It is important to identify the limitations of the study and its findings. Recruiting women solely through RCCs means that many victim-survivors were not able to take part in this study. There is also a bias among women who would choose to contact an organisation Rape Crisis: as many victim-survivors do not relate the term 'rape' to their experiences (Koss et al, 1987; Kelly & Radford, 1990; Jordan, 2012; Donde et al, 2018), it is not possible to claim that the women who took part represent victim-survivors more widely. Of course, there is limited value in treating people with certain experiences as a uniform, representative group and that was not the intention of the study, but it is important to be explicit about the limitations of the research.

Choosing focus groups as a method may have also prevented some women from taking part: as explored earlier, women may not feel comfortable speaking about their experiences in a group and this discomfort can be amplified by knowing the other group members or by having to meet with strangers. There are significant barriers to attending a group in person, which may particularly affect victim-survivors from minoritised backgrounds or those with caring responsibilities. Aside from one focus group, most of the women who took part were white. I had hoped that linking in with RCCs in different parts of England and Wales would allow greater accessibility for participants from different racial, ethnic, cultural, and socioeconomic backgrounds: however, all the involved RCCs were in major cities or towns so women living in less well-served or rural locations are unlikely to be represented by this research. Another major issue is that women who were currently receiving support from their RCC would be unlikely to feel open to describe negative experiences with that agency, especially within the focus groups where staff members attended.

While these limitations mean that the findings cannot be viewed as representative of women's experiences of engaging with agencies, there were clear commonalities in the experiences shared which warrant further exploration (see Chapter Seven).

## **Conclusion**

This chapter has explored the methodology of the current study and situated it within the broader tenets of feminist research. These tenets were used to develop the research questions, in choosing focus groups as the method and in the analysis of the data. 35 women took part in the discussions and despite technical difficulties and the study's limitations – in addition to the challenges of carrying out research during a global pandemic – several key findings came out of the data which will be explored in the following empirical

chapters: the role of victimism (Chapter Four), responsabilisation (Chapter Five) and space for action, space to speak and space to be (Chapter Six).

## Chapter 4: Victim Blame or Victimism?

In this chapter, I explore one of the core findings of the study, that women's experiences with agencies stretched far wider than blame. Different elements of agency responses made women feel dismissed, devalued, and dehumanised, as well as responsible for things other than victimisation. The women who shared these experiences thought that this was not just about being 'victims': they understood the poor responses they received as being also connected to their gender, age, race and ethnicity, class, ability, and sexuality. Making sense of this unexpected finding required a concept that could accommodate these lived experiences and account for the range of experiences far better than victim blame. To this end, I revisited Kathleen Barry's (1979) concept of victimism.

### Victimism

On the whole, statutory agencies were experienced as unhelpful, unsupportive, and disrespectful in their responses. Reactions to women's attempts to seek support were described as "degrading" (Selena), "aggressive and hostile" (Ellen), "really harsh" (Grace), "uncaring" (Kirstie), "bullying" (Dani) and "the worst thing I've ever, ever had to do" (Cecilia). Across all focus groups, women recalled times when they felt judged and criticised, questioned, not believed, disrespected, ignored, silenced, or otherwise dismissed by professionals. Seven women specifically stated that the way they were treated by agencies had greater negative impacts upon them than the abuse for which they were seeking support, including Beverley who said, "they're even worse than the experience that you were complaining about".

Negative responses from professionals and services were experienced across different sectors and organisations but most frequently involved police officers, GPs, and mental health services. This reflects the general findings in the victim blame literature (see Chapter Two). Interestingly, very few incidents of explicit blame were shared in the groups. There were only five occasions where women were made to feel blamed for the violence they had experienced and this came from police officers, a therapist, a secondary school teacher and a pastor. When Mary disclosed to her pastor that she was being raped, he told her that it was happening to her because she was "evil" and "devil possessed". He went on to sexually assault her himself under the guise of spiritual counselling and when she spoke out about his victimisation – which included brain washing and "casting out of devils" – she was denied communion and ostracised by the church congregation. This compounded her sense that

she was to blame for the rape and abuse and isolated her further from her community and support networks.

You're left carrying the guilt from what's been done to you. People can't see that and can't understand that feeling. I felt for years as if I was lost in time, like there was a cog in my brain that just wouldn't click over, needs oiling and I couldn't move away from it... I learnt to live with it and I can't say I buried it because it's always at the back of my mind. I'm still the young woman that wasn't able to grow and enjoy being with her children as normal mums do (Mary).

For others, blame was communicated less directly. Beverley felt "under suspicion" by police officers who "scrutinised" her actions when she reported abuse. Yoshimi wanted to talk about rape in counselling but her therapist focused instead on her role as the victim; she interpreted this redirection as a tacit indication of where responsibility should lie. Jess was groomed and sexually abused as a teenager by a much older man and when a teacher discovered what was happening, she was told to "end the relationship" as if she were the active agent in the abuse.

I was 14 and he was 26. I'd spent my whole life thinking God, what a slag I was, I agreed to all that when I was 14 (Jess).

Blame was not always experienced as a negative response. A police officer told Grace that "women seem to fall into the same trap and get the same men" and that she should seek counselling to break this pattern. This helped her to make sense of her experiences and feel more in control of her future, which fits with Janoff-Bulman's (1979) assertion that an element of responsibility might be helpful for some victim-survivors. For Grace, the officer's advice gave her a sense of hope, direction, and agency and she subsequently engaged in counselling and found this helpful.

The apparent lack of blame was surprising in light of the knowledge base and discourses around victim blame (see Chapter 2). It could reflect a positive shift in attitudes towards victim-survivors, which would be a heartening finding if it were the case. As the concept of victim blame has become more widely understood and discussed, it may be that agencies have taken steps to improve the ways they respond to women, or that professionals are more aware and self-policing of insensitive comments and behaviours. The absence of victim blame could also be due to how women defined and made sense of their treatment by

professionals, as we have seen that blame, fault, and responsibility are murky concepts to define and unpick (see Chapter Two). However, the focus group discussions showed that professional responses are still steeped in negative attitudes and stereotypes, even if they did not amount to explicitly blaming women for what has been done to them. To explore this apparent contraction, I analysed the data through the framing of victimism.

Kathleen Barry (1979) argued that in confronting the horrific realities of sexual violence, attention has shifted to those most affected, the women who are victims.

Redefining rape, demanding recognition of women's victimization, this has led to creating a new status – the victim. The status of this role is awarded according to the nature and extent of the abuse a woman suffered. Creating the role and status of the victim is the practice I call *victimism*.

Kathleen Barry (1979, p.44).

As Barry explained, this focus “creates a framework for others to know her not as a person but as a victim, someone to whom violence was done” (1979, p.45). Rather than being seen as a whole person, women are reduced to the specific characteristics and expectations that come with the status of victim, by agencies and professionals as well as others in their lives. This process was evident throughout the women's experiences.

At first, she was dealing with me as a whole person and then suddenly...  
no (Casey).

Victimism has been mostly absent from feminist discourses since *Female Sexual Slavery*<sup>7</sup>. Maria Gregori (1993) has highlighted the “reductive duality” of victimism within framings of intimate partner violence, as it renders women as passive beings who are “considered victims even when they act against (the) other” (p.187). This is similar to what Wood and Rennie (1994) call the ‘artificial dichotomy’ for women, of having to consider abusers as ‘100% villains’, even if they are friends or partners, in order for see themselves as a ‘victim’. While the women's movement has moved towards the less stigmatising status of ‘survivor’ for those who experience sexual violence, the connotations of strength, resistance, and empowerment inherent to this term can overlook and minimise the harm that is done to women by male violence (Kelly, Burton & Regan, 1996). ‘Victim’ acknowledges that

---

<sup>7</sup> Searches for ‘victimism’ in the *International Review of Victimology* and *Violence Against Women* journals resulted in 5 articles and 0 articles respectively (27th April 2022).

something has been done to you and that you are “deserving of redress and resources” (Kelly, 2004, p.44); however, victimism forces women to be seen as completely powerless in order to be taken seriously (Barry, 1979, p.46).

Some have accused feminists of leaning into narratives of victimhood as a misguided attempt to gain social power (Berns, 2001; Convery, 2006; see also Betsy Stanko’s (1997) reaction to Naomi Wolf’s *Fire with Fire*, and Nicola Gavey’s (2019) rebuttal to Katie Roiphe’s *The Morning After*). Yet such criticisms of so-called ‘victim feminism’ are too simplistic. For one, victimhood results in a substantial loss of power for women as it denies “the reality of their circumstances and the very real human efforts they make to cope with those circumstances” (Barry, 1979, p.46). This minimises the extent of men’s violence against women which is in sharp contrast to the feminists who are trying to have it recognised and taken seriously. Conversely, feminist discourses have traditionally focused on the ways that women do cope, resist, and survive male violence, recognising both violation and agency rather than framing women as hapless, infantilised victims (Kelly, 1988; Kelly, Burton & Regan, 1996; Gavey, 2019). In a wider context, Gregori (1993) argues that victimism is not an adequate route to understand male violence against women or dismantle the gender order (O’Connell, 2005), as it maintains the focus on individuals and frames punishment of abusers as the answer more than social change.

While victimism is an unhelpful framing of sexual violence as a core feature of gender orders, it has salience when seeking to understand the responses to victim-survivors by professionals and those in their social networks. Despite its apparent relevance, victimism has not been used as a conceptual framework for exploring the narratives around victim blame. The focus group data shows that the process of victimism was enacted through agency responses which diminished, controlled, and devalued women who disclosed sexual violence, regardless of their resistance or coping, and I am therefore reclaiming victimism as a concept which has much to offer in terms of understanding the ways that women are treated following sexual violence.

The way that victimism reduces women was evident in Yoshimi’s experience of counselling. Her counsellor insisted on framing her as a victim, which prevented her from being able to speak about abuse and suggested that she were to blame for what had been done to her.

Every time I tried to open up, it was ‘no, no, we want to know about why you were a victim. We’re looking at your past and what it was about you growing up that made you think it was acceptable for somebody to treat

you like that'. And I'm thinking no! I want to tell you what he did to me, I want to get it out cos I'm carrying it in here and it's driving me effing mad! (Yoshimi).

Unfortunately, many areas of therapeutic intervention, such as the associations between childhood experiences and later patterns of relationships, focus on the client's status as a victim, which can be experienced as blaming (McCann & Pearlman, 1990), but this also reduces women to one aspect of their lives rather than allowing them to be seen as a whole person. Edwin Schur (1984) describes the depersonalisation that occurs when women engage with professionals whose "response is to the label, not the individual" (p.32). Reducing women to certain aspects of a restrictive status, such as victim, denies them space, invalidates their experiences, and can make them feel stigmatised. In Yoshimi's case, counselling should have provided her with the opportunity to speak openly and reflect upon her experiences but instead it reduced her identity to that of a victim and shut down opportunities to make meaning of what she had been through.

Other women spoke about feeling similarly depersonalised and having to compartmentalise pieces of themselves after disclosing sexual violence, which complicated their humanity and their integrity when trying to access support from agencies (Dee, Selena, Sue, Casey).

It's almost as if you're trying to cobble together some kind of patchwork quilt. You may or may not randomly find another bit that helps you piece yourself together, as a functioning person that is able to be content (Sue).

As victim status cannot be claimed but is given to women by those in authority, such as police, judges, doctors, or psychiatrists (Holstein & Miller, 1990), this affords agencies with the power to deny and interrogate women's claims of victimisation. Rather than instigating empathic and supportive responses, the status comes with expectations of how victims should present if they are to be deemed worthy of support: instead of blaming women for being victimised – which needs to accept on some level that they *did* experience violence – victimism views women in a negative light if they do not meet these rigid and sometimes contradictory requirements. This is the opposite of women claiming power through victimhood, as has been claimed (Convery, 2006; Gavey, 2019)

Victimism covers a wide range of derogatory responses, in addition to direct blame, which function to control women and reduce the spaces available to them following violence. As well as reducing women to a single status, victimism demands that they present as 'proper'



victims by managing their emotions and proving that they are worthy of support. If women do not meet these expectations, they are denied victim status and dismissed by services.

### **Presenting as a ‘Proper’ Victim**

In her book, *Judging Victims*, Jennifer Dunn (2010) lays out the cultural expectations of victims as innocent, pathetic, and vulnerable. Women are expected to be “passive receptors of injustice” (Barry, 1979, p.46) rather than whole, complex people who are responding to what is done to them from specific and differing contexts. The expectation that women present as victims in order to be granted support was particularly apparent in healthcare settings. Ellen was discharged by a Community Mental Health Team (CMHT) following a suicide attempt because she looked “alright”, partly because she had prepared for the meeting. Rose was dismissed by her GP and denied space to speak about abuse because she also “looked alright”.

She didn’t ask me anything that was going on in my life. I thought what am I supposed to go in looking like? Crawling, crying?! I don’t know! I was literally in there for 30 seconds (Rose).

Riley’s GP told her to go away and exercise more after she shared that she had been abused even though “I poured my heart out in that appointment”. Like Rose, she suspected that she was dismissed because she was not visibly distressed (e.g., not crying) and could calmly articulate her experiences.

Schur (1984) argues that as well as reducing women to stereotypes, the depersonalisation that takes place when professionals are reacting through expectations of victim status can create a self-fulfilling process, as those who are treated as if they are lesser may start to believe this and act in ways which reinforce the ways that others view and assess them. This echoes Robin DiAngelo’s concept of a cycle of oppression (2016): that prejudicial responses from institutions against a group of people are reinforced as the targeted group becomes more marginalised, silenced, or stigmatised and thus seen as ‘deserving’ of their poor treatment. Victimism may be similarly cyclical, as several women noted that dismissive responses from professionals led them to doubt whether they needed or deserved the help, and they subsequently ‘gave up’ asking.

You go in there for a reason, because you know something isn’t right and for them to turn around and say ‘well, you just need to do this...’ It puts you

down and makes you feel like you don't matter, so you think well I'm not going to do it again because I'm not going to be listened to (Riley).

### **Emotion Management**

Presenting as a victim also required women to manage their emotions. When Selena told her doctor that she had been abused, he advised her to "forget about it and find a good friend to talk to": she assumed that he had dismissed her this way because she had been angry rather than tearful when describing her experiences. Casey met with a counsellor who was "afraid of anger" and it took her a while to find someone who trusted her to express all her feelings, not just sadness or anxiety. Sixteen women said they felt anger or rage and several recognised this as an important emotion which validated their experiences and gave them strength to challenge those who would try to discredit what they have been through.

My anger was telling me something. My anger was telling me not to accept her reality. She's got her own agenda, she's trying to protect her marriage (Dee).

Despite this, anger was not seen as an acceptable emotion for a 'proper' victim to display within agencies so women felt that they needed to suppress it. When Selena tried to express her rage in a way that would be more palatable for her doctor, he prescribed sedatives.

I become passive aggressive and I don't see that, it's just how I'm trying to explain things to you, do you know what I mean? And when I went and told the doctor that, that it was scaring me cos I could feel the anger inside me, to the point where I just want to hit out because no one's listening... That's when he gave me tranquillizers and I thought 'what's the point?' (Selena).

Shortly after this interaction, Selena tried to kill herself because she could not see a way forward.

Beverley also encountered expectations of passive obedience from several GPs who prescribed medication to manage her feelings even though she repeatedly asked for a space to talk.

It took me years to get here [Rape Crisis] as medical professionals would try and push me away from psychotherapy, just for being awkward and

refusing their different coloured smarties. He said 'in my book you take the pills', so it was take the medicine and shut up (Beverley).

Beverley saw this refusal to refer her to counselling as punishment for questioning her doctor's decisions and being "awkward" rather than obedient and appreciative.

The emotion management that women must undertake to be seen as victims required treading a fine line, as women must be visibly upset but not too upset, communicate distress using 'appropriate' emotions but not anger or frustration (Schur, 1984). These requirements chime with victimism and are heavily gendered, with anger seen as a more masculine, active emotional response than tears, passivity, and sadness. Failure to meet these expectations meant women were punished in ways that men are not, by having support revoked and through attempts to suppress deviant emotions with medication (ibid).

The demands of emotion management also overlap with Kate Manne's notion of 'care-mongering' (2018), wherein women are punished for not being emotionally available to others, as dictated by gender norms, through the expression of more masculine feelings (anger, indifference) or by requesting support from others. Manne argues that women who ask for or expect help pose a threat to the patriarchal status quo, as women are socially coded to be givers rather than receivers of help. Demanding that women manage and suppress their emotions is one way that professionals enact gender norms and patriarchal expectations (Martin and Powell, 1994): this was reflected in women's experiences of being denied support from agencies because they were assertive or angry, rather than passive, sad or grateful.

Emotion management requires effort and energy which must be redirected from other aspects of women's selves and lives. Being forced to suppress thoughts and feelings also reduces women's space to make sense of their experiences and figure out what they might need to move on from sexual violence.

It's physically draining. You have to mentally train yourself for that appointment when you're already trying to recover in your own head (Selena).

This illustrates another toll of victimism, the work that it requires by victim-survivors, that is not always acknowledged within understandings of victim blame.

## **Deserving and Undeserving Victims**

Women also had to prove that they were deserving of support following sexual violence, particularly to healthcare agencies and the DWP. Dee, Selena and Ellen tried to kill themselves after repeatedly being ignored by their GPs, while others were left feeling intensely suicidal by crisis services which did not take them seriously (Amelia, Beverley, Dani). Dee felt that women are often pushed to these lengths by agencies who require proof that they are unwell and distressed enough to deserve therapeutic support, as if suicide is the ultimate proof of victimhood: she spoke about having to take an overdose “to get support from the CMHT”. This also points to another aspect of victimism, where experts decide whether to view women’s psychological or emotional reactions as evidence of sexual violence and thus proof that they are deserving of victim status, or as reasons to doubt their credibility and thus dismiss them (Armstrong, 1996; Nelson, 2016; Salter et al, 2020).

Even more extreme presentations of distress must fit into a narrow range of expectations to be acceptable. Mia was restrained and pepper-sprayed by five male police officers when she was having a mental health crisis in public (as opposed to being distressed in the privacy of her home or a hospital). While this “rough arrest” did result in her accessing psychological support, it echoed the violence she had experienced in the past and left her fearing for her life, which hugely affected her mental health and reduced her trust of authorities.

I felt very small. My head can comprehend the reason behind the force but physically I can’t comprehend the discomfort I was put through. I’ve seen videos where people in similar situations couldn’t breathe and they died in custody, so it did feel really horrible for me (Mia).

Her experience of feeling “very small” demonstrates how the actions of professionals can mirror those of abusers which reduce women and the spaces they can inhabit. When reflecting on this incident, Mia thought that the officers were most likely following their training rather than intending to harm or frighten her. It is hard to imagine a training protocol which would recommend five male officers pepper spray and restrain a woman but if they were following a standard procedure, this illustrates Sidanius and Pratto’s (1999) notion of institutional discrimination, where pejorative attitudes are enacted through policies and practices with little thought of the impact on those being acted against: in Mia’s case, responding to a woman having a mental health crisis as you would a dangerous criminal. It is hard to tell if police were responding to Mia as a woman or as mentally ill, or both, or if officers genuinely saw her as a threat. Regardless, this is another way that victimism can be manifested within institutions and practices which do not account for the context or individual

being responded to, especially as few standard procedures are designed with women in mind (Criado Perez, 2019).

While suicide attempts and physical restraints may seem like extreme examples of agency failures, I argue that they are extrapolations of the 'presentation' requirements of victim status and the sharp end of the wedge of potential consequences for women who do not meet expectations.

### **Reduced to the Status of Victim**

Being reduced to the status of a victim depersonalises women by treating them "like a number" (Lana), "a case" (Kirstie, Theresa) or a "target" to be cleared (Dee) rather than a whole person. Such 'typification' (Schur, 1984) took different forms in agency responses to women: they were put on long waiting lists for resources; they were confused with other women who had reported abuse; they were offered restrictive options or interventions; they had to meet strict criteria to access services such as housing or financial support.

They just think I'm another case on their caseload, each time I call they tell me that there's thousands of other women in the same scenario and they don't have enough houses to put them in (Kirstie).

Accessing safe accommodation was an area where women particularly felt reduced to one of many. Deenah, Kirstie, and Theresa fought for years to secure an adequate home for themselves and their children after leaving abusive relationships. Maddie was homeless for a while because she was allocated a flat which was insect-infested and was denied alternative accommodation due to the demands of "the list": her local authority minimised the extent of the problem and its impact on her rather than taking responsibility to improve her situation.

Typification was also a major element of the DWP assessment for financial support eligibility. Women felt reduced by the application process which did not create space for the lived experience of sexual abuse or the psychological distress it creates.

The problem with the medicals is it's all for one person, isn't it? It doesn't matter what your condition is. You could have mental health issues, you could have a broken leg, you've got to explain everything that's going on

in your life in this little box. They ask the same questions for everyone so you don't stand a chance when you go in for that medical (Selena)  
And you can't put your own answer! It's like something in the colouring books you get as a child, pick one out of three (Beverley).

The whole DWP process – of repeated denials, appeals, re-applications, medical assessments and demands for 'proof' of the impacts of violence – was described as “draining”, “cruel” and “distressing” (Selena) and created huge anxiety for women at just the sight of “that brown envelope through your door” (Amelia). Dee and Casey theorised that the convoluted process was intended to reduce the number of people who can successfully claim benefits and was incentivised to deny women support and force them through hoops to prove their deservedness. This highlights another function of victimism, which is to reduce the number of victims in society to the minimum: this will be discussed in more detail later. Targets came up several times in the discussions, with women feeling that they were viewed as a “paper form to cross off” by staff (Beverley), which services becoming “more target driven than patient centric” in recent years (Maddie). As well as dismissing their needs and deservedness, these experiences reflect other accounts of the obstacles faced by women trying to access financial support and accommodation following violence (Kelly, Sharp & Klein, 2014).

Typification was also evident in healthcare settings, where women were offered limited one-size-fits-all support options regardless of their needs or requests. Nine women were prescribed anti-depressants or sedatives, while six were offered short-term Cognitive Behaviour Therapy (CBT), mindfulness, computerised or group therapy: none of these interventions were wanted or helpful and, in some cases, they made women feel much worse.

A group session just filled me with dread. The thought of sitting with lots of people... I didn't go (Dani).

I needed to talk about what happened but with CBT, you can't do that (Cecilia).

A common criticism of CBT was the limited space to speak and reflect on experiences rather than focus on symptom (emotion) management. Despite there being specific protocols for working with trauma, the focus on tools and coping strategies can reinforce the idea that “there is something wrong with you” (Grace). The emphasis on measurable change also

centres responsibility on the individual as needing to be (or present as) different in some way, rather than appreciating the wider context in which violence takes place and affects victim-survivors. While Mia and Erin found CBT to be useful to an extent, it was not enough for most. Only two women were able to access meaningful, trauma-informed therapy (EMDR) through the NHS (Dee, Erin) and this was after months of asking and having to jump through various diagnostic hoops.

A final element of typification that came out of the focus groups was that women felt guilty and selfish for receiving support when they knew that others were waiting. Again, this led some to question whether they were deserving of help whilst feeling torn because it was making a difference to them.

I don't know how I would be helped with only 24 sessions, I wouldn't have reported to the police. But if you've got such a long waiting list and all these women desperately needing support? I used to battle with that, every time I went to my counselling, knowing that I'm taking away from another women (Dee)

That's been crossing my mind a lot, lately. Because I've been here for so long (Amelia)

It's hard, isn't it? Because you want somebody else to get help... (Dee).

... But I'm frightened of being left on my own (Amelia).

That's it, yeah (Selena)

I've been here for so long, you start to feel selfish (Amelia).

This demonstrates how women can feel responsible for managing scant resources and long waiting lists, even within specialist services like Rape Crisis. The concepts of responsibility and responsibilisation are explored in Chapter Five.

### **The Impact of Medicalisation**

As well as funnelling women down unhelpful pathways of support such as medication or CBT, victimism within healthcare settings stigmatises women by depersonalizing them into patients, clients, or diagnoses. This process is not confined to experiences of sexual violence and can affect women in many ways throughout their life course (see Chesler, 2005): it was a common experience in the focus groups, as this interchange illustrates.

I remember thinking, why are you all treating me like I'm a depressed person? I'm not depressed – I'm in fear! Having been depressed before I knew this isn't the same (Erin)

You get labelled - here's your hat, you're going to wear that one now (Yoshimi)

Yes, you're depressed so everything that happens, if you go to the doctor or the hospital, they just see that you're on antidepressants and think 'oh, you're one of them' (Cecilia)

Exactly! (Erin).

For many women, being diagnosed with a condition or disorder was not helpful or meaningful and kept them entrapped within medical model understandings of trauma and distress (see Thompson & Willetts, 2019; Salter et al, 2020). They described feeling “less normal” (Mia), “crazy” (Riley), a “fruitcake” (Yoshimi) or “from the funny farm” (Beverley) after being labelled by their doctors. In some cases, there was an element of coercion, with women being pressured to accept particularly stigmatising labels such as personality disorder (Amelia, Dee, Casey) in order to be given the diagnosis that would allow them to access the therapeutic treatment they wanted, such as PTSD.

I was told that many GPs don't like admitting that you've got PTSD (Amelia)  
Especially if you're a woman, you get diagnosed with a personality disorder as well (Dee)

Yeah, borderline personality disorder, the hysteria of years gone by (Sue)  
It's emotionally unstable personality now, isn't it? Ha! I got both, I got PTSD and emotionally unstable personality disorder... I don't agree with that though (Dee).

Aside from the limitations of medical model understandings of traumatic experiences (which are detailed by Thompson & Willetts, 2019 and Salter et al, 2020), the label of PTSD can hold some value as it acknowledges that something happened to the person. To be diagnosed with PTSD is to have a medical authority – usually a psychiatrist or GP – confirm the experience of sexual violence yet it is a difficult label for women to obtain: in many ways, it is similar to victim status and could be seen as an extension of victimism which is specific to mental health and psychiatry settings. Five women felt that PTSD was considered to only affect men, especially those who had experienced warfare, and was not understood within the context of sexual violence even among professionals. For Amelia, Dee and Casey, refusal to be acknowledged as experiencing trauma-specific difficulties blocked their access



to the specialised, longer-term psychotherapies that they wanted (Dee was ultimately able to access EMDR after a long battle). Again, this made them feel reduced to a series of symptoms to be treated rather than their experiences being understood within the context of their selves and lives.

The negative connotations of psychiatric diagnoses intersect with sexist norms which dehumanise women in another way, by labelling them as 'other' and deviant through 'feminised' conditions such as personality disorders or hysteria (Schur, 1984, Taylor, 2022). The dominance of the medical model in healthcare, especially psychiatry, and the impact of this reductive framework on women has been called medicalisation. While over twenty years ago, Ann Oakley saw medicalisation as a "taken-for-granted feature of women's lives" (1998, p.137-8), the systematic discrimination of women within healthcare systems is still apparent today (see Criado Perez, 2019; Taylor, 2022). The tendency to neglect the established links between sexual abuse and physical health (Leserman, 2005; Nelson, Baldwin & Taylor, 2011; Nelson, 2016) suggests that there is a conflict of "female autonomy versus professional (and primarily male) control" in medical environments (Schur, 1984, p.96). The gendered nature of diagnosis also reinforces victimism, as mental illness can be a reason to doubt victim-survivors rather than proof that they have experienced trauma (Nelson, 2016; Salter et al, 2020), whilst 'sickness' is simultaneously proof that 'something' happened (Armstrong, 1996). It seems that however women present to psychiatric services, they can be denied victim status.

You either feel unbelieved or just totally let down by the system or labelled as a fruitcake. And if you rise to it, if you get upset and if you defend yourself, you prove you're a fruitcake! (Yoshimi).

Healthcare responses to victim-survivors can be a complex, self-fulfilling cycle. Stigmatisation can be experienced as another form of victimisation, which harms women further and elicits more 'symptoms' of mental illness to be medicalised, diagnosed, and further stigmatised. Lana, Dee, and Selena felt judged for their GPs for becoming dependent on medication or using alcohol to cope with their difficult feelings after they were denied counselling support and their status shifted from 'mentally ill' to 'addict'.

You're waiting anything up to 2 or 3 years to access a service and then you have these ridiculous conversations where you have to prove that you're worthy of being considered by the amount or the nature of the symptoms you have. So if you have a symptom that is a secondary

symptom, say you become drug dependent or a drug addict, you fit a criterion. If you just present to them with, I don't know, straight PTSD, depression, and flashbacks, you might not fit their criteria (Sue).

Nicholas Rose (2007) described medicalisation as a way of understanding people in terms of our bodies and how we function, but he pointed out that biases around gender, race, class, and age mean that not all people are medicalised equally. Men who commit sexual violence are also medicalised as crazy, deviant, or damaged, yet these labels often alleviate responsibility for their actions and can result in more lenient consequences rather than creating additional burdens of stigma, as is the case for women (Schur, 1984; Holstein & Miller, 1990). This strengthens the notion that victimism is a highly gendered process, which women in the focus group also felt was the case. Alice struggled to have her depression taken seriously but when her male partner – who was abusing her at the time – went to his GP with the same difficulties, he was offered an immediate appointment, medication, and counselling. Alice felt that this differential treatment was down to their gender and that his abuse of her was overlooked because it did not fit into the medical model. Eventually, she was also prescribed antidepressants but while her partner was carefully monitored while taking the medication, she was left without check-ups.

One time I couldn't get my medication and he rang up and managed to get me a prescription in five minutes. I told them 'my review date's gone past, should I be having a review?' and they said 'no, because if you don't come in and complain the doc will just carry it on' (Alice).

It is worth reiterating that women experienced these derogatory and unhelpful responses from healthcare services while also trying to contend with the physical, mental, and emotional impacts of sexual violence.

### **Denial of Coping and Survival**

While the process of victimism can exacerbate women's health issues, it also overlooks the many ways that women resist, cope with, and survive violence and its impacts (Kelly, 1988; Gregori, 1993). The rigidity of the passive victim status denies women's resourcefulness and autonomy (Barry, 1979) and ignores the reality of women who "act, condemn, demand, and even aggress, even when they are in a subordinate condition" (Gregori, 1993, p.187).

Women find ways to cope within even the most confining and life-threatening moments (Kelly, 1988; 2003): yet assumptions of women as helpless and vulnerable are persistent.

They also lead to paternalistic and prescriptive responses from agencies in terms of what is made available to women: as we have seen, options such as addictive medication or inappropriate forms of therapy can make things substantially harder for women (Lana, Dee, Selena).

This is illustrated by Erin's request for support from her GP after she had been raped a second time: rather than ask what had helped her previously, the GP referred her for the same intervention of short-term CBT. This dismissal of her needs and denial of how she had coped so far made her feel like "a victim all over again". It also suggested that she was at fault for not being vigilant enough to the threat of sexual violence, rather than putting any responsibility on the men who chose to abuse her.

The second time around it was like yes, I'm trying to live in the moment and I've got something in my pocket and I'm going to my happy place but still there's something in the back of mind saying 'watch out, we did all this before and we weren't taking extra care and being extra vigilant and it's happened, something's happened again!' I will be vigilant forever now and keep away from everybody because I've tried all that and I'm absolutely worn out (Erin).

Forcing women into a restrictive medical model of trauma which makes them the focus of change reinforces, however unintentionally, that it is their responsibility to prevent future violence: as Erin stated, 'we weren't taking extra care... and it's happened again!', as if six sessions of CBT should have protected her from men's violence. This interaction with her GP also shut down any space to acknowledge how she had kept herself safe and coped with the aftermath of rape, which would have been an opportunity to challenge the self-blame she was carrying and recognise her agency.

A similar sentiment was shared by Laurie, who had 10 sessions of counselling after years of abuse in her childhood. When the sessions ended, she was left questioning herself rather than acknowledging her progress and the long-term nature of healing.

You're supposed to feel fine after that. And I thought well, maybe it's just me. Should I be feeling fine after 10 weeks? Maybe other people have (Laurie).

She was starting to blame herself for not feeling differently, by presuming that short-term counselling would be enough for other women. Again, the inadequacy of the support offered by the counselling agency (in this case, the NHS) left her feeling responsible for becoming 'fine' without recognising her ability to cope regardless and the lack of support offered. This suggests that those who appear to be managing, usually from surface judgements based on their clean appearance or apparent acceptance of support ending (see Ellen's experience with the CMHT), can have their victim status revoked and are left without professional support.

Victimism also pathologises the ways that women cope with violence. Constructions of victims are so synonymous with passivity that it is expected and even demanded (Convery, 2006), to the point that any evidence of resourcefulness is invalidated and criticised by professionals. Several women were judged for their coping strategies, such as using alcohol, self-harm, disordered eating, or dissociation to manage times of great stress, while others were blamed for relying on prescribed medication. These judgements fail to acknowledge the small acts of survival that women do make, even with so little space and few resources at their disposal.

He just gave me antidepressants which didn't work and then I turned to drinking and then I turned into an alcoholic, you know? (Lana).

Confusingly, women were also derided for this expected helplessness when it prevented them from engaging with agencies as demanded. Four women were criticised for cancelling appointments when they did not feel up to meeting with professionals and were subsequently 'punished' by being discharged or moved to the back of long waiting lists. Erin was dismissed as "not ready to help herself yet" when she found group counselling too stressful, placing the fault with her rather than form of support offered. This suggests another Catch-22 for women who try to access support from healthcare services: they are offered ineffective, unwanted treatments, so they find ways to cope around these inadequate resources and are then blamed and medicalised further for how they are coping. Again, this could be viewed as the system trying to 'resolve' victims as quickly as possible with the least amount of time and resources, and then finding ways to deny their victim status when these attempts fail or make things worse.

Some women were criticised for not speaking about their abuse sooner (Amelia, Dee, Beverley), with no appreciation of the multiple barriers to disclosure or that choosing to not disclose can be a form of self-protection. This demonstrates another demand of victimism,

that you cannot be a victim unless and until you speak out and that you must speak out at the right time to be taken seriously, preferably immediately after violence (Jordan, 2004a).

You question what happened to you and it catches up with you and you get ill (Casey)

But then people say why didn't you tell someone sooner? Cos I was frightened! (Amelia)

We don't live in a society where it's easy to tell people about stuff like this (Casey)

You constantly feel judged and misunderstood. Then people turn round to you and say it's in the past, but it's not. It'll never be in the past (Amelia).

These expectations all link back to the complexity of the proper or 'ideal' victim archetype: one who speaks about violence immediately, is helpless without support, is amenable and grateful to others, and recovers quickly (Christie, 1986; Dunn, 2010). It should be noted that the inactive vulnerability expected of women after sexual violence is in stark contrast to the demands that victim-survivors do everything they can to prevent, resist, and fight off violence to avoid being seen as precipitating or complicit (Estrich, 1987; Jordan, 2004a): again, however women respond to violence, their eligibility for victim status is scrutinised.

The *Finding the Costs of Freedom* report (Kelly, Sharp & Klein, 2014) explored how women and children expanded their space for action following abuse. The researchers note that moments of resistance and agency, however limited, can enable women to recognise their strengths, build their confidence and trust in their decisions: this was contrasted with unhelpful agency responses which shut women down, cause them to doubt themselves, and further reduce their spaces and options. Liz Kelly (2003) has referred to the space that is available for women to enact agency and make meaningful choices as 'space for action'. Denial of how women cope and maintain agency actively prevents them from moving forward from violence, by undermining their confidence in their abilities, especially in the face of limited support and resources: it seems that the expectations of victimism may keep women as victims for longer.

Women shared some of the ways they had resisted victimism. Beverley spoke with glee about being "awkward" and adding comments to the various application forms she was expected to complete.

I'm a sarcastic so-and-so, I just put your box doesn't define me! (Beverley)

Sue said that while she respected the need for privacy for some victim-survivors, she wanted her name known after having to tell many people about her abuse.

It felt I was being incredibly brave to share even with one person and now it's almost like I'm on a circuit, I'm some kind of weird stand-up comedian, you know? You can jolly well have my real name (Sue).

Other women shared acts of activism and resistance. Casey, Shideh and Grace attended demonstrations and events in support of victim-survivors. Selena was part of her daughter's art project which tackled the stigma around mental health and abuse. Jess, Erin, Yoshimi, and Cecilia had joined and contributed to online communities for victim-survivors. Dani had set up an arts and crafts group for women at her local RCC. Casey wrote articles on the social position of women with disabilities.

For some, being part of a community of women who had experienced abuse felt like an act of resistance. Four women established this sense of connection within the focus group itself and shared contact details to meet up at a later date.

You are one of us now and we are wonderful women! (Erin).

Yeah – girl power! (Yoshimi).

One group spoke about shifting stigma and responsibility, to challenge the incessant focus on women in discourses around sexual violence.

Let's keep the stigma but put it where it belongs – on the rapist (Ellen).

Yeah! (Rose, Riley).

Agency responses which make women responsible for helping themselves whilst simultaneously assuming their passivity and refusing to acknowledge their coping strategies, have a similar impact to traditional forms of victim blame: yet they are harder to recognise and problematise due to the complex contradictions at the heart of victimism. This highlights the insidious nature of the process and the multiple ways it can work to diminish victim status for women, not just through blame.

Having to prove themselves worthy of victim status was challenging, unpleasant and often unhelpful for women. However, being denied victim status was also a common experience and just as damaging.

### **The Intersection of Inequalities**

While victimism reduces women from whole people to a one-dimensional, derogatory status, some women felt that negative responses from professionals were a reaction to who they were more than what had been done to them. The group discussions revealed negative treatment which had nothing to do with sexual violence and some women felt that they were badly treated by agencies – whether they knew about their abuse or not – because they were women. While this hypothesis fits with the rigid gender norms and sexism inherent in society, women also felt that negative responses were linked to their class, their race and ethnicity, cultural background, age, ability, and their sexuality.

This was another unexpected finding. As the victim blame literature focuses primarily on the blaming of victim-survivors for the violence that they have experienced, there is a tacit assumption that negative responses are a direct reaction to their victim status or attempts to gain this status. Connections between derogatory responses and multiple aspects of women's identities suggest that victim blame and victimism are not just about victims, and are not just gendered processes, but are intertwined with a range of inequalities and prejudices. This fits with the (limited) research which has linked negative attitudes towards victims with racist, sexist and other prejudicial stereotypes (see, for example, Whittier, 2016; Thiara & Roy, 2020: see Chapter Two). This observation will be explored within the wider framework of understanding how the processes of victim blame and victimism maintain the status quo.

While there are clear limitations to segregating identities by analysing gender separately from race or age, it is important to recognise the different intersectional aspects that were considered significant to the women who took part. For ease of discussion, these aspects will be considered in turn with the acknowledgement that this is simplification of how women experience intersecting discriminations.

### **Victimism and Sexism**

While victim blame is one aspect of victimism, other characteristics of the processes – such as emotion management and medicalisation – are gendered beyond the context of sexual violence. We have seen how healthcare systems neglect women's experiences, especially

(but not solely) in relation to the psychological impacts of violence and this was directly acknowledged by the women as being a gendered issue. In some cases, women assumed that professionals were responding negatively to them as women rather than victim-survivors because staff did not know about their experiences of violence.

I think there's a lack of sensitivity around women in general, so many of us have experienced disbelief and lack of body autonomy. Health services need to be sensitive to women, what they are saying about their bodies and believing women when they talk about what's happening to them (Casey).

Five women had physical health issues attributed to their mental health rather than recognised as separate problems. Beverley was treated aggressively by a COPD nurse who said her breathing difficulties were “all in my head”, while Maddie was later told that she should have received cortisol injections for a frozen shoulder but her doctor insisted that her pain was psychosomatic. Three other women felt that their health issues – epilepsy, chronic pain, and fibromyalgia – were minimised due to them being seen as less ‘credible’ because they were also dealing with mental health difficulties (Dee, Ellen, Mary). Sarah Nelson (2016) has noted that that when a link is acknowledged between mental and physical health in women, it is often in negative terms which dismiss their experiences rather than offering a more nuanced understanding of how bodies and minds interact. When healthcare services overlook the complex interaction between abuse, mental and physical health, women are not heard, they are dismissed and further trapped in a cycle of unsuccessful treatments and diagnosis. Beverley and Maddie’s physical health significantly worsened after being ignored by healthcare professionals, with Maddie eventually becoming disabled by it.

This pattern of disbelief and dismissal of women’s health was related to general check-ups as well as problematic symptoms. Rose, Riley, and Ellen said that they avoided regular cervical screenings as they were “painful”, “intrusive” and “humiliating”.

I don't want to go because they're gonna be the same as they are for everybody, a quick in-and-out job. I don't think they make you feel very comfortable, they just put the paper down on the bed... And it hurts! (Rose).

The women felt that there was no acknowledgement that such appointments can be horrible experiences regardless of whether they had experienced sexual abuse: neither Rose, Riley,



nor Ellen were asked if anything could be done to make the process more comfortable for them and all three said they avoided these check-ups completely even though they saw them as important for their health.

Dee and Casey experienced more serious failings from professionals who did not believe them about their bodies. Casey suffered debilitating bleeding and pain and was repeatedly ignored by her GP, even after presenting him with blood clots as “proof”: he told her it was regular period issues. She was hospitalised and nearly died from blood loss. As well as almost killing her and making her infertile, this dismissal of her body was psychologically damaging as it mirrored the physical injuries of abuse and the trauma of not being believed when she spoke out.

The whole time my dissociation was getting worse because I wasn't believed about things that were happening with my body, which was a historic thing as well. I was bleeding and constantly dragging up stuff from the past and again no one listened (Casey).

Dee had a similar experience with a GP who dismissed her symptoms as “just period pain”. She collapsed and needed emergency surgery which also left her infertile.

They found a cyst on my left ovary the size of an orange and they had to remove it. Now I can't have kids (Dee).

It is known that pain conditions are more prevalent in women than men and often linked to exclusively female issues, and yet chronic pain is greatly underdiagnosed in women (Criado Perez, 2019). There is also suggestion that pain in general is a more disruptive experience for women than it is for men (Paller, Campbell, Edwards & Dobs, 2009) and yet this experience is often undermined by professionals. A nurse told Nancy that women have a “lower threshold” for pain than men, while Dee's school rugby coach was “shocked” to see her taking co-codamol to cope with her periods.

My rugby coach saw that I was taking these and he was like ‘I take them for my back, I'm never having a go at a woman for having period pains again!’ (Dee).

These responses support the observation that “the bodies, symptoms and diseases that affect half the world's population are being dismissed, disbelieved and ignored” (Criado-

Perez, 2019, p.234). Refusing to believe women about their bodies closely mirrors denial of sexual violence, perhaps because requiring medical acknowledgement and treatment – and thus obtaining patient status – is seen as another way that women claim to be a victim in need of time, support, and resources.

These experiences highlight clear similarities between interactions which dehumanise women on the basis of victim status and those which dismiss them because they are women: victimism, victim blame, and sexism all silence women, dismiss their realities and reduce their space for action. Victimism is a particularly insidious process as it devalues women under the guise of protection, by questioning and controlling their decisions and behaviours from a position of concern. It also utilises rape myths which are also heavily gendered and sexist, such as the fallacy of the male rapist as a lone deviant who is not responsible for his actions due to alcohol, mental health, or miscommunication, compared to seductive and deceitful female victims who provoke violence against them (Barry, 1979; Burt, 1980, 1991; Estrich, 1987). Victimism frames sexual violence as a random, inexplicable act rather than “part of a larger pattern of misogynist aggression” (Manne, 2018, p.237) and thus accepts it as an inevitability which cannot be prevented by agencies, systems, or states; yet women are expected to mitigate and avoid this inescapable social ill. Victimism and sexism (and Manne would argue, misogyny, as the enactment of sexism) reinforce each other, especially within responses to sexual violence, and work in a way which protects the status quo and reinforces gender inequalities.

### **Victimism and Disability**

In her work on sexism, Kate Manne (2018) asserts that different forms of bigotry go together, and that ‘misogynistic practices’ attach to other aspects of women’s identity. This was reflected in group discussions where women linked negative healthcare and social care experiences to disabilities as well as their gender.

Nine women spoke about chronic physical or mental health conditions which were not taken seriously during DWP assessments. This process relies on medical model understandings of trauma which cannot account for the impacts of sexual violence, regardless of how women present or explain themselves.

You walk in and they think you’re fit enough for work but they don’t know the mental side of it or how you’re suffering. Because it’s mentally what’s

happening, you can't see what's in there. I want to say to these people, you just take your head off and put mine on and see what it is like (Lana)  
Funny you said that cos I had my medical with a support worker and they failed me because I turned up, basically. And that was with my support worker there! I had to get RC to write a letter for them to reconsider (Selena)

'Touch your toes! Touch your knees!' (Lana)

They put it all on physical (Amelia).

This failure to appreciate the long-term impacts of sexual violence – even within models of trauma - directly discriminates against women with long-term health conditions which are linked to rape, assault, or childhood abuse.

W8 spoke passionately about what she saw as a general lack of interest from the government in relation to people with disabilities, particularly women, in terms of service provision and a general sense that they are “a headache” for agencies and systems. It was interesting to note that the occasions where women's experiences of disability were recognised and treated respectfully were all within the context of charities and community-based services, not in statutory organisations or the NHS.

For several women, negative interactions with agencies worsened health issues to the point that it impaired their lives: Casey called this the 'disabling of women' by services which fail to adequately respond to women's needs and reduce their spaces even further.

It would be really good if people didn't have to develop health conditions and actually become disabled. Did you know that more boys are disabled from birth than girls, but more women are disabled than men? Which means at some point in girls' and women's lives they become disabled and the only explanation I could find in the research is the treatment of women and girls. So how violence, rape, sexual abuse manifests itself in bodies and minds... We're literally being made disabled. I don't think that anyone acknowledges that in services (Casey).

Casey's observations echo Susan Brison's experience that “living with the memory of trauma is living with a kind of disability” (2002, p.60) and that there is a delicate balance between viewing yourself as disabled by an experience and retaining a sense of autonomy and resilience. Women argued that how agencies responded to them in relation to their

health made a huge difference between them feeling powerless and stuck, or empowered and able to move forward: as Deenah reflected, “a positive experience can set you up, whereas a negative experience can shut you down”.

This is a curious finding because it would seem logical that dominant stereotypes around people with disabilities – that they are weaker, more vulnerable and require more support – should increase women’s eligibility for victim status. Yet these experiences suggest that within the context of sexual violence, disabilities and health issues become another way for victim-survivors to be ignored and dismissed.

### **Victimism, Race and Ethnicity**

Given the historical roots of victim blame, it should not be surprising that negative responses were experienced outside the contexts of violence or gender. William Ryan’s (1971) early formulation of ‘blaming the victim’ came from observations of social reactions to race, ethnicity, and class as well as gender, as he noted that blame was particularly placed on Black women who were single parent heads of families and households. Gunnar Myrdal’s (1944) earlier work also focused on the structural inequalities which disadvantaged Black communities. It is worth noting that while these early concepts within non-feminist frameworks focused on race as well as gender, this intersectionality has been excluded from contemporary victim blame discourses in favour of gender, with a few notable exceptions (e.g., Wyatt, 1992; Thiara, Roy & Ng, 2015; also see Chapter Two).

The focus group discussions highlighted that blame and victimism are more universal manifestations of discrimination against those whose identities are not aligned with the patriarchal norm – white, middle-class, able-bodied, heterosexual men – not just in relation to gender but also race and ethnicity. The group of women from the same Asian community concurred that poor agency responses were inherently related to their race and ethnicity: aspects of sexual or domestic violence were dismissed as “something that happens over there” (Clare) or “cultural differences” (Shideh), especially by police, which created additional barriers for the women to seeking help. Kimberlé Crenshaw (1991) and Thiara, Roy and Ng (2015) have argued that sexual violence is seen as more acceptable against women from Black and minority ethnic cultures due to racist and xenophobic assumptions, especially within statutory agencies. There may be assumptions that women from minority communities ‘accept’ abuse as a normal part of their culture, even though there is a distinct difference between recognising that an experience is common and accepting it (Coy & Sharp-Jeffs, 2016). Agencies often presume to know better than women, with the reductive view that to

escape violence and improve their lives, women just need to make 'good' choices (Coy & Kelly, 2019). We will return to the notion of 'good' choices in Chapter Five.

Barriers to disclosure for women of colour did not just come from white professionals. Deenah and Clare were dissuaded from speaking to police by their GPs, who were trusted authorities in their community, while five other women were advised against disclosing violence by family and friends. It is unclear whether these were attempts to protect women from potentially damaging responses from police or if this advice was given for other reasons, such as protecting the community from scrutiny or due to socio-cultural stigmas around sexual violence (see Gill, 2009).

A particular issue that came up was the availability of interpreters. For five women English was not their first language, yet they were not provided access to an interpreter when giving statements to police (Dawn, Kira, May, Theresa, Melanie). Theresa was worried that she would not be understood by a police officer without translation support but he insisted she give a statement anyway.

The officer said, 'we need a statement from you'. Now it is much better but at that time I said, 'my English is not good, I can't speak properly'. He said, 'it's ok, I can understand you'. And because I didn't know the process or how it worked, he didn't ask me important questions and I didn't know it (Theresa).

She was later offered a male interpreter but was not able to speak through him about sexual abuse because he was a man. It was not until her case reached court and a female magistrate and a female interpreter asked her directly if she had been raped, that she could speak about the extent of the violence she had experienced. As a direct consequence, the charges against her abuser did not reflect his sexual, emotional, or financial abuse and the court case was adjourned three times due to lack of information. Melanie was also expected to give a statement through a male interpreter and when she could not do it, no further action was taken against the men who abused her.

As well as ignoring potential communication difficulties, failure to provide interpreters whom women can speak to also overlooks the ways that stress can affect those who are not speaking in their first language (Lievore, 2005). Theresa felt that her distress made it even harder to be understood by police on scene, when violence had just happened, and lack of clarity in the details she provided was used against her later in court.

I got the dates mixed up because my brain was [gestures messy]. Even now, my memory is not good, but I was stressed and police just said 'no, your statements are different' (Theresa).

Whilst female interpreters can be a significant resource for women engaging with agencies, there can be complications within close knit communities if interpreters have personal connections to victims and/or abusers and cannot provide unbiased, confidential support (Lievore, 2005; Salter et al, 2020). Shideh felt that access to female interpreters from within the community did not automatically make it easier for women to speak about abuse due to a lack of understanding around sexual violence, the interpreter's opinions and personal experiences, as well as difficulties conveying the impact of violence upon women. This demonstrate another contradiction that arises when victimism intersects with race and ethnicity: women in need of translation support could be considered more vulnerable by professionals – and therefore more deserving of victim status – but requiring additional support also violates expectations that victims engage and cooperate with agencies in uncomplicated ways. Police wanted Theresa to give a statement immediately rather than wait for them to source an appropriate interpreter, which greatly reduced her space to speak and led to multiple misunderstandings which ultimately prevented her from getting justice.

Agency responsiveness to women requires meaningful awareness of the needs and barriers faced by victim-survivors from all communities, as well as willingness to provide specific resources, such as access to female interpreters from similar cultural backgrounds but not necessarily the same community. Women from minority backgrounds are less likely to think they will be believed if they report rape and may experience “a higher degree of shame than their white counterparts” due to cultural meanings surrounding sexual violence (Gill, 2009, p.162), which further limit the spaces available to them to speak out. For agencies to respond sensitively and supportively requires additional effort, time, funding, and commitment which – again - violates Kate Manne's (2018) notion of 'care-mongering', with women being ignored or resented if they are seen to be asking for additional support or help.

In addition to the intersections between violence, gender and race, some women experienced negative responses which they directly connected to their race and ethnicity. Intimidation and threats from abusers were part of the Asian women's experiences of sexual violence and they did not feel that police took it seriously despite the commonness of this extension of abuse. When May's abuser threatened to kill her family, officers claimed powerlessness *and* denied that it was happening.

They just say 'what do you want us to do?' What can we do? You haven't really got the evidence, have you? Where's the evidence to say that he did that?' (May).

She felt that they dismissed her because police "don't like to get involved" with issues within Asian communities. Theresa also had threats from her abuser – threats that included harm to her family abroad – which officers did not act upon. After her brother was murdered abroad, police defended their inaction as the result of 'miscommunication'. It is interesting to see the same excuses for rape – that it is an issue of communication rather than intent to cause harm, that women cannot prove it happened – used to explain agency dismissal and failure to protect women and their families from future violence after they report.

Deenah and Kirstie were threatened by their abusers outside criminal courts, a place where men's space to intimidate and harm women should have been minimal, and in both cases no action was taken because it was "her word against his" (Shideh).

I was waiting outside on my own and he walked past. He knew he couldn't shout at me because he'd be caught on the CCTV so he pretended to be on the phone and he's saying, 'I've won, I told you I'll win!'. And nobody did anything about it (Kirstie).

Women thought that police knew that intimidation was part of their experiences of violence but did not treat it as a crime or see it within the wider pattern of gendered violence. They also felt that responses would be different if they were white women and that police denial, indifference and lack of action were directly linked to their ethnicity and cultural backgrounds.

It's different to the white communities here. Yes, they might get these threats but this is a different phenomenon because the police can't do anything. I'm guessing that they do know but they just say, 'well it's out of our hands.' (Shideh)

Another major barrier was the lack of coordination between agencies which women from minority ethnic and racial backgrounds may have contact with, such as the Home Office, local authorities, and housing associations. Agency responses demonstrated little awareness of the relation between immigration status, homelessness, and poverty, and how

these contexts make it much harder for women to speak out and escape from violence (see Gill, 2009). This lack of coordination meant agencies gave unhelpful and contradictory advice which prevented women from accessing basic resources which would have opened up their spaces for action, such as passports, eligibility for benefits and housing near family and communities, even though they knew they were escaping violence (Kirstie, May, Theresa, Melanie). Combined with derogatory responses from the DWP, schools and the NHS, women had to battle at every step to protect themselves and build a better life for their families.

Denial of their experiences and lack of joined up working among professionals reduced these women's spaces for action, to speak and to exist, even more so than for white women. It also fostered a sense of powerlessness and several women expressed doubt over whether leaving abusive relationships or reporting violence was the right course of action.

It is difficult being on your own. A major worry is having a roof over your children's head and I really salute the women who have put up with all that until the children are older. Because once you're out of that house, it's a hard road. And nobody helps you. If it weren't for my family, I don't know where I'd be (Kirstie).

While it is easy to frame poor agency responses as the result of 'cultural barriers' or communication issues, this fails to recognise the different ways that victimism, racist assumptions and sexism interlink to deny women meaningful help. It also absolves agencies of any responsibility to do better by women because it centres women – and their race, ethnicity, or cultural backgrounds – as the source of the problem, with no recognition of the prejudicial assumptions and structural inequalities which make it much harder for women of colour to access support.

This was in stark contrast to the women's experiences of their Rape Crisis support group, which was described as a supportive space to speak about violence and receive advice on a range of issues – such as housing, finances, parenting, or wellbeing – with other women who could understand and share their perspectives and lived experiences. It was also a valuable space where women spent time doing art, yoga, cooking and playing with their children. During the research project, this support group was disbanded due to loss of funding at the RCC.



## Victimism and Age

While other intersections with gender are considered in discourses around sexual violence, age remains “a forgotten category” which is often excluded from analysis (Bows, 2019, p.82). This is despite the assumed vulnerability of older women, which should make them more likely to be regarded as eligible for victim-status even though they do not fit the stereotypical younger victims of ‘real rapes’ (Estrich, 1987; Bows & Westmarland, 2017). Similarly, gender has traditionally been overlooked in discussions of elder abuse even though most older victims are women, and these discussions tend to view such violence as the result of ‘carer stress’, which effectively normalises violence and blames it on victims for needing care (Whittaker, 1995). Carer stress is effectively another form of victim precipitation, which again suggests there is a fine line that women need to tread between being vulnerable enough to deserve support but not so vulnerable as to be seen as a burden to others.

Older women in particular were seen as being overlooked by services: Amelia, Lana, Beverley, and Ginny noted the lack of services specifically for older women who had experienced abuse even though it can take years to disclose. Some thought there may be a greater stigma for people from different generations to speak out, which was not acknowledged by professionals.

I think a lot of people speak out in later life rather than at the time. I think it can be quite common to get to your forties and fifties and feel like ‘I never managed to be what I wanted to be and why was that?’ (Sue).

Like Sue, it took decades for Beverley, Ginny, Ellen, and Laurie to feel able to disclose their experiences. Beverley felt that it became harder for women to live with sexual violence as they got older because of the disruption it causes, despite societal expectations that such experiences fade over time.

It can crop up at any time at life. You might think you’re over it and think you’re plain sailing for a couple of years and then one day you wake up in bed and just for that split second, it’s there. It’s something that never goes away (Beverley).

Among the older women who spoke in the groups, there was a consensus that the era they grew up in was “completely different” (Ginny) and it was harder for them to talk about violence due to the lack of awareness, public campaigns, and specialist services. Another

barrier might be the assumption that sexual violence is committed against young women (Bows, 2018). However, agencies did not recognise that these additional obstacles exist for older women and instead criticised them for not speaking out sooner or suggested they should be “over it” because so much time had passed (Amelia, Lana, and Beverley).

Several women in the focus groups linked negative healthcare experiences to their age as well as their gender. Nancy was told that her chronic fibromyalgia was “just aches and pains” and a normal part of aging even though it stopped her from getting out of bed. Beverley felt that her health issues were questioned because of the expectation that she should be able to ‘weather’ her difficulties because she was older, in addition to the general dismissal faced by women.

Even from being a child, my generation and the generation before me, females... As far as physical health complaints were concerned, you were told it's just mind over matter. Your mother or your aunt would say ‘do you ever see me going to the doctor?’ and they never did (Beverley).

It is interesting that Beverley felt ‘punished’ by healthcare staff for refusing to take medication and asking for therapy, as these responses may have been compounded by ageist and sexist expectations of older women as passive, obedient, and vulnerable, which would view any attempt at agency as being burdensome or challenging (Whittaker, 1995).

There are concerns that old age has become more medicalised and thus stigmatised, due to women being desexualized and devalued over time by patriarchal values (Greer, 1991; Silver, 2003). Beverley spoke about feeling “invisible” in public and described an occasion where she was elbowed off the pavement by a middle-aged man: while she did not explicitly link this incident to her age, this reinforced her sense of invisibility (“he never even looked back”) in contrast to feeling highly visible to men when younger, who “made you feel out of place as soon as you went out the door”.

As with other prejudices, these ageist responses fit within the framework of victimism. Expectations of victims as passive, vulnerable and naïve are more aligned with gendered assumptions of youth (or in some cases, elderly women) and while we know that women and girls of all ages can be victimised, rape myths frame violence against younger women as a sexual rather than aggressive act. This challenges the reality of older women as victims, in accordance with gendered beauty standards and heteronormative assumptions about who is sexually attractive (Schur, 1984), which is reinforced by popular media

portrayals of victims as being young, usually teenagers (Bufkin & Eschholz, 2000; Britto et al, 2007). While there is some suggestion that violence against older women is taken more seriously (Foley & Pigott, 2000), this was not the case for the women in the groups who tried to access professional support later in life. Older women may find it harder to be assigned victim status because they do not look like typical victims but they are also derided for not having 'got over' abuse that they experienced when they were younger. Paradoxically, when older women are allowed victim status this may reinforce ageist assumptions of their lack of agency and need for protection by others (Silver, 2003).

Regardless of their age when abuse happened, women were denied victim status by professionals for a variety of contradictory reasons: not disclosing sooner (Lana, Dee, Yoshimi), disclosing too soon (Selena, Casey, Nancy), not having 'got over' the impacts (Beverley, Ginny, Sue, Laurie, Erin, Cecilia) and appearing 'fine' despite still being emotionally affected (Riley, Ellen, Rose, Alice). This shows the insidiousness of victimism when it intersects with ageism and sexism.

Personally, I think it's our age. They think for all these years you should be over it by now but it's not like you can take your brain out and wash it in the sink and just put it back. You can't do that! (Ginny)

And when those things happen all those years ago, if you did speak up then you weren't believed anyway (Selena).

Younger women also struggled to be taken seriously. Four women were ignored by schoolteachers when they reached out for help and Casey was called "ungrateful" when she reported her father's abuse to Childline. Nancy was aggressively interviewed for four hours by police without anyone to support her when she was only 17. Despite social stereotypes of young women and girls as more deserving victims due to the additional vulnerability of youth – an assumption which itself has been challenged as prejudicial and unhelpful (Alderson, 2016; Coy, Sharp-Jeffs, & Kelly, 2017) – agencies also denied the victimisation of teenagers and children. Six women spoke about "not knowing" that what was being done to them was abusive, which makes it crucial that agencies are sensitive and responsive to young people when they do speak, especially as they might struggle with direct verbal disclosures.

They need to be a lot more sensitive to the subtle signs. Like, I was isolating myself socially and they just sent me to social skills class. Then in Year 6 I went to the teacher and told her that I was dead inside and she did nothing. Right? I know I didn't say 'hey I was raped yesterday' but I said

I was dead inside, like can you not investigate that and find out a bit more about it? (Casey).

Women are doubted, dismissed, and scrutinised when they report abuse in their younger years, while older women are dismissed as ‘tougher’ – having a higher pain threshold, “mind over matter”, can ‘get over’ abuse – and ignored when they ask for help. Regardless of when a woman experiences violence or when she chooses to report it, her experiences can be denied.

There were times when women felt discriminated against because of their age outside the context of abuse. The facilitator of an NHS research project assumed that Ellen was “too old to use the internet” even though she ran her own online business. Laurie said she felt “robbed” by the increase in retirement age which forced her to keep working three jobs into her mid-sixties so she could care for her disabled husband. Caroline Criado Perez (2019) has written about the pension poverty faced by women, especially those who have children or are carers, and the complexities of the intersection between gender, age, socio-economic class and wealth.

### **Victimism, Class and Socio-Economic Status**

Casey spoke specifically about the role of class. She felt that women from working-class communities may feel less able to contact statutory organisations such as police or social services due to historic feelings of being judged and persecuted.

There’s a big mistrust around police and social services so people take stuff into their own hands. I can see why they don’t trust them because in communities like I grew up in, they’re not a good force. Social services come in and criticise your parenting because it is too working class, basically. That’s the thinking that goes on (Casey).

She argued that agencies did not acknowledge these barriers or attempt to build better relationships with these communities. This illustrates how class, age, and victimism can intersect to make life even harder for young women and girls who are dealing with abuse; this has been noted more widely in cases of systemic abuse with social care and children’s services (Jay, 2014). The lack of trust in professionals meant that Casey felt responsible, as a young child, for protecting herself and others from the ramifications of speaking about her abuse.

You become very grown up before your time because you're trying to take on the responsibility for keeping everybody safe and no one's keeping you safe... There would be a couple of uncles in my family who probably would have murdered my dad if they'd known, so you've got that consequence as well. Like you don't want to be complicit in someone – even if he's hurt you that much – being dead! (Casey).

When she did feel able to speak out, the Childline worker insisted on calling the police which led her to abandon the call: "I've never run so fast in my entire life away from that fucking phone box because I thought the police were on their way to lock me up" (Casey). The sexual violence continued for several more years. Her mistrust of police was reinforced later in life when she was arrested at a women's rights demonstration and treated in a way which mirrored her abuse: she was handled roughly, shouted at, and locked in a small room. She felt that this showed a lack of awareness that victim-survivors may become involved in social justice movements as a way to make sense of their experiences, and that police needed more sensitivity in their treatment of women with mental health difficulties. This echoes Mia's experience of being restrained and pepper sprayed.

Socioeconomic status was another dimension through which women felt badly treated by agencies. Six women struggled to access social housing, welfare payments, and foodbanks due to: lack of availability of resources; convoluted application processes; extensive waiting times; punitive responses if they missed appointments or completed applications incorrectly. To several women, these barriers felt deliberate.

It's another obstacle that you've got to overcome. It feels like they are trying to grind you down, beat you down. There's a website that I was following and it lists the number of people who have taken their own lives because of the welfare reforms. And people have been adding their relative, their sister, brother, daughter, their mother. It's getting longer... and those people are not on benefits now, are they? (Dee).

Having to fight for basic and essential rights like food, a safe home and money for bills greatly reduced the energy, time, and space for anything else in women's lives. Kirstie reflected on the difference it would make on wider society if victim-survivors and their families were better supported.

I want to bring my children up as confident citizens, I don't want them to do what their father did because it's all learned behaviour. You have a big responsibility but you're not able to do it because society doesn't help you. You're trying to give something back and you don't want more abusers in society, do you? I want my children to do well but because of all this there's a toll on my health and I can't help my kids do better with their schooling or provide them healthy meals... It's so hard to do it all practically (Kirstie).

Conversations around socio-economic difficulties in one group led to comments on media coverage of the #MeToo movement: while some women felt it was important for celebrities to speak out about violence, this also highlighted the disparity between those that have access to support – private counselling, healthcare, income – and the many women who are left without. Four women felt that this added to the 'unfairness' of their experiences.

It makes me angry and I start shouting at the telly, when you get these stars coming out about what's happened to them and they get all the support. Yet people like us, we get nothing (Lana).

It is challenging to analyse complex social processes without some reductive categorisation and women's experiences illustrate the difficulty of untangling intersectional structural inequalities from the unreasonable expectations that agencies place on victim-survivors. Victimism disadvantages women through their experiences of sexual violence and it also adapts to their social and cultural context, which makes it even harder to identify and challenge; women are not subjected to victim blame or sexism, or ageism, or ableism, classism, or racism but a tight ball of all these discriminations, a layered and cumulative process of dehumanisation. There is an unpleasant irony in the fluid adaptiveness of victimism in contrast to the rigid expectations and limitations of agency interactions.

### **Victimism and Sexuality**

Three women spoke of the 'pressure' to return to dating, relationships, and sex after abuse, and that these demands were always in line with heteronormative expectations.

With what's happened, I don't want anything to do with men. I don't want a boyfriend, I don't want to get married or anything like that and a lot of people, especially at work, they know I'm single and they say 'but why

haven't you got a partner? Why haven't you got a boyfriend?' I don't want one (Yoshimi)

Yeah! (Erin)

I'm not interested. 'But you can meet them in bars and pubs...' But I don't want to meet them! (Yoshimi)

They don't understand why but they don't leave it alone (Cecilia).

After leaving an abusive relationship, Erin was encouraged to meet a man through a blind date set up by friends. This man later raped her.

And it's like, I told everyone I didn't want a man, so why on earth did you...?

I know it's my fault, I chose to take that relationship but I can remember thinking I don't like this, I don't want this but I've got to try... It might not be perfect but I need to put some effort in (Erin).

Again, we can see the tendency for women to blame themselves even whilst acknowledging the context within which they were making choices: in Erin's case, repeated pressures to explore romantic and sexual contact with men following rape.

While encouragement to seek out heterosexual relationships did not directly come from agencies, Yoshimi made the point that engaging with services often requires women to supply personal information about themselves and this routinely included their sexuality. Having to explain that part of her identity using reductive labels made her feel pigeonholed and reinforced assumptions that women should want to be (hetero)sexual beings, regardless of individual preferences or the potential impacts of sexual violence.

Don't you think society pressures you? I've had this myself, oh if you're not interested in a bloke, you must be a lesbian. Yeah, well I like woman but I'm not a lesbian. I'm not bisexual or anything, I'm straight, I'm curly I'm... why can't I just be me? Like on this form, it asks for that – sexuality. I'm me! (Yoshimi).

Yoshimi felt that having to align herself to a particular sexuality made it harder for her to express her whole self in spaces that wanted to categorise her. This is another way that women may feel depersonalised during interactions with organisations and institutions, including research (Yoshimi was referring to the demographic form). Yoshimi and Erin's experiences also hint at the pervasiveness of norms of compulsory heterosexuality within

agency practices, which is another way that the gender order and balance of power is maintained throughout different societal strata (Rich, 2003; Moran, 2017).

Casey spoke to the wider socialisation of women and girls, which she saw as deeply connected to feelings of shame and not recognised by non-specialist agencies.

People need to be a bit more sensitive to the subtle stuff, especially with girls because we don't come out and say stuff, we're socialised not to. We're ashamed around our sexuality from the moment we know what that is (Casey).

She felt that this made it much harder for women, especially girls, to speak about abuse and that agencies could be more sensitive to nonverbal signs that something is not right and ask questions that would open up space to speak rather than expecting girls to spontaneously ask for help. She reflected on her own experiences of trying to communicate that she was being abused, especially as a young woman with a diagnosis of autism.

I started having panic attacks because I thought I might pregnant. Nobody asked me why I'm having panic attacks, they just think 'oh she's always been a shy girl, you know'. Well I have been because I've not trusted people so of course I've been a shy girl (Casey).

The interaction between victimism and sexuality highlights another demand on female victims: adherence to traditional gender roles even after sexual assault. Erin and Yoshimi felt pressured to "resume normal functioning" (Yoshimi) when it came to sexual and romantic relationships with men. Casey's increased shyness and avoidance after being abused was not queried by her teachers, as girls are expected to be quieter than boys. We have already seen how women are punished for expressing emotions such as anger rather than withdrawing, reducing their spaces to speak and their impact on others. Yet when women do stay quiet, they are blamed for not disclosing sooner and/or the abuse continues.

It is important to consider the way that victimism interacts with these structural inequalities to understand the multiple, cumulative impacts on women following violence and their experiences with professionals. For some women, sexual violence – and subsequent dehumanisation from agencies – may be heaped upon years of discrimination and oppression, yet the experience of such insidious trauma (Root, 1992; Gilfus, 1999; Wasco, 2003) is not known or asked about by agencies. Women's space for action is constrained or



enabled by the circumstances and contexts within which they are situated and is dependent upon more than individual agency (Kelly, 2019). Socio-political context, the intersections between age, ethnicity, culture, and class and other 'hierarchies of worth' for women and girls, as well as the options presented to them by highly sexualised, heteronormative culture, all affect the space that is available for women (ibid; Coy, 2009; Vera-Gray, 2017a). When agencies not only overlook these additional constraints but actively engage in discrimination based on gender, age, racial background or ethnicity, women's spaces to act, to speak and to exist are reduced even further.

### **Denial of Victim Status**

Even when women can meet the strict and contradictory requirements of victim status, their claims can be de-legitimised in other ways. There are expectations that proper victims will exhibit complete innocence (e.g., nothing that can be deemed as provocation<sup>8</sup>), can provide evidence that they resisted violence sufficiently and were overpowered or that resistance was impossible during their assault (Estrich, 1987; Jordan, 2004a; Dunn, 2010). As Alison Convery points out, "since it is difficult to prove the negative, claims to victim status are often distrusted" (2006, p.3). Some women were denied victim status simply because professionals did not believe them.

Nine women felt they were not believed based on the comments, attitudes, tone, or response of the person they were speaking to.

Sometimes when you talk to somebody, you just know. You look at them and think 'they don't believe you' (Cecilia).

Five women were directly called liars by professionals. For Nancy, this "has done more damage than the actual rape" and left her doubting that anyone in authority would believe her about anything: it put her off talking to a doctor about health problems because she presumed he would doubt her. When Clare disclosed to her GP that she had been sexually abused as a child, he denied that this ever occurred.

He said, 'is that a thing that happens? I've not heard of it' (Clare).

---

<sup>8</sup> These used to be legal requirements, and still are in some jurisdictions, but are not part of legal definitions anymore in England and Wales.

A support worker accompanied Maddie to a police station supposedly with the intent of assisting her to make a report, but her scepticism was clear.

She announced me as someone who wanted to report childhood sexual abuse "...or so she says". I ended up going back the following day to speak to a police officer on my own but it closed down any kind of conversation as I was told that what I'd experienced wasn't abuse (Maddie).

Laurie was grateful to feel believed by police throughout the investigation and the lead detective reassured her that she was one of the "genuine cases". This suggests that although she was seen as a 'proper' victim, there is still a 'culture of scepticism' in police responses to those who disclose sexual violence (Kelly, Lovett, & Regan, 2005), with 'genuine' cases viewed as a rarity rather than the norm. Betsy Stanko (1994) has written about criminal justice professionals whose role is "to locate some fault (or its possibility) in the worthiness of those claiming the state's beneficial protection" (p.80): again, women must prove themselves worthy of victim status to reap the (apparent) benefits of being seen as such. Rather than (male) defendants of rape being innocent until proven guilty, it seems that women who claim abuse are liars until proven credible as victims (Jordan, 2004a, 2004b).

Victim status was denied in other ways. Casey was called "lucky" because her violent dad was employed, with the implication that she should be grateful for the financial support.

I was talking about my dad abusing me and he said, 'what did your dad do'? and I said, 'he works in a factory'. And he said, 'so he is a breadwinner? Well you should think yourself lucky that he provided for you' and I was like... wow! I was only 17 and I knew that ain't right! (Casey).

Other women were sent away and silenced before they could even disclose abuse. It is easy to understand how standard practices of short appointment times and surface-level understandings of health issues would make it harder to disclose abuse in healthcare settings, but six women felt that they were intentionally dismissed by GPs who did not want to hear about or deal with violence.

I didn't have the time to get my point out and he was like, 'ok, I know how to do this without hearing anything'. It's not every day that you feel like you want to talk or are brave enough to offer someone a small piece of it, but

when you want to let it out in that particular moment before they find some solution... It's like, 'sorry, this is the wrong department' (Adelaide).

Yoshimi's doctor "didn't want to listen, didn't want to know. She just gave me sleeping tablets and sent me away". Grace's doctor signed her off work as soon as she started to mention that she was being subjected to violence, as if to get rid of her before having to acknowledge that she was a victim.

He said to me 'how much time do you want?' and I thought like... what? It felt like 'you can have anything you like'. And I thought ok, but I haven't told you anything. Years later, I realised that he didn't want to hear, he wanted to be on the safe side. It was like 'ok, just take it and go!' (Grace).

This silencing of women – by refusing to validate their experiences or give them space to speak, as well as outrightly disbelieving them – is another way that victim status is denied.

A few women felt that male GPs were more likely to avoid conversations about abuse because the prospect made them uncomfortable: "they don't know how to deal with it" (Grace). Dani had "never known anyone look so uncomfortable" when she told her male doctor that she had been abused: he left her alone in the consulting room to try and find a female doctor and ended up referring her to the Crisis Team rather than speak with her further. Mary queried whether male doctors might worry that they would be accused of abuse themselves if they engaged with women on the topic.

I think it would be different if I spoke to a female. I think as a man, a GP, when you're telling him something like that, he could probably think 'well, is she going to say that about me? Is she going to say that I did something?' (Mary).

While victimism can operate through the denial of victim status, it also denies the realities of male violence by distinguishing between women who are victim-survivors and those who are not. Betsy Stanko (1985) argues that "the role and status of 'victim' is separate from that of all women...(which) serves to deny the commonality among sexually and/or physically assaulted women and their oneness with all women" (p.16). Even within the category of victim, women are separated further into 'deserving' and 'undeserving' victims, obfuscating the full extent of rape and sexual violence (ibid). Unlike feminist framings of sexual violence, such as Liz Kelly's (1988) continuum, victimism shuts down understandings of rape and

assault into reductive binaries: accepted or denied victims, believed or disbelieved, deserving or undeserving. It also discounts the experiences of women who resist and cope with sexual violence.

### **Reducing the Numbers of Victims**

Working with the concept of victimism thus reveals several paradoxes which serve the social function of reducing the number of victims. Victim status can only be given by others and yet is difficult to obtain. It is a complicated and draining process for women to have their experiences taken seriously, especially in the aftermath of sexual violence, and to do so they must reduce themselves into the narrow expectations of a 'proper' victim whilst navigating systems and organisations which appear invested in denying them this status. If what women need is space – for action, to speak, to be – victimism functions to reduce the spaces available to them in the aftermath of sexual violence.

In his work on the 'ideal victim', Christie (1986) suggested that society is invested in reducing the number of victims that are recognised as such, not by preventing violence or supporting those who are victimised, but by narrowing the 'criteria' of who can be seen as a victim. He saw this as part of the overall social control of women. Yet we have seen that being granted victim status does not guarantee women will be treated with sensitivity or respect or that their needs will be met. The focus group data suggest the opposite: when women are seen as victims they are dismissed, disrespected, and reduced to their victimhood rather than treated as whole people with a multitude of thoughts, needs and desires. Victimism infantilises women as passive, pathetic, and lacking agency whilst simultaneously making them responsible for men's violence (Barry, 1979; Dunn, 2010). Women's experiences show that victim status comes with additional layers of stigma which further restrict their options, choices, and sense of value. While the women who took part in this study may not have felt directly victim blamed in the traditional sense, they were blamed, criticised, and devalued for 'being' victims: these social costs might explain why some women eschew being seen as a victim and consequently 'opt out' of support or choose to deny their experiences (Schur, 1984; Convery, 2006).

As Wood and Rennie (1994) explain, being acknowledged as a victim can be a victimising experience "in a world that has little tolerance for victims" (p.125). Being treated as a victim does not necessarily support or empower women to move forward from violence and it reinforces structural hierarchies of power and inequality (Barry, 1979; Schur, 1984; Dunn, 2010). Jan Jordan's (2004a) in-depth research into police responses showed that "even

when they apparently conformed to stereotypes of the 'perfect victim', these women did not receive 'perfect policing' (p.205). As with victim blame, victimism maintains the status quo and oppression of women, whether it allows women to be victims or not.

## Conclusion

This chapter has shown that victimism interacts with - and maintains - structural inequalities to deny victim status to certain women. A common tactic of oppression is to deny that structural inequalities (such as patriarchy) exist and to frame the disadvantages experienced by marginalised communities as individual failings rather than the fault of institutions, systems, or hierarchies (Convery, 2006). Robin DiAngelo's (2016) cycle of oppression demonstrates how this process of invalidation and blame becomes embedded in and enforced by agencies, to the extent that "oppression is large-scale discrimination backed by institutional power" (p.90). While DiAngelo focuses primarily on racial discrimination, the cycle of oppression is useful for considering the intersections between race and ethnicity, gender, and victimisation as it denies victim status along several, concurrent lines. If women are responded to in accordance with victimism, victim blame, or refusal of victim status on account of their race as well as their gender, from an institution that denies it is inherently racist (such as police), they are denied said victim status *and* denied the opportunity to complain or be compensated for such prejudicial treatment. Within the discrimination of victimism there are further layers of prejudice and denial, which supports the notion of a 'hierarchy of victims' (Crenshaw, 1991; Thiara, Roy & Ng, 2015), both within and external to the context of sexual violence.

It is easy to see the parallels between the denial of rape (its occurrence, severity, and who gets to be a victim) and the denial of other discriminations experienced by women; the space available for women to speak, to act or to be is reduced by an insistence that what they are experiencing is not reality and they do have claims to be a victim, whether of violence, sexism, or racism. Heather Savigny (2020) argues that this in itself is a form of epistemic violence which although not physical in nature "becomes endemic in the ways in which we determine what does and does not count as knowledge and experience" (p.92). Discrediting women silences and reduces women. Ultimately, the many facets of victimism all work towards a singular outcome: to limit the number of recognised victims to as few as possible.

This raises an interesting question: why do institutions work so hard to deny victim status to women? If victim status is a derogatory and dehumanising condition, why do individuals, institutions, and wider society go to such lengths to withhold it? The same question could be

posed to victim-survivors: if it is such an arduous process to be granted a status that comes with few apparent benefits, why try? While it is unsurprising that some feminist discourses have tried to move away from 'victim' in favour of more empowering terms (see Chapter One), this further supports the erasure of abusers and ensures that responsibility for men's violence remains with women. Terms like survivor denote resistance, resilience, and strength – all of which are the responsibility of women – while victim highlights that something has been done to them by another agent, the abuser (Martin, 2005). To be a victim is to be recognised as someone who has been victimised and there is a power to this recognition which could widen women's space to speak out, make sense of their experiences, or rebuild their lives.

Feminists have suggested that since the women's movement has spoken out about male violence towards women and these discourses have gained traction in mainstream awareness, there have been attempts to deny and discredit these claims: perhaps it was "to be expected that once the lid was lifted to expose the extent of sexual assault on women and children in the home, there would be some in society who would want to clamp the lid firmly back on the pot" (Jordan, 2004a, p.4). This may be partly through fear that fully acknowledging the extent of male violence against women would shift the balance of power towards victim-survivors who could legitimately claim sympathy, resources, and restoration for the wrongs that have been done to them through patriarchy. Clear evidence of male subjugation of women which reveals "the reality of the oppression" (Convery, 2006, p.15) is a major challenge to the gender order and status quo. Nancy Berns (2001) uses the term 'patriarchal resistance' to describe processes, such as victim blame and victimism, which refute these feminist constructions in protection of gendered hierarchies of power.

Rather than try to deny that sexual violence happens that frequently – when ONS and crime statistics tell us that it is far from a rare experience – victimism works in tandem with structural inequalities to make sure that only certain people are afforded the acknowledgement of being victims of rape. There is even the option for "victimless" prosecutions which do not require the support or consent of women (Coy & Kelly, 2019), which seems like the ultimate way to acknowledge the realities of male violence without accepting the existence of female victims. This is returned to in Chapter Seven.

The concept of victimism and the ways that women are reduced to their victimhood or denied victim status through structural inequalities seems to be a more useful framework for understanding the ways that agencies and professionals dehumanise women, as it can account for more than just blame. Women referred to multiple intersections – race, ethnicity

class and age as well as gender – in their interactions with agencies which supports the need to shift “from a single-lens analysis of violence against women (through the prism of gender) to a more intersectional framework that takes into account the multiple, overlapping points of discrimination that occurs at the nexus of gender, race, sexuality and, more recently, disability” (Bows, 2019, p.81-2), as well as other inequalities such as age and class.

While these findings are illuminating, more attention is needed to tease out the complex processes within agencies and services through which victimism is enacted and intersects with discrimination and prejudice.

The following chapter will consider another process that is enacted through the responses of services and professionals, which dehumanises women and denies them space, that of responsibilisation.

## Chapter 5: Responsibilisation: The ‘New’ Victim Blame

As the previous chapter illustrates, the ‘victim’ in victim blame needs to be interrogated more deeply to fully understand women’s experiences of professional responses. Through the process of victimism, women are reduced to passive and helpless beings and trapped by expectations of how ‘proper’ victims should present and act. The focus group discussions also complicated the notion of ‘blame’: while women did share some occasions where they felt directly or explicitly blamed for sexual violence, most negative responses made them feel disrespected, depersonalised, or dehumanised in other ways. Another process – that of responsabilisation – might account for these findings, as it also reduces women in more expansive ways than simply blaming them for violence. This chapter will consider the ways that responsabilisation is enacted through agencies and services, especially through practices of empowerment, to further reduce women and the spaces available to them.

Responses from agencies and professionals were not just based upon what had been done to women but on what women had (or had not) done following sexual violence.

Professionals expressed judgement on many aspects of women’s lives: how they were coping after violence; for needing and requesting resources; their parenting abilities; having difficulties with housing; struggling to attend appointments; not understanding the complex processes they were expected to go through; or not making progress or ‘recovering’ as expected. In some cases, women were even blamed for criminal justice system failures to hold abusers to account.

Three times they adjourned the case and said, ‘you didn’t tell us this, you didn’t tell us this’ when they didn’t ask! And then they said, ‘it’s because your statement is different than the other one, the dates are different’ when I told them I couldn’t remember (Theresa).

Criticising women’s lives and decisions without recognising the contexts and barriers they are contending with ensures that responsibility and blame – for welfare and safety in general as well as sexual violence – falls on women. This extension of judgement and according of responsibility has been overlooked in the literature on victim blame. Jessica Taylor (2020) has suggested that blaming women for how they cope with abuse is a “secondary form of victim blaming” (p.22). I argue that merely extending the remit of this concept disguises the complexity of the negative responses received by women: the previous chapter showed that not all women felt blamed and not all judgments related to their victimisation. These



experiences go beyond the scope of victimism, as disrespect and dehumanisation occurred outside the context of sexual violence and victim status, and were more in line with structural inequalities such as gender and race. Recognising the interactions between victimism and structural inequalities draws attention to the overlaps with sexism, racism, and other discriminatory responses but, to go back to the original research aims, it does not explain *how* women are poorly treated by agencies.

This study suggests that responsibilisation may be a more comprehensive framing for making sense of professional responses. This process places responsibility for safety, welfare, and wellbeing solely onto individuals through the enforcement of expected or appropriate behaviours, without acknowledging the role of communities, institutions, or states (Silverstein & Spark, 2007). In relation to sexual violence, Katerina Hadjimatheou (2022) defines responsibilisation as “the attribution of causal and even moral responsibility for abuse to victim-survivors” (p.321). It overlooks “the structural and institutional constraints that limit the possibilities for safety and freedom” (Coy & Kelly, 2019, p.4) whilst simultaneously absolving agencies of responsibility for women’s safety (Stanko, 1990). Responsibilisation is similar to victimism in terms of socially coded expectations on how women should present and act – applied to victims but not to abusers – yet it is far wider in scope and can encompass any aspect of women’s lives and selves, making it more insidious and harder to identify as a process.

They are sitting in the seat of judgment just because they are able to, and they are looking down on people. This is the mentality of those in charge (Beverley).

The concept of responsibilisation was introduced by sociologist Nicholas Rose (2000) in response to neo-liberal ‘risk management’ approaches in social policy, which he argues maintain social order whilst protecting the state from blame or criticism. It uses a range of ‘control practices’ to manage and reduce risk by identifying the causal agents of disorder (ibid). Silverstein and Spark (2007) take the blunter view that governments and authorities use responsibilising framings of social issues to shirk responsibility for especially ‘troublesome’ populations, such as victims of violence. The individualistic focus of responsibilisation dictates that people “secure themselves against crime risks and take care not to make themselves the victims” (Rose, 2000, p.328), and the process maintains itself through ‘self-steering forces’ which manage social order without the need for direct action by those in charge. These forces include shame, honour, shared moral codes and cultural norms (ibid). It is not hard to see how this approach could be applied to sexual violence, as it

focuses on behavioural change within potential victims – in line with rape myths and gender norms – rather than considering the conducive contexts that enable abuse: responsibilisation is essentially a more subtle and expansive way to ‘blame the victim’ (Comack & Peter, 2005) which absolves governments and institutions of their duty to protect citizens and punish criminals (Rose, 2000; Silverstein and Spark, 2007).

While the tendency to focus on victims has been well documented within criminal justice systems (Matoesian, 1993; Rose, 2000), similar risk management practices have been observed in education (Halse, Hartung & Wright, 2016), child protection (Hansen & Ainsworth, 2007) and healthcare (Rose, 2007, Schur, 1984). In healthcare settings particularly, the tendency to responsibilise women for their physical or mental health issues is closely linked to rigid, medical model understandings (see Chapter Four) as well as expectations that patients engage in ‘risk avoidance’. Even specialist support services are not exempt from individualistic understandings of victimisation which overlook the conducive contexts that enable sexual violence (Martin, 2005; Silverstein & Spark, 2007; Coy & Kelly, 2019).

I suggest that a framing of responsibilisation, rather than victim blame, can account for the judgement of women for how they cope with abuse, interact with agencies and in general live their lives. Exploring women’s experiences through this lens highlights commonalities across services, sectors, and agencies, and illustrates the different ways that organisations unwittingly bolster and replicate the control practices which maintain the status quo (Rose, 2000). The expectations that come from responsibilisation can account for the variety of experiences shared in the focus groups *and* the lack of direct blame for sexual violence: it is an adaptative and more encompassing way of blaming and dehumanising women, dismissing their needs, and reducing their spaces for action.

The focus group data identified the different ways that responsibilisation is enacted through agency practices and responses: as an unintended outcome of empowerment; through signposting, limited resources and the absence of supportive relationships; and assumptions around women’s agency which force them into ‘choiceless choices’. To understand how services responsibilise women who reach out to them for support, we first need to interrogate the concepts of empowerment, agency, and freedom.

## **Empowerment, Agency, and Freedom**

Discourses around the gendered nature of sexual violence often explore empowerment of women, and enabling women to empower themselves, as a way out of the maligned passivity of victim status (see Chapter Four). Empowerment is viewed as “a necessary step toward women accepting they have a right to be safe from all forms of violence” (Jordan & Mossman, 2017, p.13) and interventions for tackling male violence against women and girls have increasingly focused on empowerment and agency more than on highlighting women’s vulnerabilities (Seith & Kelly, 2003). Self-empowerment is a key part of recovery pathways within therapeutic contexts as it is seen as a meaningful way to combat the controlling elements of victimisation and enable victim-survivors to recognise and enact their agency (see for example Survivors’ Voices Research Group, 2018; Bryant-Davies, 2011).

Yet empowerment is often presented as a solution to the impacts of violence without much interrogation of what it means or how it can be practiced. Empowerment is closely linked to the concepts of agency and freedom, which are similarly used in reference to victim-survivors with little consideration: for example, see discussions around the tensions between women’s agency and women’s exploitation in sex work or pornography (Kelly, 2003; Miriam, 2005; Vera-Gray, 2016). Failing to question these concepts is a crucial oversight because practices of empowerment can end up responsabilising and reducing women who have experienced violence, rather than widening their spaces for agency, power, and choice.

In her discussion on trafficking, Kathy Miriam (2005) queries the meaning of ‘agency’ and ‘empowerment’ within neoliberal contexts, where the framing of choice “as the exercise of the individual’s autonomous will” (p.2) fails to consider the state’s role in making necessary resources and opportunities available to all. Agency – the ability to take action and to choose when and how to act – is often viewed in binary terms as something that women either have or do not have (Miriam, 2005; Vera-Gray, 2018). A common criticism of so-called ‘victim feminism’ is that drawing attention to male violence against women limits women’s agency and frames them as seeking identity through powerlessness (see, for example, Wolf, 1993; Stanko, 1997; Vera-Gray, 2017b; Gavey, 2019). While feminists have argued the need to recognise women’s experiences of violence *and* their ability to cope with and resist violence within the constraints that it puts on women (see for example Barry, 1979; Kelly, 1988), the reductive assumption remains that being able to enact some agency, regardless of reduced spaces for action, precludes women from being victims or experiencing victimisation (Kelly, 2003). Agency is very much contingent on contexts and constraints and is therefore

‘situated’, yet the nuance of conceptualising “agency that is simultaneously free and restricted” (Vera-Gray, 2016) is often lost.

Women’s agency is also conflated with the concept of freedom. Within the context of gendered violence, the actions that women take to keep themselves safe by pre-empting or avoiding violence may simultaneously restrict their freedoms in daily life. As Fiona Vera-Gray (2018) explains in her detailed analysis of women’s navigation of men’s street harassment, “agency - the capacity to act within a space – is not the same as freedom – the ability to define the space for action” (p.111). We have already seen how victimism reduces women and limits their space, partly through agencies which provide limited support contingent on expectations that women act in specific, pre-ordained ways: this is not the same as women having the freedom to make choices or act according to their needs.

Such one-dimensional notions of agency and freedom take no account for the social inequalities which limit individuals’ options and pressure them “to provide for themselves in the context of powers and contingencies radically limiting their ability to do so” (Brown, 2015, p.134). These concepts are often employed in purely individualistic ways, as free-floating processes that can be accessed and enacted by anyone regardless of their situation. Neoliberalism also perpetuates the ‘myth’ of meritocracy, that equal resources and choices are available to all (regardless of gender, class, or racial identity) and we therefore deserve whatever happens to us (McIntosh, 2010). As a key foundation of sexism in Western capitalist culture (Savigny, 2020), meritocracy strengthens other structural inequalities as it “does not benefit *all* members of society equally” (Bhopal, 2018, p.163). Women’s reduced spaces for action – whether constricted by violence, structural inequalities, or other individual, cultural, or social factors – are not considered and this is the essence of responsibilisation; making people responsible for their choices or actions regardless of the options or resources that are available to them. This may be particularly the case for victim-survivors when professionals fail to recognise the ways that violence already reduces women’s space for action before they have even contacted services (Duggan, 2018; Coy & Kelly, 2019).

The assumptions which underpin empowerment, agency and responsibilisation are foundational to the neoliberal ideologies now dominant in Western societies (Rose, 2000; Gill, 2007; Brown, 2015). Neoliberalism “centrally values the ‘autonomy’ of ‘individuals’ and their rationality, and it continues to promote the idea of a universal equality in terms that conceive equality as open to all individuals on the basis of this autonomy” (Miriam, 2005, p.2). This is enacted though responsibilising practices which frame the individual as solely

responsible for their wellbeing and recovery whilst assuming that everyone has equal access to the resources and options needed to make the 'right' choices. It should be noted that the definition of right or 'good' choices often comes from a moral standpoint rather than consideration of what may be practical or safe in a specific context (Rose, 2000). It is not hard to see how narratives of empowerment which fail to appreciate the restrictions that women find themselves under will often reframe the issue as a matter of self-control and therefore recentre responsibility within the individual.

I couldn't do it. I walked out and didn't go back. I was asked why I couldn't go back and I did say, it's just not helping me... They were like 'oh she's not ready to help herself yet, what's the next thing we can try with her?' (Erin).

It is important to interrogate these concepts because, as will be seen, they are a driving force behind professional practices which devalue women and reduce their space for action further. If victim-survivors are expected to strive for and embrace empowerment and agency, under presumptions of unrestricted freedom, what does this mean for their responsibility? Are women responsible for claiming agency and enacting their power regardless of the circumstances from which they are trying to do so? And if so, what are the ramifications if they are perceived by others as being disempowered or not enacting agency? I argue that some of the practices which are intended to empower women end up responsibilising them instead because they overlook the context from which women are trying to 'find their power': the constraints of individual circumstances, impacts of violence, structural inequalities, and the (limited) responsiveness of services and professionals.

Before we explore women's experiences which demonstrate how responsibilisation is enacted through agency practices, it is important to consider the ways that women were reduced before they made contact with professionals, as this forms the context from which they are trying to access support and enact agency.

### **Reduced by Sexual Violence**

From the experiences shared in the focus groups, it is apparent that women's space for action was reduced in multiple ways before they reached agencies. Firstly, from the impacts of sexual violence. Despite the wealth of trauma-informed practice, services which work with victim-survivors do not necessarily recognise the realities of sexual violence, that it "is not just an event that took place sometime in the past; it is also the imprint left by that

experience on mind, brain and body” (van der Kolk, 2014, p.21). Recognising the different ways that violence can be embodied and can complicate women’s relationships with themselves and others is necessary to create space from which women can start to make sense of what has been done to them (Brison, 2002). Yet the experiences shared in the groups demonstrated a distinct lack of understanding around the “special wrongness” of rape (Foa, 1977, p.212).

Eleven women felt expectations from staff and services to “be over it” (Selena) when it came to their experiences of sexual violence. This was especially the case for older women and for those who had experienced abuse in childhood (see Chapter Four). Professionals also showed little consideration for how rape might make it harder for women to engage with services, for example the emotional toll or impacts on cognitive functions like memory or decision making (Brison, 2002; van der Kolk, 2014). For some women, the emotional impact of victimisation left them “not in the right frame of mind” to reach out for help, ring agencies or attend appointments (Dani). Three women found it difficult to give statements or complete paperwork due to memory issues and were criticised for this by staff rather than offered assistance or adjustments (Sue, Theresa, Grace).

Sometimes I feel like ‘oh that’s why my brain is doing that, I didn’t know why’ and it’s not until you look back and can see that your child abuse or whatever, that’s why it’s difficult to remember. But I feel like nobody understands me, that what happened to me makes me angry and who can understand my anger and where it comes from? No one would tell me, they just told me to sign this, write that, do this here and here and here (Grace).

Before, I could do things like this very easily [picks up questionnaire] but not now! Even simple maths, adding... I can’t do that now! (Theresa).

Ellen was given a lot of information by the CMHT just after she had taken an overdose: “I couldn’t process any of what he was saying because at that point my brain wasn’t actually functioning terribly well”. This resulted in her missing an appointment and having to wait longer for support. Mia found it difficult to engage with the therapeutic activities in hospital due to the impacts of violence and abuse but staff thought she was deliberately resisting treatment.

It was the mental stress, that was really hard. I lost a lot of weight, my motor skills decreased – I found it hard to draw and do the simplest of tasks I used to take for granted (Mia).

Selena explained how the impacts of abuse were compounded by the stress of having to engage with services, which drained what little was left of her resources.

The toughest part is having to deal with what you're dealing with and then have to deal with so-called professionals and them not getting it. I think that's the hardest thing cos I've got to go through what I go through everyday myself so then when you've got to deal with someone and try and explain it, that's draining - it just takes everything from you (Selena).

As an act of interpersonal violation, sexual violence complicates our ability to trust others (Brison, 2002). Four women were wary of police officers or social workers due to abusers having used authorities as a threat to guarantee their silence: yet despite this being a common element of control, this additional layer of fear and mistrust was not anticipated or appreciated by the staff who dealt with them.

That's what my abuser said to me, about getting in trouble with the police and I've always been terrified of getting in trouble, even now. I constantly think I'm going to get in trouble over everything so I don't say anything (Amelia).

The man who abused Grace was employed by the police but this was not acknowledged when she reported the violence; instead, the officer became frustrated with her for being wary.

The female officer who I spoke to was really harsh, she blamed me because I didn't sign my statement and I was trying to say, 'yes because I wasn't feeling safe!' (Grace).

Some women were put into "retriggering" situations when agency responses directly replicated elements of the violence they had experienced (Dee, Ellen, Casey). A psychiatrist working with Dee broke confidentiality which made her feel unsafe and violated, while Ellen struggled to attend appointments with a psychologist due to the physical environment she was expected to navigate.

It was a horrible room, the minute we walked in I'm like 'I don't like this' and the only way to stop the door pinging open was to actually put a chair against the door, which was trapping me in a room with a man (Ellen).

Casey was "shouted at" by mental health workers when she was highly stressed and dissociating, which caused her to panic and shut down further. Her experience of being locked up by police was also extremely distressing.

That was retriggering, being in cells... I was freaking out and the police couldn't handle that because I had gone back to a really young place... How damaging it can be, to take control away from a survivor and isolate me and send these big blokes in every fifteen minutes to check I haven't killed myself. And I hadn't actually done anything wrong, so it was just a big loss of control (Casey).

Dee spoke more widely about the ways that sexual violence – especially at a young age – can make it harder for victim-survivors to trust others, which is a crucial element for developing supportive relationships with professionals.

There's something about consistency – I think when you've grown up with abuse or neglect or sexual violence, you have problems with attachment, haven't you? If you've been attacked or raped or if you've been groomed, that's where you lose trust. And then the rest of it is just layered on top (Dee).

This shows that services need to put more effort into engaging with victim-survivors in ways which help them feel supported and able to trust staff. Despite this, women were expected to engage with multiple staff members and sometimes had no idea who they would be speaking with when they called or attended appointments (Dee, Rose, Ellen). While the inability to provide consistent, familiar contact with professionals is understandable in services which are overstretched, understaffed and employ people on shift or bank contracts, women's experiences did not show any attempt from professionals to acknowledge or mitigate these impacts.

These experiences clearly demonstrate how the cognitive and emotional impacts of sexual violence can provide additional barriers to engaging with services. Chapter Four illustrated



how women are further reduced *after* speaking about violence through processes of victimism, and when services do not recognise that women are coming to them from reduced spaces and constrained contexts, their responses are likely to further disadvantage them rather than assist them to overcome these obstacles. That some women were subsequently made responsible for struggling with these interactions demonstrates how responsabilisation processes do not account for the experiences of sexual violence, even within services which regularly support victim-survivors.

Another way that women are reduced and responsabilised is through their gender.

### **Reduced through Gender**

As with victimism, responsabilisation is a gendered process. Traditionally, women have been made responsible for the actions of others, especially men, and may subsequently internalise the responsibility for male violence (Barry, 1979; Stanko, 1985): some argue that this is still the case (see Kate Manne, 2018; Gavey, 2019; Jessica Taylor, 2020). Heather Savigny (2020) has made explicit the links between sexist norms and attitudes which frame women as the cause of male violence within neoliberal ideas, especially meritocracy (that successes and losses are purely the result of individual choices), as these concepts similarly overlook the embedded patriarchal structures that maintain gender inequalities and reduce women's spaces for choice and agency. Meritocratic views extend to other marginalised groups of people, as neoliberalism needs to create "extreme inequalities" to maintain the overall status quo (Brown, 2015, p.208), to protect whiteness and white privilege whilst implying we live in a 'post-racial' world (Bhopal, 2018 p.163). Consequently, responsabilising practices are especially levied at those from more marginalised positions who have fewer freedoms and resources in addition to experiencing discrimination, hardship, or violence. Responsibilisation is simultaneously an expression of these structural inequalities whilst being enacted through them, in a process of reproduction.

Within the focus groups, there was an understanding that not everyone is responsabilised by agencies, or at least not in the same way. While it was felt that services and professionals responded negatively to various aspects of women's identity, some experiences suggested that these responses were especially gendered through the lens of risk management.

I've often thought how do women survive when it happens to you, as a child or not. To hear that it happened to you again and again [Cecilia], I

just think you're amazing to be here, to be alive, especially when we're just left to get on with it (Erin).

Three women felt that they were more likely to be overlooked by mental health services because women are less likely than men to pose a threat to others when in crisis.

Someone who might be a danger to others, they're going to get the support and because I'm just a danger to myself, I'm not. I'm least in need (Dee).

Casey shared her view that girls and young women are ignored by professionals with safeguarding duties, such as teachers, because the common responses to threat or abuse which are socialised in women – such as withdrawing or “shutting down” – are not disruptive to others and can be easily ignored. Women who are reduced to female-specific mental health problems felt that healthcare services fail to treat them as whole people *and* ignore their experiences of violence or the contexts within which they are trying to cope (see Watson, 2019; Taylor, 2022): personality disorders in particular suggest that the problem lies within the person rather than because of what has been done to them (Johnstone, 2019; Shaw, 2019). This contrasts with men being more likely to secure diagnoses which validate their traumatic experiences and provide guidance (and hope) for support and treatment (van der Kolk, 2014).

This suggests that gender may influence the forms that responsabilisation takes. Very little is known about the experiences of male victim-survivors in terms of being responsabilised and such comparative research would add to the understanding of how this process is enacted through gender norms. Due to the relentless focus on victim-survivors within risk management approaches in neoliberal framings, it is likely that male victim-survivors experience different forms of responsabilisation just as they are subjected to victim blame in line with rape myths that are specific to male gender norms and sexuality (McCann & Pearlman, 1990; Anderson & Lyons, 2005; Sleath & Bull, 2010).

As risk management practices focus on individuals, it would be logical to assume that control strategies would target the perpetrators of sexual violence rather than those they victimise; yet responsabilisation, victimism and victim blame show that this is not the case. The lens of responsabilisation views those who deliberately violate the social order, such as men who commit rape, as “monstrous individuals” beyond state control (Rose, 2000, p.333); therefore, control strategies take the easier path to focus on victim-survivors. As summarised by Maddy Coy and Liz Kelly, “women become responsabilised at the same time as abusers

become invisible and not held to account – de-responsibilised” (2019, p.154). This was also felt to be the case in the focus groups.

I feel like we're being punished because of the abusers (Lana)

That's exactly how I feel. Like I'm being punished for what's happened to me (Selena)

We're being judged for it and I don't think it's fair (Amelia).

Focusing on victim-survivors as targets for change fails to consider the role of power within a gender order. Meaningful attempts to reduce or prevent sexual violence will require fundamental change within structures, institutions, and societal attitudes at micro- and macros levels (EVAW, 2011a/b). Instead, responsabilisation maintains gender oppression by reproducing the dynamics of abuse which control women, using coercion, criticism, and threats when they do not comply with expected behaviours and norms (Silverstein and Spark, 2007). Again, women's experiences show that there is limited awareness of this pattern within agencies, in addition to the lacking awareness of the ways that women's oppression under patriarchal systems reduces their space for action. Empowerment is meaningless for those constrained by social and structural inequalities without substantial changes to the status quo (Comack & Peter, 2005). While feminist responses to sexual violence recognise the “power structures in society, building awareness of how individuals are socialized to feel powerless” (Enns, 2011, p.171), assumptions of equality with regards to individual agency, choice, and freedom persist (Miriam, 2005; Vera-Gray, 2015).

The “contemporary control strategies” (Rose, 2000, p.337) inherent in responsabilisation maintain the status quo of agencies and systems at the expense of those trying to cope. Risk management approaches combine with the sexist, racist and ableist attitudes so embedded in society, to justify making those who are already marginalised responsible for the misfortune or adversity that they experience, thus protecting the patriarchal order (Brown, 2015; Bhopal, 2018; Savigny, 2020). Patricia Hansen and Frank Ainsworth (2007) use the term ‘structural factors’ to describe the wider contexts which can reduce an individual's capacity for decision making and action which are not recognised by professionals, such as unemployment, social isolation, and poor living conditions. Kathy Miriam (2005) argues that these restrictive contexts are themselves gendered: for example, socioeconomic status as a result of the “low social value” of women and girls in society (p.5). Hence, gender oppression and the intersection with other inequalities is maintained when enacted through the responsabilisation of victim-survivors and protects the gendered status

of men who perpetrate sexual violence, as well as the patriarchal institutions which enable violence as part of the conducive context.

### **Embodied Responsibilisation**

A particularly insidious characteristic of responsibilisation is that it can be applied to any aspect of a woman's self, not just her decisions and actions, throughout the entirety of her life course. Whereas victim blame typically focuses on behaviour and/or character in relation to assault (Janoff-Bulman, 1979; Anderson, 1999), women are made responsible for their health, their voice (when and how to speak about abuse), their emotions and how they express them, for the ways that sexual violence affects them as well as their physical safety.

When embodied in these ways, responsibilisation becomes an inescapable, relentless process of reducing the self through self-objectification, self-monitoring and, in some cases, self-censorship. While victimism demands that women present themselves as 'proper' victims, responsibilisation pulls on a much wider range of norms in line with gender and sexuality: we have already seen how women's expression of anger violates expectations of victim-status *and* female gender norms of passivity and emotion management (Amelia, Dee, Selena). These demands restrict women's space for action by narrowing the repertoire of what is deemed acceptable: imposing constrictions on when and how women can speak about violence, they also intrude into the spaces where women can just be (see Chapter Six), as considerable emotional and physical energy is required to control the different aspects of the self and must be redirected from other areas of women's lives.

Responsibilisation also requires women to objectify themselves in order to have (some of) their needs met. Dee had "to compartmentalise different aspects" of herself as a response to the limited resources, obstructive practices, and restrictive expectations she encountered from agencies, at a time when she was trying to build a better life following violence.

That's not a holistic approach to recovery, is it? (Dee).

This compartmentalisation comes at a time when women may already be contending with fragmentation of the self through sexual violence (Brison, 2002) and is in stark contrast to the 'whole place self' which acknowledges selfhood as relational, situated, and intersectional (Vera-Gray, 2020). This reduction of women into separate parts through responsibilisation was expressed in Sue's analogy of a "patchwork quilt" of support, cobbled together to address each of her needs as separate, disparate aspects of herself. Alice also spoke about

looking for support to “fill the gaps” not addressed by counselling or medication. Mia attended multiple support groups each week, at statutory and non-statutory organisations, to try and create a fuller life for herself. She said that she had to accept disrespectful treatment from staff at one agency because she could not afford to lose that piece of her network.

I feel a bit stigmatised going there because I feel less normal, as it were. I think it's something I'm going to have to learn to deal with because at the moment I need a strong support network and they're part of that. I need stuff to do in the day, not being employed (Mia).

She reflected that dividing her life into different support mechanisms sounded “mechanical” but was her reality. Responsibilisation forces women to compartmentalise themselves and to put up with less than helpful services rather than be left without: this is a far cry from Susan Brison's (2002) description of victim-survivors being supported by services to choose the pieces that suit them best and discard those that no longer serve them when rebuilding a shattered self. In the absence of ‘whole self’ services, women must fragment themselves further in hopes of finding ‘good enough’ networks of support.

If people felt more connected in their lives generally and had things they could look forward to, like ‘oh, ok this is shit but I know that in two days I've got my PTSD support group or another outlet at some point this week’, they might be able to get through and will be less likely to get into crisis (Casey).

As we will see, women are rarely supported in this endeavour and must build a life for themselves from the limited options available.

You may or may not randomly happen to find another bit that helps you piece yourself together, into a functioning person that is able to be content (Sue)

I like how you put it, about it being a patchwork quilt? It feels like that for me. You know, your primary care is your GP and your secondary care...? I don't take that for granted anymore (Dee).

## **Responsibilisation in Practice**

The women identified three key elements of agency responses which were understood as attempts to empower them but ultimately responsibilised them and further reduced their space for action. These practices were signposting, limited resources, and the absence of supportive relationships and they were evident in women's experiences across a range of services and sectors. However, it was not only practices from outside which made women feel responsible for what had happened to them and the aftermath: some of the women's experiences suggested that as with self-blame, self-responsibilisation can be an impact of negative interactions with agencies and professionals. This can be seen particularly in how women talked about carrying the emotional labour of the agency interactions and in the unintended consequences of the discourse of empowerment.

### **Signposting**

A common presumption within statutory services is the importance of information to help people make 'empowered' choices around their situations and wellbeing (Brown, Maslen & Savulescu, 2010). For women experiencing violence, education around victimisation or service provision is unlikely to enable them to escape dangerous situations or significantly change their circumstances (Coy & Kelly, 2019) yet reductive assumptions means that any intervention which can be seen as 'informing' women, however fleeting, is likely to lead to criticism and responsibilisation through perceptions of women as being unwilling to act on the information given (Duggan, 2018).

Information given on its own was unhelpful and at times obstructive. Yoshimi described how her counsellor's insistence that she view herself as a victim, through self-help books, homework tasks and in-session discussions, did not help her make sense of her experiences and restricted her life further.

In the end, I really thought I'm just going to have to carry it round forever and nobody's ever going to believe me or be interested in what I want to say. I'm going to have to find a way to stop it impeding on my everyday life which it still does - I can't sleep, I'm not working (Yoshimi).

Five other women were also 'told' about abuse by professionals in ways that did not assist their meaning making or open up spaces for them to speak about their experiences. Some women felt responsibilised by professionals' attempts to empower them through signposting as this put the responsibility on them to reach out and tell more people about their

victimisation. Twelve women were given details for other agencies by the professionals they first disclosed to, with expectations that they negotiate this support without any assistance or guidance on what to expect from this new service.

I am wondering, what do they do? If I did call Barnardos, how good is their training? Are they going to help me? (Casey).

Dani was instructed by her GP to ring the Crisis Team if she needed support while waiting for counselling, without telling her who they were or what they did: other women in her group commented that their name was 'scary'. When she did call them, while feeling suicidal and desperate, it was a frustrating experience.

I did ring them when I couldn't get anywhere, to see if they could offer any help with the counselling, if there was anything I could get sooner and they said 'sorry, it's just the way it is' and I was like 'oh, thanks!' [sarcastic]. The bloke on the end of the line wasn't very helpful, he seemed annoyed that I'd rung them (Dani).

Some women were not able to contact other agencies because they were exhausted and did not "have the strength of going on again and telling people again" (Adelaide). Sue had been forced to recount her story to so many people and agencies that it felt performative and belittling of her experiences. Three women experienced great anxiety at having to phone services they had not contacted before (Amelia, Lana, Beverley), while some who did reach out were unable to get through and the support "just ended there" (Selena, Laurie).

One group spoke in detail about the stress of contacting Rape Crisis when they had been referred by other services and did not know what to expect or what would be expected of them.

It was a couple of months before I actually got the courage to just come here. I thought about it, got my coat on and got dressed a few times (Selena)

Oh, I was petrified of coming here (Ginny)

I couldn't breathe! (Amelia)

Yeah, I'd get tightness in my stomach... You've no idea what you're walking into... do I have to sit down and tell everyone? (Ginny)

You're thinking, can I do it? Can I get there? Can I do that journey all the way up here and then when you get here, you start thinking about what you're going to say... Like, will you be ok or not be ok? All those things running through your head (Selena).

As women's emotional and cognitive resources may already be reduced following sexual violence or abuse, the additional challenge of reaching out should be understood and anticipated by services, rather than expecting women to do more work to access support.

Unsupported signposting made some women feel like they were being passed on because they were a hassle, especially those who were directed to multiple agencies, and not having calls returned made them feel unimportant.

It leaves you nowhere, 'cos they pass you from pillar to post all the time, like 'here go to this, phone this number, see if they can help you' (Selena)  
Cos we can't help you, let's see if they can help you instead (Ginny)  
Yeah, just passing you on... And it's a massive dent to your confidence.  
Leave a message, see if they get back to you (Selena).

For women like Yoshimi, finding support that meaningfully helped her was a frustrating, protracted journey which required her to do a lot of work at a time when she was already dealing with the aftermath of sexual abuse.

I initially went to the doctor, she just gave me some sleeping tablets and didn't want to listen, said 'oh you can refer yourself here if you want' and gave me a form for Talking Therapies. So I went to Talking Therapist, very nice lady but she didn't want to listen to what I wanted to talk about, she wanted me to go back to my childhood and look at reasons why I became a victim... So I waited nine months for that, I scrabbled, I went to The Samaritans and they were lovely, they gave me a box of tissues and they listened but they couldn't really do anything to help so I went from there back to the doctor and got given more sleeping tablets. Saw the Citizen's Advice Bureau, they gave me boxes of hankies and listened but it wasn't until I got here, which in the end took years, that I actually got any help (Yoshimi).



Her experience shows that information and signposting are not enough to empower women to improve their situations. Even when professionals are kind and well-intentioned, more is required to create meaningful space for action and change.

In some cases, women were expected to know what to do or where to reach out without any guidance from professionals, particularly in relation to specialist services like Rape Crisis. Riley only found out about Rape Crisis after seeing a flyer on the back of a toilet door while Dani came across her RCC through an internet search, despite both women having told their GPs about their experiences of rape. Four women (Amelia, Selena, Dani, Yoshimi) said they felt “lucky” to have found their way to Rape Crisis and reflected on the women who had not been able to reach specialist services.

Even with GPs there’s no relationship with Rape Crisis. They knew about it, but they didn’t say here’s the number, go for that, try there. You have to find the information yourself, which when you’re going through that... I was lucky, I had my sister and I had my friend, they were trying to find places I could access but if you haven’t got that support, how do you find out where things are? (Dani).

For others, signposting was refused for funding reasons. Dee understood that the CMHT were “gatekeepers” to specialist services such as trauma therapy or psychiatrists and yet they refused to refer her due to budget cuts, resorting to cheaper, quick-fix options.

They say there isn’t the services there... And then they try to push the drugs back on you (Dee).

Signposting is a common practice within statutory services, to free up resources and avoid wasting time on “inappropriate” appointments (NHS England, 2018). This is neatly aligned with the neoliberal assumptions of “universal equality” (Miriam, 2005, p.2) which responsabilise women by expecting them to be able to make ‘good’ decisions with minimal information or options (or in some cases none at all). This makes women responsible for finding and engaging with appropriate support, without any consideration of prior knowledge of healthcare services, non-statutory options, or feminist spaces. Women were mostly signposted to other services by their GPs and while some were given information about Rape Crisis, the majority were directed to more generic services which were limited in their usefulness. Nine women said that being referred on by their GP – a professional with whom they had a pre-existing relationship and therefore felt more able to disclose to – made them

feel that their doctor did not want to know about their experiences and just wanted them to go away. This is in direct contrast to the beneficial role that a supportive GP can play in helping patients who have experienced abuse to speak about their experiences and engage with meaningful, supportive services (Leserman, 2005).

I've got a good relationship with my new GP, and I don't take that for granted anymore (Dee).

Curiously, some women were denied specific support even when they asked for it.

My care coordinator said, 'what do you want from me?'. I told her and she got defensive and said, 'we don't have the resources to treat you for PTSD'. The Community Mental Health Team doesn't have the resources to treat my mental health condition, are you kidding me? And you're telling me my expectations are too high?! (Dee).

Additionally, Dee's expectations of help were framed as the problem rather than the lack of resources or specialist services available in her local area, further responsibilising her. Casey was similarly dismissed when she asked for trauma-informed psychotherapy and was instead given practical, in-home care, which she did not need and was highly intrusive for a woman living on her own. Five women said that their GPs were frustrated by their request for information or referrals to sexual violence services, while Erin and Yoshimi were told that they could only access support within the NHS. This shows that agencies may restrict women's choices by only providing pathways to certain options or inhouse support rather than offering the full range of what may be available.

She said 'oh we're not allowed to send people to Rape Crisis, we can only refer to Talking Therapies for any mental health problems' (Erin).

The convoluted process of finding meaningful support with minimum guidance *and* having to advocate for themselves and their needs was understandably draining for women. Women had to expend time and energy "badgering" (Jess), following up (Selena) and "chasing" (Dee) professionals to have their needs recognised. Adelaide reflected that some women may "give up the fight" before they find specialist support like Rape Crisis.

You lose the courage for fighting because we need to be strong enough to support our children. Maybe other people are holding back because they got tired of going from one place to another (Adelaide).

Struggling to contact professionals and having to repeatedly disclose abuse further drained women's emotional reserves. Rather than ease the burden on women by assisting with referrals or having open conversations about how best to meet their needs and wants, professionals responsibilise them through signposting and then dismiss them as 'uncooperative' for not engaging. The assumption that information alone can be a catalyst for women to freely make empowered choices ignores the need for concrete, physical resources, as well as the emotional space required to make such choices in the wake of violence (Coy & Kelly, 2019).

### **Limited Resources**

Limited access to resources is another element of responsibilisation that is connected to discourses of empowerment, as those constrained by sexual violence and structural inequalities will need additional means to be able to exercise agency. In addition to not providing these resources, professionals and agencies failed to acknowledge the limitations of what was available to women or the impact this had on their options and actions. Therefore, women were given the bare minimum and expected to make meaningful, empowered decisions from a place of deficit, and were then made responsible for not managing to improve their situation.

Women had to contend with: limited counselling sessions; lack of female GPs; lack of suitable housing options; not enough staff on helplines; not enough beds on inpatient wards; empty foodbanks; specific therapies not being available, such as EMDR or art therapy; broken or inadequate equipment; allocated workers not being available and vital services closing down completely.

Probably the best thing for my children and for me was Sure Start. They were marvellous. And then they got closed and I lost that support (Sarah).

Responsibilisation processes frame misfortune or adversity as the result of poor choices without considering the options and resources available or the barriers faced by those making the choices (Silverstein & Spark, 2007; Coy & Kelly, 2019). For women escaping violence, it may seem prudent that they leave their abuser or move out of the family home,

and they will inevitably face criticism if they fail to do so (Comack & Peter, 2005; Duggan, 2018; Coy & Kelly, 2019, Hadjimatheou, 2022). Yet as Deenah, Kirstie and Theresa's experiences show, it is very difficult for women to access safe social housing in a timely manner even though it is the 'expected' choice for them to make. The expectation of leaving also ignores the vastly increased risk of violence and murder that women face when separating from an abuser (Lees, 2000; Hadjimatheou, 2022; Monkton Smith, 2022).

We separated when we were up in Scotland. I've got four children and because I didn't have family there, all the agencies - Women's Aid, my GP, my health visitor, everybody - reassured me that moving closer to family would be good for me and my children. So I moved here, I had all the paperwork and when I applied for a house, they said they'd put me anywhere in the county. So nowhere near family! (Kirstie).

By failing to ensure that women have access to what they need to escape from violence, agencies restrict their space for action *and* blame them for not making the 'right' choices (Coy & Kelly, 2019). While Kirstie managed to get herself and her children to safety despite lack of help from professionals, she was left without the resources needed to rebuild their lives and subsequently considered moving back to her abuser, where she would at least have secure housing and financial stability.

This demonstrates what Carol La Prairie calls 'responsibilization without resources' (1999, p.150), when women are expected to make 'empowered' choices despite the absence of finances, housing, clear information on the processes they must go through, emotional or community support for themselves or their children. We have seen the additional challenges faced by women when agencies dismiss or blame them for their financial or housing situations (see Chapter Four). Again, this means that women are judged as being unwilling to help themselves rather than acting within the limitations of restricted options and spaces (Miriam, 2005; Coy & Kelly, 2019). This might be particularly the case for women from more marginalised socio-cultural backgrounds, who become "trapped between their desire to end the violence they experience and their need to preserve the network of support they have built up, and have come to rely upon, in their communities" (Gill, 2009, p.172). Several women from the same Asian community said that the RCC group was the only support they had.

Limited resources within statutory services force women to rely on community agencies or organisations with more tenuous funding streams. While there was an appreciation for the

charitable sector in the focus groups, four women felt like an afterthought for having to rely on charities and that they did not matter to mainstream agencies. Additionally, limited resources made women feel guilty for the help that they were able to secure, as they thought that by having their needs met, other women would go without. This suggests a level of self-responsibilisation from which women may question their deservedness of support, rather than querying why agencies are not doing more to help others.

Framing women's needs or wants as being the problem rather than limited resources or obstructive practices also works to protect agencies and institutions from being accountable for their failings (Silverstein & Spark, 2007). It also reframes any blame or criticism from professionals as encouragement for women to be more empowered (Coy & Kelly, 2019). This combination of refocusing on individuals, protecting services, and justifying criticism of women maintains responsabilisation under the guise of agencies helping people to help themselves, even when they are not providing the required options or conditions (La Prairie, 1999). This forces women to choose between choices that they do not want and which do not serve them from a reduced space for action, something usefully conceptualised as 'choiceless choices'.

Choiceless choices initially referred to the reality of concentration camps in World War II where people were trapped "between one form of 'abnormal' response and another, both imposed by a situation that was in no way of the victim's own choosing" (Langer, 1980, p.224). Maddy Coy (2016) uses the term to describe the position of women in the sex industry who exist at a "deeper level of reality" which is unknown to those passing judgment on their actions (Langer, 1980, p.226). When professionals expect women to make a particular choice – such as leaving an abusive partner and entrusting themselves and their families to the support of agencies – there is little understanding of the reality of the options they are facing. If women choose the 'wrong' option, or refuse to make a choice at all, they are dismissed, blamed, and judged as non-compliant or unwilling to help themselves (Schur, 1984; Coy & Kelly, 2019).

It leaves you thinking - is this it? Is this the best I've got? (Selena).

For the women in the focus groups, responsabilisation by different services forced them to choose between options that were unhelpful, dehumanising and entrapping, with the inevitability that they would be criticised regardless of which option they took. Deenah was forced to find private accommodation whilst waiting for social housing (at the time of research she had been waiting for six years) which was expensive and drained her finances:

when her landlord started to bully and threaten her, she was stuck between staying in the situation or making herself and her children homeless, which she knew would be criticised by professionals.

Then they would say I did it to myself and my children! (Deenah).

Maddie similarly spent time sleeping on friends' sofas and floors while waiting for housing allocation and this exacerbated her health issues to the point that she required more accessible housing and was subsequently put further down the waiting list because of her additional needs. The situation made her suicidal but when she reached out for help, she was denied support *because* she was struggling to find housing, rather than having this recognised as an additional stressor which reduced her capacity to cope.

I was in A & E as a suicide risk. I was seen by a member of the crisis team who pretty much wrote me off as a homeless person trying to get a bed for the night. They told me I had to go to the town hall the following morning to present as homeless and sent me away (Maddie).

Maddie's experience demonstrates how agencies can unwittingly collude in their responsibilisation of women, passing them between services and making assumptions about their needs and motives which ensures they are repeatedly denied meaningful support. This echoes Nicholas Rose's observation that responsibilisation often utilises the tools of "naming, blaming and shaming" to control individuals in line with the expectations of institutions and systems (2000, p.335).

Some agencies forced women to contact other services or risk having their support discontinued on the grounds of being 'uncooperative'. Grace had to engage with Women's Aid – even though she did not want to talk about violence with anyone else – after police implied that her investigation would not go ahead if she did not contact them. Cecilia was being seen by the CMHT who forced her to report historic abuse to the police, which she did because she was afraid of having her mental health support withdrawn, and then her sessions finished a few weeks later anyway.

The lady I was seeing there asked me to talk about things... again... and she told me I had to tell the police what had happened, so they called the police and I think that was the worst thing I've ever, ever had to do. It's not easy having to talk about what had happened to you [tearful]... In the end

I had about 10 sessions with her and then she just said to me, 'I'm sorry but there's nothing more I can do for you' (Cecilia).

She was left on her own to manage the distress of disclosing to police - who also could not help her because the abusers were abroad - when it had not been her choice to report officially: the CMHT made the initial call to the police, removing even that moment of autonomy from her.

The restrictive medical model meant that women also faced choiceless choices within healthcare settings. Medicalisation forces women to accept stigmatising and unhelpful diagnoses in exchange for trauma-specific treatment, or to take medication before being referred for counselling. Mia was offered inpatient hospital care or community support which meant having to choose between her physical safety and her mental wellbeing.

It wasn't a nice atmosphere in the hospital, having to take medication and being diagnosed, it felt like they were shoving drugs down people's necks... it was hard. I guess I felt safe because there was a lot of security around and I tended to empathise with the other patients. But in another sense I didn't feel safe as I didn't feel understood. I felt safe in a physical sense but not in a mental sense (Mia).

Ellen thought that such choiceless choices can leave women trapped in "medicalised circles", being bounced between community healthcare, crisis care and inpatient services, none of which offer a meaningful or holistic approach to needs. Dee and Casey had to choose between services which could offer practical help without any emotional support, or vice versa, but were not allowed the option of having both.

I'm aware now that the support she can offer is going to be very practical, which isn't the best, so I've got to use this service for practical things and not emotional stuff (Dee).

These medicalised circles coincided with criticisms of how women were coping with violence in the absence of support from others – isolating themselves, self-harming, disordered eating, drug and alcohol use – despite the limited resources and systems available to help them manage intolerable truths or feelings following violence.

Choiceless choices were also apparent in the criminal justice system. Supporters of legal interventions such as domestic violence disclosure schemes (or 'Clare's Law') argue that these tools enable women to make the 'right' decisions, yet these interventions do nothing to expand spaces for women or provide the resources required to escape violence and be safe after separation (Duggan, 2018; Hadjimatheou, 2022). This reflects the implicit moral expectations of what women should do, which allows little space for personal autonomy or consideration of individual circumstances (Rose, 2000): arguably, these are the opposite conditions to agency, empowerment, and freedom.

Police pressured Theresa to divorce her husband as well as press criminal charges against him, even though this would result in her losing rights to her home and finances because of her immigration status: police ignored the complexity of her situation and saw her refusal as failure to cooperate. To provide a "counterweight" to the control, isolation, and erosion of self-confidence inflicted by abusers" (Hadjimatheou, 2022, p.322), empowerment practices must come *without* blame, disrespect, or coercion from others. Yet responsibilisation gives the appearance of autonomy and liberation whilst essentially blaming women for making choices that are not theirs to make.

Some women saw speaking out or keeping silent as a choiceless choice. Similar to the conflicting demands of what makes a 'proper' victim, responsibilisation scrutinises women for wanting to talk about abuse *and* pressures them to disclose to police in a timely and cooperative manner.

She said, 'look, it's in the past, you've gone to the police, you've told them. It's done. I've seen women destroyed by these things. You need to focus on your life and just leave it alone'. And part of me was really angry, like you're supposed to be my support worker, you're supposed to be supporting me with this and you're telling me now to leave it alone? (Dee).

Brison (2002) talks about various 'paradoxes' of sexual violence: having to speak the unspeakable; surviving but feeling forever changed (for those that do survive); and rape being treated like a rare incident even though sexual violence is common. In reference to surviving rape herself, she states "it gave me back my life. But it was a changed life. A paradoxical life. I began to feel stronger than ever before, and more vulnerable, more determined to fight to change the world, but in need of several naps a day" (2002, p.15). These paradoxes make it more likely that women will face choiceless choices about whether to disclose, how to speak about violence, how to move forward or rebuild their lives. It is



therefore crucial that agencies understand how responsibilising responses can entrap women within such impossible situations and take steps to mitigate it by opening up meaningful spaces instead.

She was saying that I was weak for speaking about my mental health difficulties, for admitting that I find life hard. And on the other hand, I have somebody saying 'I'm amazed at your resilience' when I talk about it. Well, which is it? (Dee).

### **Absence of Supportive Relationships**

The third element of empowerment which is lost through responsibilising practices is the importance of supportive, meaningful relationships. Susan Brison (2002) writes in depth about the need for “empathic listeners” to help victim-survivors rebuild their lives, restore their trust in others and reintegrate into community spaces (p. x-xi), while *Finding the Costs of Freedom* (Kelly, Sharp & Klein, 2014) found that supportive relationships were a pivotal resource for women and children escaping violence. Although there has been greater acknowledgment within statutory services, such as police forces, that gendered violence reduces women’s freedoms and agency, the need for positive interactions with professionals who are willing and able to provide meaningful help to those they support is not a priority (Hadjimatheou, 2022).

Contact with staff can help create space for women by giving them time, patience, and understanding to consider the options most suited to them and find ways to exercise agency within these options, as well as providing spaces to speak about their experiences (Jordan, 2004a; Wilson, 2016). In her concept of a ‘whole place self’, Fiona Vera-Gray (2020) emphasises the need for a multidimensional approach which can respond to victim-survivors at an interpersonal and social level: as sexual violence “undermines the foundational structure of the self” (ibid, p.63), nurturing and respectful interactions with others are required to repair selfhood. This requires staff who are willing to create and hold a space for women to speak and who will listen to “what they endured” (Brison, 2002, p.51). This may be especially important for women from marginalised communities for whom the intersections of racism and sexism further limit opportunities and spaces to speak openly and make sense of their experiences with people they can trust (Gill, 2009; Wilson, 2016).

Despite the importance of supportive relationships, many women were responded to in ways which circumvented or minimised contact with staff, such as being prescribed medication,

given self-help materials, or referred to computerised therapy. These options were not experienced as helpful or empowering and while there was a general understanding that such interventions were offered because “there’s just not enough staff” (Dee), it left women feeling unsupported.

If I mentioned any kind of suicidal ideation, a supervisor would come to meet me before I left the building, otherwise it was a simple case of “hi”, sign in, do the session on the computer and leave after I’d signed out. Not massively comforting (Maddie).

When women were able to meet with staff members, they were not necessarily supportive. Some professionals were experienced as obstructive, “cruel” or unkind (Lana, Selena), rude (Maddie), “aggressive” (Ellen), with a brusque, “sergeant-major attitude” (Beverley, Nancy) or “no compassion or understanding” (Amelia, Lana). Staff used insensitive language or asked questions that deeply upset women (Ellen, Kirstie, Erin).

She asked, when did I last successfully take an overdose?’. I said I can’t answer that cos I’m still fucking breathing! (Dee).

The psychologist asked me was my rape ‘rough’, which was absolutely disgusting. She just blatantly said ‘was it a really rough rape?’ (Erin).

Clare’s GP rolled her eyes when she disclosed that she had experienced abuse, while Rose’s doctor did not make eye contact at all during her appointment. The unsupportive nature of these interactions staff shut down their space to speak and prevented them from disclosing further. As Nancy said of her experience at a SARC, “I didn’t like their attitude and I just closed up”. Uncaring or unempathetic responses made women feel that they were “burdening” staff (Laurie, Jess) or that they did not deserve to be treated with kindness or respect: Alice reflected that being treated poorly compounded how she felt about herself after sexual violence.

You feel like you’re damaged goods and that you don’t deserve any better, don’t you? (Alice).

Women who had worked with a range of professionals and volunteers within statutory services and charities (Beverley, Sue, Ellen) felt that compassion was far more helpful than expertise and training, what Beverley referred to as “the human touch”.

Somebody who's not trained can be kind, can be compassionate and that can help, enable your body and mind and all the complicated things that abuse causes to unravel and heal (Sue).

One group joked that they would prefer to engage with dogs than some staff members.

You've got to be human, haven't you? Otherwise we could have dogs on the phone – my dog's good on the phone! (Beverley)

[All laugh]

You know sometimes, I think I'd feel better if I rang your dogs! (Casey)

'Hello Baskerville residence?!' (Beverley)

Non-judgmental, aren't they? And always there for you (Amelia).

As well as failing to facilitate the supportive relationships which can enable women to speak and be heard, unkind or uncaring responses from staff further impacted women's self-esteem and reduced their confidence around making decisions and asserting their needs.

It just makes you feel like shit, really (Selena).

Even when women did forge positive relationships within agencies, staff frequently left due to job changes, ill-health or leave and were replaced with someone unfamiliar, with no acknowledgment that it would take time for women to trust a new person (Dee, Rose, Laurie).

They said, 'you are high risk but we can't offer you the same worker so you're going to have two different faces every week coming to see you. And given you have problems trusting people, we think it would be better if you try and re-establish trust again with your care coordinator, at least she's familiar'. So I have a familiar face that I don't quite trust or a load of people I've never met (Dee).

Inconsistent contact with staff is an obvious barrier to forging meaningful relationships but failing to provide a regular, trusted point of contact – such as a support worker or dedicated police officer – also sends the message that it is women, not agencies, who are responsible for the quality of support they receive and for building the contact that will meet their needs.

Apparently, CID are supposed to have about six cases and they have between 15 and 20 because the police are so under-resourced. When you call, you don't know who you are going to get and that's behind a lot of the problems. You've literally got to do your own investigation (Jess).

Staff gender also had an impact. While female professionals were also disrespectful and dismissive, most negative experiences were with male staff members which, for the women in the discussions, reinforced the role of gender within these interactions.

Again, it was just a man perpetuating atrocious treatment (Ellen).

If you're telling a man that you've been raped, you know, his feelings... it's a bit close to him even though he's not the perpetrator (Mary).

Despite the knowledge that victim-survivors of male violence may not want to engage with men (Jordan, 2001; Lovett, Regan & Kelly, 2004; Chowdhury-Hawkins, McLean, Winterholler & Welch, 2008), women were expected to interact with male police officers, GPs, psychiatrists, nurses, counsellors, and interpreters and had to manage the discomfort or anxiety that this created, without any acknowledgement or support. This is another subtle aspect of responsibilisation: women are made responsible for managing the emotional impacts of insensitive interactions, as well as trying to have their specific needs met. This emotion management is not only a practice of agencies but also a form self-responsibilisation, where women feel responsible for the wellbeing of the professionals who are supporting them.

### **Self-Responsibilisation**

Once we internalize the ways in which patriarchal structures expect us to behave, we do the work of the patriarchy in internalizing sexism and misogyny; we self-discipline, self-police, self-regulate, we self-govern.

Heather Savigny (2020, p.108)

As blaming responses and judgements from others can contribute to feelings of self-blame, it was evident that some women were engaging in self-responsibilisation, especially in terms of emotion management and taking on responsibility for agency shortcomings.

Multiple layers of responsabilisation were evident in Rose's experience with police. She was told last minute that she would have to give her video statement in the presence of a male officer, rather than with the female officer she had got to know: this left her having to prepare for her statement, a process which already comes with a heavy cognitive and emotional burden (Gregory & Lees, 1999), whilst worrying about his reactions *and* managing her feelings around disclosing rape in front of a man she did not know.

She said, 'do you mind if he does it instead? It's alright, he's married with kids'. And I thought and? What was she thinking? And he was there so I couldn't say no... All I could think was poor guy, he's listening to all this and he's going to feel really awkward (Rose).

This shows that emotion management (Schur, 1984) is not just a gendered element of victimism but also an additional burden of responsabilisation, one that women are encouraged to take upon themselves. When agencies do not consider or mitigate the extra pressure that their practices are putting onto women, it is left to women to do extra work to manage these stresses and ensure they are still adequately presenting as victims. For Rose, she was also trying to manage the emotions of the police officer who was supposed to be assisting her but was visibly uncomfortable. Riley described a similar experience with a male counsellor: she did not feel able to discuss her experience of rape with him because he was a man, but she did not want to upset him or seem ungrateful. To manage this tension, she sat through six appointments without sharing anything meaningful.

I spoke to him but like, dancing around, missing the big picture and just going around it. I felt like I wasted six weeks of my life but I just didn't have the heart to ring up and cancel, so... [shrugs] (Riley).

As well as reducing her space to speak – by not asking if she would prefer to see a female counsellor and not picking up on her discomfort – the counselling agency took up her time and emotional resources by failing to take responsibility for how she experienced the service, arguably leaving her with fewer reserves than when she approached them.

In another similarity to victimism, feeling responsible for the emotions of others, particularly men, is a way that responsabilisation is enacted through the gendered expectations of care-mongering (Manne, 2018). There is a cyclical aspect to emotion management, as responsabilising or otherwise unhelpful responses from agencies can lead to anger, resentment, and frustration from women which becomes a further focus for criticism from

professionals (Hansen and Ainsworth, 2007). This reduces women's space to speak in particular, as they have to consider what they are saying and how they say it, censoring themselves, so as not to upset those who hear them. Dismissive responses from professionals made women feel that it was *their* responsibility to manage their emotional responses in these interactions, rather than expect greater sensitivity or understanding from agencies who work with victim-survivors: this continues the cycle of emotion management and encourages further self-responsibilisation. While women also felt responsible for the feelings of female professionals, this aspect of emotion management is not expected from men (Manne, 2018).

In some ways, women accepted the responsibility of emotion management. There was a shared assumption that women in general – particularly victim-survivors – have a greater resilience to hearing and speaking about difficult subjects such as sexual violence.

Women can't scare quite so easily. Like you said, it's the fear that might scare or upset or frighten someone with what you're saying, that means you can't (Alice)

In a way, you get fairly bombproof to somebody disclosing something to you. Not that you're not sympathetic or empathetic but it doesn't shock you (Ellen)

Yeah, you don't crumble in tears, you just know what to say, you know what you need to hear. And that helps (Alice).

The expectations that women put others' needs before themselves, even in contexts where they are requesting support, are valorised within the social norms of women as carers and this maintains an oppressive gender order (Hadjimatheou, 2022). As these norms and assumptions were internalised by women, they were hidden in plain sight. In a similar process, the expectations of empowerment and assumptions around agency that are so prevalent in sexual violence discourses also came to be internalised by women. Taken together, this demonstrated the ways in which agency practices encourage self-responsibilisation in women.

While self-responsibilisation might have the protective quality, as with self-blame (Janoff-Bulman, 1979), of helping women feel that they still have some control, it restricts their freedom by eroding their confidence in themselves and their abilities. The term self-responsibilisation has also been used to describe the process of making women solely

responsible for keeping themselves safe from male violence, what Liz Kelly has referred to as 'safety work' (2012), in line with victim blame and rape myths (see for example Hill & Johnson, 2020 or the critique of university safety campaigns in Sibley & Moore, 2020). Yet the focus group discussions suggest it might be more convoluted than that, as women shared examples of owning responsibility for unhelpful agency responses whilst not necessarily blaming themselves for them. Again, this demonstrates the need to tease out and interrogate the differences between blame and responsibility in relation to sexual violence.

This was evidenced by Ellen's experience of trying to access crisis support through the NHS. Despite feeling suicidal and unsafe, she was discharged because the CMHT judged her as coping well enough: when reflecting on this, she took on the responsibility for being denied support rather than viewing the CMHT as having failed to recognise her needs.

I prepared for the meeting, I lined up all my meds and had my notes ready.  
I looked alright because I was pleasant, clean, tidy. I made the effort. That was the mistake I made (Ellen).

While she described her actions as a "mistake", this did not carry the emotional weight of self-blame: she spoke about it as though it were a miscalculation in how she had engaged with the CMHT, as if she were the active agent in that relationship. In this way, self-responsibilisation can be understood as a way of enacting agency from even the most confined spaces: Ellen needed immediate support which was denied by the CMHT, but viewing the outcome as hers to own ("the mistake I made") allows her the option of doing things differently next time and potentially influencing the outcome for the better. This also illustrates how responsabilisation may interact with victimism: Ellen could have been discharged for not presenting as a 'proper' patient and/or victim or been dismissed as not ready to 'help herself' if she had not prepared adequately for the meeting. Another choiceless choice.

Kirstie shared her doubts over whether to return to her abusive partner after struggling to find housing for herself and her children. Although she was confident that being apart was the safest option, her deliberation shows that she felt responsible for having made this choice, despite doing so on the guidance and encouragement of agencies who promised to support her move.

Maybe I should turn to him? I mean, I'm trying to break away but I keep getting those thoughts because he is the father of them and I know he's not going to help, it's out of the question. But each time I think about it just takes me a step back and you're weighing up the goods and the bad and there's more evil than good so you're thinking ok, I'll just stick to this (Kirstie).

Again, the meaning she made of her situation was more in line with what she felt *she* should have done rather than feeling let down by services that should have helped her. As with Ellen, viewing herself as having choices – albeit limited ones – allowed her some sense of agency rather than seeing herself as powerless. Again, it is important to note that in these contexts, agency is not the same as freedom as neither option available to Kirstie would have widened her space for action or the space for her children. Mia described an incident where she was not allowed access to her counselling session because she was shouting and “reacting badly to people outside the office”.

They refused to let me in. I don't know if that was protocol or not but I ended up just wandering off and doing something stupid. It was winter and I ended up walking across the park in the pitch black and that wasn't a good thing [laughs]. I was a bit upset that I wasn't allowed into my counselling session but that was probably down to my behaviour (Mia).

While it makes sense that agencies would have protocols to protect clients and staff from aggressive behaviour, Mia was left without support at a time when she was vulnerable. Yet she allocated all responsibility to herself, specifically her mental health, rather than the organisation with a duty to safeguard the people they support. To describe her mental health crisis, which involved psychosis and a detachment from reality, as “doing something stupid” again suggests an agency that she did not have in that moment, as if her behaviour was a choice rather than a reaction to her circumstances. This highlights the self-protective functioning of this process, within even the most horrendous or threatening of situations.

Self-responsibilisation was also evident through women comparing themselves to others. Laurie queried if it was her fault for not feeling better after counselling, while Mary felt that her experiences were “too much” for her therapist: neither woman suggested that the organisation had let them down.



She was only a young girl. She was very nice but after so long that support was withdrawn and I suppose perhaps she found it too much. Mine's not a very nice story, is it? She actually cried when she told me that she couldn't see me again (Mary).

The nature of self-responsibilisation becomes clearer when contrasted with women's recognition that some agency practices are unreasonable no matter how they engage. When women recognised that services were inherently unable to account for the impacts of sexual violence or meet their needs – as with DWP medical assessments (see Chapter Four) – they did not feel responsible for service failures. But if they felt that there was a chance of having their needs met by presenting as 'proper' victims (or patients, applicants, claimants etc.), then they expressed responsibility for not having done so, regardless of the mitigating factors. As with other forms of responsabilisation, this protects agencies from criticism and may therefore complicate calls for reform within institutions and systems which are unhelpful or inaccessible to victim-survivors.

I think the worst part is that constant feeling I still have, my mind goes back to 'I should've done that better in court' but actually realising I couldn't have done any more than I did on the second trial... That was all that I was capable of because of having to go through a second trial (Jess).

One way to make sense of self-responsibilisation is through the expectations of empowerment which are put upon victims versus survivors. Chapter Four explored the negative connotations of victim status which would posit 'survivor' as being a more powerful identity to aspire to, yet both statuses centre responsibility with women. Being viewed as a victim demands that women fall in line with expectations of presentation and passivity, yet there is a danger that 'survivor' overlooks the harm of sexual violence in favour of focusing on strength and resilience (Kelly, Burton & Regan, 1996). Being a survivor means taking ownership of power and enacting agency, regardless of structural barriers, yet focusing on survival can silence women's voices and minimise their experiences (Jordan, 2004a). If victimism forces women to present as weak and helpless, responsabilisation demands that they be active and in control: the either/or oppositional nature of the way these terms are conceptualised allows little space for women between blameworthy passivity or responsabilised agency (Kelly, Burton & Regan, 1996).

The boom of so-called commercialised feminism in the 1990s may have contributed towards responsabilisation and self-responsibilisation. The 'marketable' feminism of mainstream self-

help books and media products shifted focus from men's behaviour to "women's unwillingness to use their own power" as maintaining gender inequalities (Kelly, Burton, & Regan, 1996, p.80). Postfeminist discourses which argue that women's options and actions are no longer limited by sexism (or other forms of discrimination and oppression) neatly reinforce neoliberal demands that women take full responsibility for what happens to them or is done to them (Moran, 2017). By failing to acknowledge the patriarchal status quo, responsibilising narratives reinforce the structures and systems which maintain men's violence against women and reduce women's spaces for action, whilst placing onus on women to 'find their power' from within these constraints (Kelly et al, 1996; Berns, 2001; Comack & Peter, 2005). Self-responsibilisation is an understandable consequence of these tensions.

In her book *Undoing the Demos*, Wendy Brown (2015) describes the layers of responsibilisation that are placed on individuals in the context of their impacts on wider society. Speaking to economic issues rather than the sexual violence, she describes how "the individual is doubly responsabilized: it is expected to fend for itself (and blamed for its failure to thrive) *and* expected to act for the well-being of the economy (and blamed for its failure to thrive)" (ibid., p.134). This additional layer of self-responsibilisation was reflected by women who felt responsible for being unable to prevent violence against other women.

Amelia, Jess, Erin, and Yoshimi expressed regret at not disclosing their experiences of violence sooner because they saw their silence as "allowing him to hurt others" (Erin).

I think if I had come forward all those years ago, that might not have happened, this other girl wouldn't have happened (Jess).

Erin and Yoshimi both said they reported to police because they heard that the men who had abused them had been violent to other women.

That's what took me to the police, actually. With everything I'd been through, his previous wife, all the things he ran her down and talked about when he was married to her, I realised she went through exactly the same as me. Poor cow died of cervical cancer, she was not taken to the doctor or helped. She just wanted to die. If I can stop another woman from going through that... [in tears] (Yoshimi).

Casey spoke about feeling responsible for the safety of the adult man who sexually and physically abused her because she was worried that her family would kill him if they found out. While this was not related to women's safety it does suggest that gendered narratives of responsabilisation can be internalised from a young age. Interestingly, there were no examples of women being made to feel responsible for good outcomes or positive interactions with agencies. This could reflect the ways that agencies take credit for successes whilst shifting the responsibility for poorer outcomes back onto women (Silverstein and Spark, 2007), or it could suggest that the weight of negative and responsabilising messages drown out any positive feedback that women receive.

It should be made clear that it is not the concept of empowerment which is the problem but how it is used and enacted. When services and professionals do not reflect upon their approaches to fostering agency and empowering women, and do not interrogate these concepts in relation to the lived realities of sexual violence, they are more likely to responsabilise women than to help them. Agency and empowerment are not free-floating processes available to all but are situated within spaces which require resources, space for meaning-making and supportive others who can facilitate their enactment. Without acknowledging the barriers and constraints that women are working within or against, freedom is not possible.

Rather than widening women's space for action, discourses of empowerment can mask the responsabilising practices within agencies which create "spaces in which disempowerment and exclusion are more likely outcomes" (Coy & Kelly, 2019, p.153). It may not be possible for women to make genuinely empowered choices when agencies offer limited resources and minimal support alongside expectations of which are the 'right' choices *and* dismiss or criticise women for not utilising these options or finding them useful. There is little space for action here, and definitely no expanded space for action for victim-survivors.

### **Responsibilisation, Victimism, and Patriarchal Resistance**

These examples of responsabilisation show that negative agency responses go further than blaming women for men's violence. Whereas victim blame has been attributed to rape myths and other gendered attitudes, responsabilisation is the expression of wider neoliberal ideologies dominant in Western societies: it is enacted through responses to many aspects of women's lives, not just their experiences of violence. It can also be masked by practices which are intended to empower women and enable agency and freedom. It operates at multiple layers and intersections of women's identities and contexts. Due to its insidious

reach within service practices across healthcare, criminal justice, and social welfare sectors, responsibilisation has far more purchase at this point in history than victim blame and has a greater impact on women.

There are several similarities between victimism and responsibilisation: both are gendered processes which come with socially coded expectations of how women should behave, restricting and reducing women's freedom and space for action. These processes also interact and reinforce each other in the pursuit of disadvantaging women. Chapter Four has explored the negative connotations of being a victim and unwillingness to grant this status to women following sexual violence. Some critics view claims of victimhood as "justification for underachievement and failure to accept individual responsibility" (Convery, 2006, p.3): if this perception of victim-survivors holds within agencies – as women's experiences suggest it does – then responsibilisation could be understood as an attempt to mitigate any benefits for women who have been afforded victim status, as it forces women to accept responsibility for all aspects of their lives and their wellbeing, including their experiences of sexual violence. In simpler terms, if agencies have to accept that a woman's claims of violence are likely to be true, then they can make it her responsibility to secure the support she needs and to engage with agencies in line with expectations of how (and how quickly) she will recover from violence and no longer be a victim. The interaction between victimism and responsibilisation pressures women to eschew victim status, for the deep links between neoliberalism, meritocracy and responsibilisation ensure that being a victim is viewed as undesirable and that women should strive to overcome it as quickly as possible (Convery, 2006).

Both processes contribute towards maintaining gender oppression. Responsibilisation blocks women's agency by reducing their spaces for action in many areas of their lives. It also "universalises and homogenises, making it unnecessary to know and understand each woman's specific situation, to be interested in the barriers which limit her space for action" (Coy & Kelly, 2019, p.159). Arguably, victimism has the same ends: it forces women to reduce themselves to the restrictive archetype of a 'proper' victim or be dehumanised through the denial of their experiences. As with victimism, responsibilisation infantilises women as not able to know what is best for them or act accordingly whilst expecting them to make good choices with minimal resources, overcome the constraints and oppositions they face and create space and agency for themselves (Coy & Kelly, 2019). These contradictions force women to make choiceless choices and then subjects them to the judgment and criticism that inevitably follows, draining their resources and confidence further.

To return to the notion of speaking about violence as a paradox, Aisha Gill (2009) points out that disclosing rape is “also constructing oneself as a victim. The only non-passive position available is one in which the narrator accepts blame; thus women must choose to remain silent or accept responsibility for the crimes committed against them if they are unwilling to accept the role of victim” (p.168). Wood and Rennie (1994) have made similar observations about the paradox between blameless victims or agentic survivors who are made responsible for their actions. This illustrates a tension in how women make sense of the experience of sexual violence: they must restrict and reduce themselves to be allocated victim status or accept some level of responsibility to avoid this passive designation and maintain (limited) agency.

In her 1994 book, *Killing Rage*, bell hooks sheds light on the interlinked yet oppositional nature of victimism and responsabilisation. Writing specifically about Black communities, she observes the paradox faced by those from marginalised groups who wish to acknowledge the realities of their victimisation and oppression whilst retaining their agency and autonomy.

All marginal groups in this society who suffer grave injustices, who are victimized by institutionalized systems of domination (race, class, gender, etc.), are faced with the peculiar dilemma of developing strategies that draw attention to one's plight in such a way that will merit regard and consideration without reinscribing a paradigm of victimization.

bell hooks (1994, p.58).

This contradiction can also be applied to professional responses to women. Accepting victimisation may reinforce the harmful stereotypes of women as passive, pathetic and without agency, yet to deny victimisation is to surrender any claim for accountability against those who uphold the structures of oppression and benefit from the power imbalances: in this case, the gender order and the patriarchal systems which uphold it. This leaves those who are victimised as having to take full responsibility for their situation in exchange for having their harms recognised: as hooks observes, “both discourses are totalizing” (ibid., p.59) and neither is satisfactory. Both processes devalue women and greatly reduce their spaces for action, maintaining their oppression within patriarchal society.

Another framing that can account for the interplay between these processes is Nancy Bern's (2001) notion of ‘patriarchal resistance’. While feminist constructions of social problems such as sexual violence focus on the role of gender and power, mainstream socio-political discourses simultaneously ‘degender’ the issue, by downplaying the extent of men's

violence against women, and 'gender' the cause or solution, by making women responsible for preventing and coping with sexual or domestic violence. As Berns elaborates, these are self-protective discourses as "degendering the problem plays a role in resisting any attempts to situate social problems within a patriarchal framework" (2001, p.265-6). It is a way of diverting attention from the root causes of the issue – gender and power – and thus protects and maintains the status quo.

Arguably, that victimism and responsabilisation processes are evident within many of the services, organisations, and systems in a position to respond to sexual violence, suggest that patriarchal resistance can be enforced through professional responses: as with victim blame, these responses 'degender' the problem of violence and 'gender' the solution by making women responsible for managing the impacts of violence, with minimal resources and high expectations. Even narratives of empowerment are about women having to mend the ruptures caused by violence. We have seen that these processes work to limit the number of victims by making it very difficult for women to be awarded victim status alongside pressures that they eschew it as quickly as possible. I have already argued that reduction of victims is another form of patriarchal resistance (see Chapter Four): framed within neoliberal ideologies which espouse freedom and equality, processes such as victimism and responsabilisation uphold the gender order by enforcing the oppression of women, obscuring men's violence and diverting attention from the cultural and social factors that are conducive to violence *and* which benefit from it.

## **Conclusion**

Chapters Four and Five demonstrate the need to further interrogate the concepts of responsibility and responsabilisation, victim blame, and victimism in terms of their interconnectedness, which was not possible in this analysis. While some authors refer to these concepts interchangeably (see for example Hansen & Ainsworth, 2007), they are arguably different in the ways they are manifested and enacted through agency practices and through the expectations, pressures, and disrespect that they put upon women who have experienced sexual violence.

The concept of responsabilisation expands our frame of reference to understand how agencies respond to women and the different ways that these responses reduce women's spaces. More so than victim blame or victimism, responsabilisation can account for the judgement that women receive for how they cope with abuse, how they interact with agencies and how they live their lives more generally. Unlike victim blame, responsabilisation

can explain the range and variety of negative experiences *and* the lack of direct blame for sexual violence in this research, as it is a more fluid way of dehumanising women, dismissing their needs, and reducing their space for action.

Using the frameworks of victimism and responsabilisation shows that women are blamed, judged, and dismissed for what they have done – before, during and after sexual violence – and are made responsible for sexual violence because of who they are rather than what has been done to them. Thankfully, not all interactions with professionals and services were negative for women, which suggests that when responding to victim-survivors, another way is possible. Chapter Six explores the ways that agencies – especially Rape Crisis – were able to support women by expanding and protecting their space for action, space to speak, and space to be.

## Chapter 6: Expanding Spaces for Victim-Survivors

Chapters Four and Five explored how victimism and responsabilisation can be enacted through organisational practices to reduce the already limited spaces that are available to women following sexual violence, by depersonalising them, withholding necessary resources, and forcing them into choiceless choices. While this paints a bleak picture, services also had the capacity to expand spaces for women and support them to take meaningful, empowered steps towards rebuilding their selves and their lives. Analysis of positive responses identified different elements of practice which were helpful to women: the characteristics of individual professionals; flexible and client-centred practices; available resources and welcoming environments; and a holistic approach to their wellbeing which was not bound by prescriptive targets or outcomes. In hopes of presenting a guide for practice, agency responsiveness has been analysed using three notions of space: space for action; spaces to speak; and space to be.

### The Importance of Space

The women who took part reflected on the interactions, processes, resources, and environments which enabled them to feel valued and respected, with the time to consider the options that best suited their needs and wants without pressure or expectations from others. These interactions allowed them to feel seen as whole people rather than problems to be fixed and were mostly enacted through the expansion and creation of space: as victimism reduces women, their choices and their agency, meaningful space can provide some counter to this.

It is so accommodating, it doesn't matter the age groups, gender, colour. We are like one happy family. And to see someone so happy, knowing that she's been through what you've been through, it makes you strong. When you come back for the next one, you are strong, you are on your toes [standing tall] and you can't wait to meet up with them again (Adelaide).

Many of the positive experiences shared by women spoke specifically to the notion of space, whether through being given time to breathe (as in Ellen's experience with her GP below), allowing women to engage with services in ways that worked for them or being met with compassion and authenticity. As well as communicating value and respect, this responsiveness helped to challenge the stigma of victimism by sitting in contrast to blaming and responsabilising reactions from other services or loved ones.



She looked at me and said, 'sit down, take a breath and don't worry about any of that. How are you?' And my whole body just went 'oh my god!'... I sat there and howled because she was so nice. I can't praise her enough for doing that. It must have been hard for her to find the time she gave me. And she was facing me, she was talking to me, not the computer screen, which was really lovely (Ellen).

Supportive responses were experienced across sectors and services but were most apparent in women's contact with Rape Crisis. While this may have been expected – as the women who took part in the focus groups may not have felt able to share negative experiences with the organisation – many elements of this responsiveness were the result of practices and values which are inherent to the overall ethos of Rape Crisis when compared to more traditional services. The holistic, whole-place approach at Rape Crisis (Vera-Gray, 2020) is a strong foundation from which women can be seen as whole people rather than limited to what has been done to them: as stated at Rape Crisis South London (RASASC), the therapeutic model is to “support and expand a woman's space for self, enabling her to take up more space in the world, in her body, and in herself” (Vera-Gray & Joanknecht, 2018, p.6). While RASASC was not part of the study, this support and expansion of space for women was evident in responses from each of the RCCs involved in the research.

Feminist services and support networks have historically provided spaces where women can safely speak and be responded to with sensitivity and respect (Gavey, 2019). While it is imperative to highlight and champion the need for specialist spaces, there is also a value in exploring the specific practices which can expand space for women, for agencies which wish to be more considered in their responses. That said, increasing responsiveness from individual services would not be enough to meaningfully change the way that women are treated by professionals following sexual violence (see Chapter Seven).

The concept of space provides a more contemporary framework for understanding how women are treated and constrained by services and professionals. Many of the women's experiences with agencies referenced space in some form, either its expansion or restriction. While space for action, space to speak and space to be will be considered in turn, it was apparent from women's accounts that these aspects are inter-related and must be considered alongside each other in the provision of meaningful, holistic support.

## Space for Action

The notion of space is woven through feminist framings of gendered violence. Building on Eva Lundgren's (1998) concept of life space, Liz Kelly (2003) uses space for action to add nuance to discourses around sexual exploitation, by acknowledging how law, policy and the actions of others can expand or contract the spaces available for women to enact agency from within the constraints of violence. Space for action is simultaneously embodied by individuals and constrained by external factors, for example when women restrict their space and agency in response to men's intrusion and violence, to ensure immediate safety at the expense of freedom and choice (Fiona Vera-Gray, 2018).

The concept of space for action has been used to illustrate how services can better support women, by ensuring an "empowering environment, supported by committed individuals" with an understanding of gendered violence (Kelly, Sharp & Klein, 2014, p.7). This cannot be a one-size-fits-all approach as intersecting structural inequalities put further restrictions on women's spaces. In reference to supporting South Asian women, Aisha Gill (2009) argues that professionals must "recognise women's agency (allowing them to make their own choices) and treat them as individuals, thus helping them to address their individual difficulties and to seek a solution fitted to their particular circumstances" (p.178). Mary Koss and Mary Harvey (1991) similarly call for services which "encourage choice, affirm independence, and aid women's cultivation of personal and social power" (p.126) to support victim-survivors. This is counter to responsibilising narratives which shut down space *and* make women responsible for their perceived lack of agency within constrained contexts (La Prairie, 1999; Coy & Kelly, 2019).

An obvious way to avoid the burden of responsibilisation is for services to take more responsibility in their support of victim-survivors, by ensuring that women have the information, time, support, and resources that they need to make considered choices. As Chapter Five demonstrates, information and signposting are not sufficient for women to make empowered choices: the creation of space is needed for women to meaningfully consider the actions they could take. The responses that were most helpful were those that afforded women the time, patience, information, and resources to explore the options available without pressure to make certain choices. Grace reflected on the difference between being signposted by her GP and her experience at Rape Crisis.

Rather than giving out information, when they see where you are and have an understanding of the issues, you feel you are understood and they can offer real support. That's what made the difference (Grace).

While her GP made her feel that he just wanted her “out of the room” as quickly as possible, Grace felt seen and understood by staff at Rape Crisis who took the time to help her figure out what she needed and wanted. Similarly, Rose and Riley’s counselling sessions at Rape Crisis enabled them to think through their options and address the things that mattered most, at a pace that worked for them.

When I went to see her the first time, she didn’t tell me what we were going to do, she asked me what I wanted to do. We made a list of things I wanted to go through and I think I’ve pretty much got through everything on the list. Obviously it’s not fixed but it’s easier now, and I could add to it at any time or change things so that was really good (Rose).

It was very much tailored to what I needed. She would ask me ‘what do you want to focus on, what kind of stuff do you want to do?’ and we built up a schedule for me so that was really helpful (Riley).

Riley’s goal for therapy was to speak about her experiences of violence with her family and friends and working towards this helped her to set up longer-term support from those closest to her.

That was one thing Rape Crisis really helped me to do, just go through situations like ‘how would you feel if they asked you this question’ or ‘are you going to introduce it and say I have something to tell you’. My whole family have been super supportive and I felt like I wasn’t having to hide anymore. I think a lot of things made sense to them after I’d told them. My mum even said to me, ‘no wonder you’ve been having all these issues’ and she said if she’d known sooner, then she would have done everything she could to help (Riley).

For some women, their immediate needs were related to symptom management: Rape Crisis helped Erin to access specialist trauma therapy, EMDR, to address the impacts of violence that were intruding into her day to day and greatly reducing her space for action as well as her quality of life.

It was really helpful, it took away my nightmares, just set me up to actually survive and carry on. It allowed me to get out of bed (Erin).

Rose added that the flexibility of her counselling sessions made a difference as she could arrange them around her work rather than having to commit to weekly appointments, an option that was not available through the NHS. Grace and Mia also raised the importance of flexible support that could fit around work, childcare, and other commitments: this made them feel that all parts of their lives mattered, not just their experiences of violence.

I also had the choice with my counsellor, like what time and whenever... and that was important because I had this job so I could plan my hours and not worry about all that (Grace).

Laurie was supported by an ISVA from Rape Crisis who helped her prepare for her court case in practical and emotional ways.

She was marvellous. The week before, she picked me up and took me and showed me the courts. She explained the ways I could do it, behind a screen or face to face, you know? And later... she had lots of other people to deal with but she phoned me up and said that she was so sorry that was the way the case had gone and offered her apologies (Laurie).

This made Laurie feel more empowered in the decisions she made around court, as she felt that Rape Crisis had her best interests in mind and truly cared for her wellbeing.

This is the only place that's helped, really (Laurie).

This sense of genuine care was also reflected by RCCs which provided counselling to women for as long as they needed it whilst supporting them to be independent and autonomous (Dee, Laurie, Grace, Mia). Women recognised the value of building confidence and self-reliance in therapy rather than feeling dependent on a service.

I realised that I did really need the time as I came every single week and I never missed a session. The time was really what I needed (Grace).

I'm going to take some time to think things over and gather myself and not get too over-dependent on a counsellor, because that's what they're thinking might happen. I've got to step back now and use my own ways of coping (Mia).

Several women were told that they could return to Rape Crisis “at any time” after their formal contact had ended (Ellen, Laurie, Mary). The flexibility of allowing women to dip in and out of contact as needed allows for a more holistic responses to changing needs and priorities (Kelly, Sharp & Klein, 2014) and again made women feel valued as whole people rather than problems to be fixed.

To know that I could come back at any time – and this is what she said, she can’t stress enough. ‘If ever you think you are having a relapse you can come back anytime, just phone us up’ (Laurie).

The option of ongoing support acknowledges the reality that moving forward from sexual violence is not a linear progression and that women may not necessarily reach a point of being fully “over it” (Beverley).

They were the first to actually say to me that it will never go away. I was trying to get past it, like it never happened (Erin).

This is distinctly different to the medicalised expectations of ‘recovery’ (Salter et al, 2020) that are implicit in victimism and responsabilisation processes. However, a couple of women expressed concern that the counselling model of Rape Crisis was changing due to funding cuts and that this reduced therapeutic space would have significant impacts on women.

Flexible support was also important for providing space at the times that women needed it most. Rape Crisis centres offered support sessions, drop-ins, groups, and crisis calls, which were “invaluable” (Mia) to women. Dee regularly used the text service to contact her support worker after difficult interactions with police and was reassured in knowing that she would always receive a response, even if it was not immediate. Other women had regular check-in calls or texts from staff while waiting for counselling, so they knew that they had not been forgotten. These reminders and points of contact made women feel that they mattered to the service more generally, not just during their counselling hour or drop-in session.

Just coming in for that couple of hours, what a difference (Lana).

Flexibility of contact made it easier for women to engage with Rape Crisis than with other services. They did not wait as long to hear back from their initial contact, with some receiving

a response the following day (Rose, Deenah), and they could reach out via email or phone message rather than having to speak to someone directly.

I don't think I'd have got in touch if I couldn't email first. It's just not knowing what to say on the phone (Riley).

This illustrates one way that agencies can expand space for action by easing some of the pressure of making initial contact, through multiple points of inquiry and prompt responses: as well as acknowledging the challenges and stress of reaching out for help, prompt responses tell women that they are important and should not have to wait.

Another way a service can lift responsibility off women is by addressing all their needs, not just those that fall obviously under the organisation's remit or those which fit a medicalised model of what constitutes harm. Feminist conceptualisations of violence against women reject the view that rape is solely an act between two individuals, what Vera-Gray (2020) calls the "depoliticised and individualised discourse of trauma" (p.59). Rather, a feminist approach recognises the cultural, social, and structural dimensions that are conducive to violence and account for the varied impacts and meanings of violence (ibid). Women in the focus groups shared these contextual understandings of violence as they spoke about wider gendered issues including the sexualisation of women (Beverley, Casey), the disparity of healthcare (Lana, Dee, Beverley), heteronormative assumptions in society (Erin, Yoshimi, Cecilia), as well as the specific impacts of violence for male victim-survivors (Ellen, Mary, Alice) and those who are bilingual or seeking asylum in the UK (Sue, Adelaide). There was also recognition that sexual violence was about power and control, something that mainstream services rarely acknowledge in their responses to victim-survivors.

Mia found a feminist understanding of her difficulties to be more meaningful than the medical model she encountered through the NHS where she was medicated and sectioned.

They're very understanding of the way I see things, which is that my problems are due to my upbringing rather than I'm just ill, if you see what I mean? (Mia).

Other women similarly felt that Rape Crisis helped them "look at it in a whole different way" (Erin) by moving away from the medical model of violence and trauma.

I feel very blessed and ever so grateful for what I have achieved during my counselling sessions, my life has just turned around and I will never forget (Grace).

Women's reflections chime with criticisms of the medical model approach to violence and abuse as being "not a call for change, but a call for 'treatment'" (Armstrong, 1996, p.360), which shuts down space for women rather than promoting agency and empowerment (Salter et al, 2020).

It is extremely challenging for women to make sense of their experiences of violence and rebuild their lives and selves when essential needs are not met (Koss & Harvey, 1991; Vera-Gray, 2020). Rape Crisis acknowledged this by supporting women with housing issues, financial welfare, childcare, and access to food and essential supplies. Again, rather than just giving out information on other services, RCCs actively supported women to reach out and advocated on their behalf when necessary, with housing agencies (Shideh, Kirstie, Laurie, Mary), police (Theresa, Laurie, Cecilia) and psychiatrists (Dee, Mia). Sharing the responsibility for these needs enabled women to have more space for the positive things in their lives, such as families and friends, therapy, and meaningful activities.

While charities like Mind and Citizen's Advice Bureau also helped women with more practical needs, being supported by a single service was easier for women and they appreciated the specialist understanding of violence.

They don't always have the specialist understanding of violence that can enable more "flow" when it comes to completing applications for benefits, so that's why I found it more comfortable having an ISVA with me (Maddie).

Having a service that looked out for all aspects of their lives also made women feel valued and cared for.

They did everything for me basically, it's the same place who's been there for me all the time. It makes a big difference because you feel like there's somebody there, not only for the session or for certain meetings (Grace).

Keeping women updated around ongoing processes, such as waiting lists or criminal investigations, also eased the pressure on them. This was rarely provided in statutory services but when it was implemented, it made a significant difference to women: regular

calls from a detective helped Laurie to worry less about the investigation and have more space for other things in her life.

She might have only been on the phone five minutes but she phoned every day and then I could go about my day (Laurie).

As mentioned, one RCC made a point of keeping in touch with women who were waiting for counselling so they knew they had not been forgotten and this also helped them manage the anxiety of waiting for therapy and anticipating when it would start. Such contact was not offered to women on NHS waiting lists and in some cases they were outright denied support because the list was too long (Selena, Ellen, Dani).

Rather than taking a one-size-fits-all approach, Rape Crisis made the effort to meet women at the place where they were. Participants from the Asian women's group talked about the importance of being supported by a service that understood the particular issues they faced within their communities as well as the impact when other services failed to appreciate the importance of race, culture or ethnicity in their responses (Shideh, Kirstie, Theresa).

There are things that are exclusive to this community that the police just don't get. But here we understand it (Shideh).

It is unfortunate that this support group disbanded during the research, as the need for such specialist spaces was clearly articulated by the group members. This raises the importance of services actively working with intersectionality when thinking about women's experiences and needs.

Casey spoke about the importance of flexibility and creativity for creating space from which she could enact change, and how this came from a place she had not expected. After years of NHS therapy that did not hugely help her, a local vicar offered to accompany her on a visit to her hometown where she had been abused, to "update my database of what it is now to bring myself out of the past". They carried out rituals at different places that were led by Casey, such as hitting a wall with a stick, and the vicar was comfortable to let her be angry and express her feelings and memories as she needed to. Having someone who trusted her in what she needed to do and was willing to be with her and bear witness was far more useful than traditional talking therapies.



I told my vicar that I was going to do this and she said, 'wow, that's really huge. Are you going alone'? And I said, 'yeah, I'm going alone, I do everything alone'. And she's like 'just so you know, if you want somebody to come with you, I'm willing to come'... It was probably the most healing thing I've ever done and it took a few hours. A few hours to progress me along so far in processing the past. But it takes someone who's willing and has the time to do that, which the mental health services don't (Casey).

Casey theorised that as well as having limited time and resources, statutory services would not be willing to let go of the control that would allow women more power over their own therapeutic work.

People are scared of leaving the therapy room and sometimes it is the most important thing you could do [laughs]. Life doesn't happen in the therapy room, does it? (Casey).

Flexible support can also expand space for women to consider the longer-term wants and needs which foster self-worth and confidence. Rape Crisis helped Dani, Grace and Jess get back to work after extended periods of time off due to the impacts of sexual violence, while Dee and Mia were supported to find voluntary work which boosted their confidence and helped them feel more equipped for employment. Alice set up an arts and craft group for women who have experienced violence at her local RCC, as she was keen to support other victim-survivors as a way of moving forward and 'give back' to her community.

You can just come and listen or come and talk. The majority of the time we're just sitting around nattering about everyday things but then if somebody wants a 1-1, there's also somebody available to go into another room. We do arts and crafts. I find that doing stuff with your hands and concentrating on something else helps (Alice).

At Mind, Mia had the opportunity to sit on an interview panel and offer her service-user perspective which reinforced her "sense of worth" and helped her feel on "more of an equal footing" with staff by having her input valued during the hiring process.

Making space for women to consider their needs and goals echoes the findings of research conducted by The Full Frame Initiative (2014), which asked survivors of domestic violence

about meaningful outcomes from agency support: those who took part spoke about social connections, life events such as gaining employment or studying, and aspects of their identity that were unrelated to violence. This is in stark contrast to agency outcomes and targets which centre around risk assessment and symptom reduction and frame women as problems rather than whole, complex people with a range of overlapping needs, ambitions, and dreams.

### **Space to Speak**

Susan Brison (2002) and Jan Jordan (2004a) have highlighted the importance of victim-survivors being heard by professionals, especially those with the authority to 'validate' their words and experiences. When professionals respond in ways that are dismissive, rude, or belittling, this crucial relational space from which women could make sense of their experiences is denied to them. As gatekeepers to the criminal justice system, healthcare services and social welfare, negative interactions with frontline professionals also denies state-sanctioned justice and essential resources: for many women, having spaces to speak is about more than being heard or treated with respect, it is about justice and survival.

Joanne Wilson's (2016) research with African-Caribbean-British victim-survivors explored the absence of safe spaces for women to speak and be supported following sexual abuse. She argues that different aspects of women's lives, the intersection of racialisation and sexism, and the limitations of the agencies who are positioned to support them, can narrow the space that is available for victim-survivors to openly speak out and make sense of their experiences: she calls this 'spaces to speak'. While her work focused on the intersections of race, ethnicity, culture and gender, the participants in the current study mostly spoke about the spaces to speak available to them as women who had experienced abuse. Women from the same Asian community did talk about the importance of spaces with an active understanding of culture and lived experience but also focused on their experiences as women within these spaces (Shideh, Deenah, Kirstie, Theresa).

The presence of Shideh in the group discussion, a British Asian woman who identified as a victim-survivor and was a member of Rape Crisis staff, created a space where women could speak freely and be supported in their speaking, both through her interpreting their words on occasion and by shifting conversation to the wider group to give individual speakers a break.

Because the interpreter was a lady, I told her 'yes he was raping me'. At that time, they closed the courtroom and my body was shaking... [sighs, becomes tearful] (Theresa)

Can I just add to that, to give Theresa a little breather... I'm sure that you'll agree with this because we talked about this a lot, about the family courts when women are trying to get access to their children and they are going through all of this court stuff and there are no special measures or whatever you want to call it... (Shideh)

[Nods] (Clare, Melanie).

This interchange illustrates a collective space to speak where women could have their experiences validated by others both as speakers and listeners: five women (Dawn, Kira, May, Clare, Melanie) chose to say very little directly in this group but contributed through nods and murmurs in support of the words of others. This suggests that group spaces to speak do not require each woman to contribute with words for them to be affirming.

For some women, Rape Crisis was the first place where they felt able to speak about their abuse. When asked what it was that enabled this, Yoshimi said that being asked a simple open question and then being allowed to talk at her own pace, even though it took weeks, allowed her to articulate and make sense of her experiences.

I just was so relieved when I came here because she is the first person who actually said, 'tell me what happened' and I didn't even know what had happened to me, to be honest. I was completely broken, I couldn't process anything. She just let me talk. And it took a few weeks but my god once it started... what a relief (Yoshimi).

Similarly, Grace appreciated being asked in a way that did not pressure her to describe what she had been through and allowed her to focus on what she needed rather than trying to establish the 'truth' of her experiences.

I thought they were going to ask me everything about what happened but the lady was very nice. She didn't ask any particular questions, just to have an idea of what was happening and what I was interested in, whether I wanted to go to court, what did I want for myself (Grace).

Several women said that knowing Rape Crisis was a woman-only service made it much easier for them to speak as they did not have the additional stress of having to interact with men.

I wasn't worried who I was assigned to because I knew it was a woman I'd be speaking to anyway (Riley).

That's the beauty of having a women-only specialised service. It's an absolute gem because you know they know why you're coming, you don't actually have to say anything until you're ready and then they help you get ready to talk about it. Cos it had been 45 years? I hadn't said anything to anybody. And I can now (Ellen).

Engaging with a service that has a clear and specific remit for supporting victim-survivors also made it easier for women because they did not feel pressured to explain themselves at the first contact.

The ladies here don't have to ask us why we've come. Whereas if you go somewhere else like Victim Support, police, the doctors... they've got to ask you what happened. Here, I don't suppose you ever actually have to say the words (Ellen).

Rose and Riley made the point that they did not need to speak about violence to use the spaces at Rape Crisis and could express what they wanted and still be heard. Grace described simultaneously not feeling that she had to hide what she had experienced but also not needing to voice it.

To come into this building and know that you feel safe, that there are people here who know what has happened to you... You don't have to say it (Grace).

This contrasts with processes of victimism which demand women 'prove' their experiences of violence to be seen as deserving of support.

She didn't make me say what had happened or why I was going there. She briefly touched on it and I've said bits over time but she's never at any point said, 'you need to tell me', so that's been nice (Rose).

One group discussed the balance between creating space and opportunity for women to speak about abuse without pressuring them to share too much or feel rushed by short appointment times. Rose, Riley, and Ellen felt this was particularly relevant for GPs as gatekeepers to other services and professionals with whom women might already have a relationship.

If they worded it right and made you feel comfortable... not like an interrogation (Rose)

Or even if they could ask you if there is an underlying... is there something in your past that you might not be able to talk about that is affecting you (Ellen)

And as long as you can reply with yes or no without having to go into any detail at all (Riley)

That would just give you the doorway, wouldn't it? (Ellen).

This echoes Leserman's (2005) call for supportive GPs to ask women directly yet sensitively about their experiences, especially when they are reporting certain physical or mental healthcare issues that can be indicative of abuse.

Not being pressured by time-limited support helped several women to approach the subject of violence in the ways that they felt most able to do so, even when it meant repeating themselves.

It's quite easy to get caught up in, 'you've got to talk because you've only got that length of time' but here there's no pressure to be in and out (Ellen).

They were so sympathetic. Understanding, listening, you know, no matter how much you say it and I would say it again and again and again, week after week, and they didn't get upset with me. I was thinking, 'I keep on saying the same thing' but they would never get upset, they would say, 'well it's going to be like that' (Cecilia).

An outcome of having space to speak for women was a sense of hope that they could be understood by others - even when they did not completely understand themselves or their feelings - so they did not have to hide their reactions.

I feel like 'oh I can go there and just be myself'. I can relax and think back on what happened, those things in the past, even if you just want to cry, sometimes you're just angry. And here you can be angry because the person understands and you don't have to explain why you're angry (Grace).

After years of feeling entrenched in the mental health system of medication, inpatient care, and psychiatrists, Mia said that the environment and ethos of Rape Crisis helped her feel seen – and to recognise herself – as a whole person with dreams and interests, who could speak openly about her mental health as being just one part of herself.

I felt a bit stigmatised going there [MH charity] because I felt less normal, as it were. I think because I've got a first-class degree, a Master's distinction and some PhD experience... I didn't begin to get help until I'd contacted Rape Crisis, that's when I began to feel a lot better and more hopeful (Mia).

For Erin, feeling understood and seen as well as being given an honest picture of what 'recovery' might look like were crucial for her to move forward from the experiences of violence, which had held her stuck for years.

I felt like she had walked in my shoes. She understood me fully where I don't think anywhere else has really understood me. It made a huge difference. They were the first ones to confront me with the 'it will have never have not happened and it will always be there like a pea in your stomach and you just need to surround it' and it's disappearing in the middle of it but it's always going to be there. That helped me accept that it had happened and that I've just got to move on accepting it (Erin).

Others felt validated by counsellors and support workers at Rape Crisis who pre-empted and acknowledged the anxiety that can surround speaking about violence. Riley said that she appreciated having someone "look at you and say, 'they're nervous, we've got to take our time with them and listen to them'. It goes a long way". Space to speak is not just about what is said or not said: it involves a level of intuition and an unspoken willingness to be in the moment with the other person.

She just picked up on everything. The quiet moments when you can't speak, she just knows. It felt like someone actually knew and you are not alone (Erin).

Creating meaningful space also requires the opportunity for women to reach their own understandings of what they have been through, rather than being 'told' what it means or how they should feel. Yoshimi found it very helpful to have space to explore her experiences without having the counsellor's views put on her.

At first, I couldn't process what had happened to me and it's only about 3 sessions ago where suddenly a light bulb went off and I realised everything... It sounds pathetic that I actually believed the things that he was telling me, all the things he used to manipulate and coerce me, and once that light bulb went off and I accepted that he knew what he was doing and he'd actually been doing it on purpose – and she didn't tell me that, it was through discussions and us talking that I realised. I've been very grateful for that (Yoshimi).

Some women felt that it was important that they speak with members of staff who had also experienced violence and could "get it" at a level that does not need to be voiced to be recognised and respected. Knowing that staff had personal experience also offered hope.

I started talking about what was upsetting me and that she said that she'd experienced something very similar and she understood. It felt very serendipitous - I guess she offered me a little bit of hope, saying 'I've been where you are and it will get better'. She couldn't tell me how though, or how long [laughs] (Dee).

Grace and Mia added that while a personal understanding of violence could be important, they also valued staff who were "professional and ethical" (Grace) and at more of a distance than family and friends (Mia): these qualities allowed them to trust staff at Rape Crisis in ways they did not feel able to trust others. Casey felt that it was important that services involve victim-survivors in all stages of policy, development, and delivery, whether as staff or in a consulting capacity, to ensure that women remain at the heart of agency practice.

As the concept of space to speak is about finding one's voice and being in control of the narrative, it was not limited to verbal interactions. A support worker at Victim Support helped

Jess to write an impact statement for court and encouraged her to see it as a therapeutic outlet as well as a practical task: this was one of the most healing things she did as it allowed her to say what she wanted without fear of interruption or needing to censor herself. Through her counselling, Ellen felt more in control of the narrative around her experiences and able to share it with others in ways that suited her. Laurie also felt that counselling helped her to be stronger when facing the memories and realities of violence.

She said, 'write a letter to him about how it made you feel and how it impacted on your life'. So I did, I wrote it on my laptop, five pages long, and it was a good way of getting everything out. Invaluable, really (Jess).

I can talk about it now. And that's quite an empowering position because now I've got 'this is what I tell people'. If they ask for more information it's on a case-by-case basis, but I don't have to hide it anymore. Which is amazing (Ellen).

I'm so much better than I was, so much better. I can talk about it now where before I couldn't talk about it without floods of tears (Laurie).

Two women described speaking out as an act of resistance on a societal level and a "powerful" way (Ellen) to use their experiences to benefit others.

You have almost a need to get your voice heard but you want it to be heard in a way that is powerful and is going to have a positive impact for future generations, and hopefully those future generations won't need it (Ellen)  
Because you've been heard, the knowledge is there? (Alice)  
Yes! (Ellen).

Being heard and supported by staff gave Dee a benchmark for assessing if someone was safe or not to speak to, which helped her feel more empowered to explore relationships and negotiate support from others.

Because of my experience here, I was able to see that there's something going on that means you can't deal with me talking about my experience so you're not a safe person for me to share these things with, so I just won't (Dee).



These spaces to speak at Rape Crisis were antithetical to the demands of victimism, which expects women to explain their experiences in detail and 'prove' their credibility as victims. There may seem to be a contradiction in spaces to speak enabling women to *not* speak explicitly about violence, but this demonstrates how responsive services which expand spaces can be empowering in ways that responsabilisation is not. Space where women can reflect, be validated, and explore meaning creates a context from which they can make decisions around what they need and what they do not need, without being held to the expectations of others. Medical models and mainstream understandings of violence and trauma often assume a universal need to talk about what happened, when this is not always in women's best interests or within contexts where it is safe to do so (Salter et al, 2020).

For services, creating spaces to speak comes with the responsibility of responding appropriately and ethically to what is said. Laurie disclosed sexual abuse to a police officer because she felt she could talk to her and this started a fast-moving process that she knew little about.

The policewoman took me back home and we were talking, she was lovely. And I just said to her, 'it happened to me years ago'. She was trained in sexual violence and she said, 'this is a serious allegation that you're making'. And I said, 'I know. And it was acted upon so quick, I was shocked (Laurie)

Researcher: so if they have a special understanding or special training, you feel that makes a difference?

Yeah, definitely. She was lovely, she was kind, friendly. I could relate to her (Laurie).

At the time of this initial disclosure, Laurie was not told about the potential consequences of police involvement: the investigation and criminal case lasted two years and resulted in Laurie being estranged from her family and the abuser walking free. Professionals who are in positions to support women to speak about violence need to recognise the responsibility that comes with it and ensure that women also have space for action – through information, time, and support to explore their options – from which they can make considered, empowered choices.

I walked round like in a daze, I can't believe all this. I've lost everything. From a few words: 'it happened to me', sitting in the police car and it just

flowed. It all escalated and I lost my family and then... to not guilty. It's not how it should be (Laurie).

Within whole-place services, space to speak is not limited to sexual violence and can include topics and experiences that are important for women's meaning making. Counselling helped Dee to make sense of how she had been treated by other professionals, especially in relation to a mental health diagnosis that had been misattributed to her reaction to an insensitive male psychiatrist.

It was when I talked through my experience that I realised I was triggered in that meeting with him [the psychiatrist]. And whilst I am triggered, I attract the emotionally unstable personality disorder diagnosis (Dee).

This revelation, arrived at through her counselling, helped her to internally challenge the stigma of her diagnosis by recognising its irrelevance to her lived experiences.

Within the context of the focus groups, women used the space to speak to discuss other topics that were important to them such as their family (Dee, Selena), their pets (Beverley, Ellen), artwork (Maddie) and creative projects (Selena, Casey). This enabled them to be known and recognised as far more than what had been done to them, even within the restrictive context of a research study. This reflects the space that RCCs create for women.

### **Space to Be**

Another aspect of space which came up several times in the focus groups but has received little attention in research is the notion of space where women could just 'be'. For some, this meant a physical environment where they could sit on their own, spend time with other women or chat with staff, without needing a particular reason to be there. For others, it was the ability to be their authentic self and not feel they needed to hide or censor themselves for others. This 'space to be' was so valuable that women wished they had more opportunities to come together, as for some this was the only time in their week where they could be with supportive others.

Having something consistent is crucial for me... even the coffee mornings, you know it's consistent. I wish it was every two weeks (Dee)

Yeah. That's the one thing I look forward to, coming here once a month.

Other than that, I've nothing else that I do (Selena)

I don't bother going out... This is a lifeline for me, I love it (Amelia)

I don't think it's enough, I think we need more. I think it would make a difference, not just to me but to everybody (Lana).

Space without expectations also created a sense of community and connection for women through their shared experiences of violence even when it was not explicitly said: again, women referenced the idea of others who could 'get it' without it having to be voiced.

It's nice to meet other women who use the service who you might not otherwise speak to in the street (Riley)

Everybody's different, everybody's stories are different (Rose)

And it breaks the isolation (Ellen)

Where else do you get to sit and talk about stuff like that? (Rose)

Outside of this environment, you don't, do you? (Ellen).

Rape Crisis provided space to be for women through comfortable and welcoming physical environments. Thoughtfully decorated spaces communicated to women that they were deserving of comfort. Rose, Riley, and Ellen spoke about the physicality of their local Rape Crisis centre – which had several locations within their city – and built on each other's observations to reflect on the importance of comfort and safety, feeling welcomed when they arrived and missed when they were not there.

The place I go to, it's like a living room. It's very nice. It's comfortable.  
(Rose)

Researchers: You mentioned having a space that you can hide in, your usual corner where you feel comfortable. Is there something about the environment giving you space to step away or hide a little bit?

I think it's because you've got a choice of seats, it is up to you where you sit and you can ask to use one of the private rooms if you want to. I don't know, that corner is just... safe! And you've got the choice to hide in the corner or get warm by the radiator (Ellen)

Comfy chairs as well, you can just sink into them (Riley)

Yeah. And you can see all the way round you. Sometimes sitting with your back to a room isn't ok (Ellen)

There's always a cup of tea when you come in as well. Which makes a difference. You feel welcome, like they've missed you (Riley).

Women described their local RCCs as “cosy”, “comfortable” and “warm” (Riley, Ellen, Mia), with thoughtful touches like colourful cushions and space for art or crafting which made women feel welcomed to take up the space that was offered. This reflects the findings of the recent Women and Girls Initiative briefing (Botcherby & Kelly, 2022) which emphasised the “sense of ease and belonging” that thoughtful spaces can create for women affected by violence (p.3). Rather than the austere, clinical surroundings of healthcare services and police stations, women appreciated places that had been designed to feel homely: this made them feel able to sit rather than needing a reason to take up space.

There’s a little library, there’s a nice kitchen where people meet for drop-ins or when we have the group. We can go in there and have tea or some lunch or dinner (Mia).

Being offered tea was mentioned several times and women saw this as far more than a basic physiological need but an offer to sit, to take time, to talk or be silent in the company of another.

When you get here, a lady opens the door and asks if you’re ok, makes a cup of tea. They never ask questions but it is nice to have a little chat and to know that even in the evening, there is someone here (Grace).

Such gestures were experienced as an indicator of value, that women were seen as deserving of tea and biscuits, in contrast to agencies which did not offer water or toilet breaks during hours of interview (Rose). Amelia said she felt “spoilt” in how she was treated at Rape Crisis, even though a lot of what she described sounded like basic courtesies. This speaks to Moran and Salter’s (forthcoming) work on the dignity which thoughtful and considerate practices can afford to women and how this can go some way to counter the ‘shame’ that victim-survivors can experience after sexual violence.

Grace highlighted the balance between a service feeling welcoming but also safe.

You see they’ve made the effort to make you feel comfortable here, trying to give you a welcoming feeling. The main thing is to feel safe. The people here know why you are here and nobody else knows, they’re outside (Grace).

The importance of privacy and safety came up a few times: four women appreciated discreet entrances at their local RCC which meant they could “sneak in and sneak out” without being seen (Dani). Grace’s counsellor gave her appointment reminders for “the usual place” rather than include details that would violate her privacy if found. Three women said that Rape Crisis was the only place that felt safe for them (Dee, Mia, Cecilia).

They said, ‘you can drop in for a cup of tea whenever someone’s available, not just at the drop in’. That made me feel a lot more welcome and like someone cared about what I was going through. My home wasn’t somewhere I felt safe so I would constantly go out and it’s nice to have somewhere to go, have a cup of tea and someone to chat to (Mia).

Thoughtful spaces that allow women to ‘be’ sit in stark contrast to traditional agencies which only allow for restrictive, transactional interactions, such as healthcare appointments or police interviews. Such services are often housed in unpleasant or overly clinical environments and combined with brief timeframes, scant resources, narrow targets, and rigid agendas, these conditions reinforce the view that women must fit the specific requirements of victimism to be worthy of help. Conversely, welcoming and inclusive physical spaces can support women to feel safe and valued and that they belong just as they are (Botcherby & Kelly, 2022).

Services like Rape Crisis which create comfortable space to occupy without an expectation of *doing* were also important for women. This was space where they could sit with their feelings, reflect on their options without having to make decisions in that moment, have the headspace to think clearly – or not think at all – and be around others without the expectation of interaction, so they did not feel so alone with their experiences.

Researcher: What do you think would help? If you could make the perfect service?

Somewhere where women could talk. Just to offload a bit and know that they’re not alone (Alice)

With somebody who can understand where you’re coming from and can be there, to fill that void (Ellen).

Within such spaces, women were able to recoup emotional and cognitive energy and feel more equipped to face the pressures they were under. For Adelaide, the space at the RCC

was invaluable for managing the stress of court proceedings as it gave her meaningful time away from these anxieties.

Mentally, every day you prepare for it, the day ahead. And after coming here I don't do that anymore. Every day I am looking forward to what are we doing, where are we going? Mentally, it helps (Adelaide).

Other places were able to create the conditions needed for space to be. Dee attended a community mental health support group where she did not have to hide her feelings or present herself in a particular way around others.

It's a space where you can be with your mental health. It's almost like, if I was to show how I truly feel every day to the outside world, I would be completely alone. 'Cos there's so much stigma attached the mental health. If you're always crying, people are going, 'oh why would I want to spend time with her when she's always crying?' where for an hour a week I get to go to this room and I can just be with my mental health (Dee).

After struggling to find a place where she could safely 'be' with her feelings without having to explain herself or be accountable to others, Yoshimi wandered into a local church by chance.

I went in there cos I couldn't think of anywhere else to go and it was cold and raining. I was sitting in the little chapel, it was the only place I could find to just quietly let it all out. And the priest came over to talk to me and invited me to a service. I said, 'I'm not really that religious' and he said, 'just come over and meet people for a coffee' and they were very kind in there. So the church is somewhere that doesn't judge (Yoshimi).

Space to be can challenge the depersonalisation of victimism and responsabilisation, and help women feel accepted and able to find themselves again after violence.

They don't treat you like the 'sick' person, like that you have something that needs to be labelled, you're just like anybody else. So you have a proper mug and they are always very nice, very discreet. They don't see you like they're working in a hospital, like something happened to you and you have

to be labelled... You can be a bit more yourself. You don't have to hide in any way. It's almost like you are home for a bit (Grace).

Part of the responsiveness of specialist services such as Rape Crisis comes from an organisational ethos which recognises the realities of sexual violence and seeks to create a holistic, victim-survivor centred approach. Central to this model is seeing women as women rather than as victims, diagnoses, cases, or problems to be fixed (Vera-Gray & Joanknecht, 2018).

### **Space to Be With**

In their work on the needs of victim-survivors, Koss and Harvey (1991) exalt the value of community for enhancing women's sense of belonging and self-esteem, and as a collective space that can "mediate between individuals and the larger society" (p.94) to empower, amplify voices, and work towards change. They argue that truly supportive responses are more complex than may be assumed, for a basic level of rapport and trust is required for professionals to be able to establish and address women's priorities. Conversely, services can be kind and empathic without helping women move forward or address their goals. Professionals and agencies need to do more than care; they need to create and maintain spaces for women to explore their experiences at their own pace and foster a shared understanding from which to make meaningful, positive changes in their lives. This is the final aspect of space to be considered here, creating space to be *with*.

In 2019, Rape Crisis South London asked survivors who were in contact with their service to share what they wish they had been told after sexual violence: while many comments related to being assured that they were not to blame for what was done to them, women also said that they wished they had been told that they were 'not alone' (RASASC, 2019). Many women spoke about the feeling of community they got from Rape Crisis and of no longer feeling alone in their experiences.

Grace's feeling of being "home for a bit" echoes other women's experiences of finding family, connection, and community through Rape Crisis. As Susan Brison (2002) explains, being part of a "community of survivors who could bear witness to one another and know that they would be heard" is a crucial part of recovery (p.53). While community and social connection is important in helping women access space for action and space to speak, it came up more frequently in relation to women being able to sit and be in the company of others "in the same boat" (Dee), without having to engage or present in a certain way.

Additionally, community within Rape Crisis was not seen as something that had grown organically: women spoke about it in ways which suggested ownership and pride in what they had created.

It's like community in here, people listening, people actually paying attention (Selena)

I'm proud of the community in here, not *that* community, not the people who are supposed to care. They don't even know the existence of this community (Beverley)

To be truthful it's been good for me. It's because of us, it's because of this place (Selena)

Because of this place, we all know each other, don't we? We're like one big happy family (Amelia).

The women in the Asian support group also spoke about community and finding connection and belonging within the RCC. Kirstie described needing "space" from caring for her children and her elderly mother, as well as dealing with police and housing agencies. While Rape Crisis supported her with the practical side of her stresses, meeting with women from similar cultural backgrounds who had also fled violence helped her to find space for herself.

It is the emotional side that is difficult. If it wasn't for this group I don't think I would be surviving all of it (Kirstie).

Women spoke about the value of cooking classes, yoga sessions and social outings organised through the RCC which helped them establish a support network that was otherwise missing from their lives, especially for those who had recently moved to the UK.

I'm alone here and don't have any family member or even close friends. Now I have loads of friends from this group (Theresa).

As Aisha Gill (2009) has noted, meaningful connections with women from the same communities can foster the understandings and networks that are needed to help women recognise and enact their agency within the specific socio-cultural restrictions and complexities they are facing, as well as provide spaces for their voices to be heard, recognised, and validated.



Eight other women spoke about the benefits of coffee mornings, cinema and theatre outings and day trips further afield, for their mental and emotional wellbeing as well as fostering a sense of belonging. In these spaces, they could be with other women with no agenda other than to enjoy themselves.

We even go on outings here and everything... It's just amazing, ain't it?

(Amelia)

Some of us went to the cinema together (Sue)

Yeah and we've got Guys and Dolls coming up, that will be good (Selena).

Interestingly, other notable places which provided 'space to be' were non-statutory organisations that would not typically be considered services. Dee and Casey spoke about community cafés in their local neighbourhood that were safe spaces for them to be but also places where they would be missed if they did not show up for a few days. This speaks to deeper levels of human existence, of being seen and valued to the point of being missed when we are absent.

I have a local coffee shop and when it opened it was dead so there was lots of time for coffees and cigarettes with the staff and they became my friends. It's quite remarkable how so many people say that it's so central for the community. During the day - they get different clientele at the weekend obviously - but there's a lot of unemployed people, people who are disabled or have limited mobility, maybe they can't cook at home so they go to the café. It's become very organically a community space, and they care – when they don't see somebody for a while, they'll ring to see if they're ok. They're nice, decent people who care about their customers and have become my friends (Dee).

Dee felt more cared for there than within the statutory services "who are supposed to help me". Casey described a very similar place that had also grown up organically in her neighbourhood, where she felt understood and accepted regardless of how she was feeling.

I went in the other day and said, 'I don't think I want to talk to people today, I'm not sure yet, can I just get a takeout box and sit by the door?' and they're like 'yeah, sure, hope you're alright'. They're just really nice (Casey).

Jess and Yoshimi spoke about online communities that provided understanding and meaning making with regards to abuse and were places to share tips on how to cope with the impacts of violence.

Have you joined any of the support groups on Facebook, set up by victims?

(Jess)

Yes I have but I haven't been brave enough to tell my story. I take my hat off to the ones, cos I'm in three of those at the moment and I read and I just encourage but I can't talk about what happened to me (Yoshimi)

I'll have to look them all up, I can email them to you (Jess)

One's 'mark the narc', 'victims of narcissistic, sociopathic abuse'. If I hadn't found those, I wouldn't have understood what happened to me (Yoshimi)

Have you tried white noise podcasts, like hearing something while getting to sleep, it's normally like the sea or whatever? I do that every night (Jess)

I think I might just watch the Brexit discussions, that might help (Yoshimi)

[All laugh].

Cricket rules as well, that one helps! (Jess).

This demonstrates the value for women of space to be with others. The above interchange also shows that the research site itself can become space to be with, which will be explored in the following section.

Supportive relationships play a crucial role in helping women to re-orient themselves within the world following sexual violence: as Koss and Harvey (1991) have highlighted, acceptance and respect is crucial for victim-survivors as violence can make women feel "unloved or incapable of evoking sympathy" from others (p.161), while Susan Brison (2002) similarly speaks about the need for "empathic listeners" who can bear witness and help women establish important restorative social bonds. As violence undermines "the foundational structure of the self" (Vera-Gray, 2020, p.63), it is crucial that services respond to women at a relational level to help them rebuild their selves and their sense of value whilst establishing safe, supportive connections with others. As Chapters Four and Five have shown, the enactment of victimism and responsabilisation complicates the supportiveness of professionals, which can compound the derogation and dehumanisation of sexual violence by communicating to women that they are not worth respect.

Empathy and respect can be communicated by staff through simple acts such as facial expressions and demeanour, tone of voice, attentive listening and making time for women to

say what they want in the way that they want to say it (Koss & Harvey, 1991). This was evidenced by Ellen's experience with her GP which was "absolutely critical" in helping her speak about her immediate health needs and deeper experiences, and through interactions with other staff who were willing to employ a "human touch" (Beverley).

It's the feeling you get when people try their best to understand and I think they do genuinely care, they're not just a jobsworth doing this and that. It's like a community in here, people listening, people actually paying attention... if you could put it in a bottle, I'd take it all day (Beverley).

Compassion and respect were communicated by professionals who spoke with sensitivity and empathy, were willing to give more time than allocated appointments allowed or went "above and beyond" (Selena) their immediate role to try and meet women's needs. For example, taking the time to explain intrusive medical and forensic procedures made women feel respected and that their comfort mattered.

The technician in the hospital did say, 'sorry love but I've got to put more pads on you so I've got to lift your shirt', which was fine. But before that, nobody said anything. It was like 'ooh, hello! I am still a living person!' (Ellen).

They were amazing. Talked me through it all and were sensitive. It felt like getting started on the right foot (Deenah).

Dee, Grace, and Mia spoke about the need for predictability to rebuild trust in others, which came through regular contact with professionals who were consistent in their boundaries and non-judgmental, respectful approach.

It is not familiarity with the counsellor which breeds trust, it is the guarantee that every week you find the 'same' person, who always acts and listens with respect and who always puts you first. I am ever so grateful for the extra sessions which allowed me to process in a safe and constructive way (Grace).

In one group, interactions between the women and a Rape Crisis staff member showed a level of comfort with each other and mutual respect.

Staff: Would you like me to leave for a minute? If you want to talk more about Rape Crisis.

We don't mind saying how wonderful you are in front of everyone! (Ellen)

[All laugh].

Supportive relationships with staff also helped women to trust themselves. Alice's support worker helped her feel confident enough to engage with group support and she eventually set up her own group to help other women.

The first group I went to, I didn't speak at all. One of the workers said, 'I want you to say one positive thing to yourself in the mirror everyday'. The next week, when I went back I'd dyed my hair, I had make-up on – they couldn't shut me up! I just wanted to talk because I'd done what she said and it worked (Alice).

A counsellor who was willing to be authentic with Casey helped her to feel more comfortable with the counselling relationship and with herself.

She trusts me with herself. She'll tell me honestly what she's thinking and bits about her life as well. She's not like 'ooh I'm a counsellor, therefore I have to give you absolutely nothing'... She's a real person and that's the only reason we're able to work together (Casey).

Feeling cared about also created a space for women to rebuild a relationship with themselves, something which can be shattered by violence (Brison, 2002). Dee attended a non-NHS crisis centre where staff would call her the next day to check she was alright, which made her feel that she mattered enough to be thought about and cared for after she had left the building.

They give you a quick call the next day to see how you are doing. And if you're still distressed the next day, they stay on the phone with you a bit longer (Dee).

Having a space for women to have their experiences recognised and validated by others also enabled them to challenge the negative ways they saw themselves or blamed themselves for what they had been through.

Here, they were genuinely interested and the first thing they said was, 'we believe you. We believe that this has happened to you and that it's not your fault'. That was the thing that kept on at me: 'it's all my fault, it's all my fault'. And she said no. I had to get it into my head that no, it was not your fault, it was those... excuse me, those bastards. They knew what they were doing and chose to do it. And that was the turning point for me, that somebody believed me and that it wasn't my fault (Cecilia).

This has been the place where I've had the best support. A lot of patience has gone into me, let's put it that way. A lot of understanding. I don't feel that I'm carrying someone else's guilt now (Mary).

With the support of her counsellor at Rape Crisis, Dee was able to challenge the blaming narratives she was hearing from family and defend her right to speak out about abuse.

Before I would have taken my mum's view but because of the support I've had from here, I stood up to her and said, 'No. I understand why you responded the way you did but it is utterly wrong and I'm not having it' (Dee).

She reflected that she felt "proud" and "strong" for being able to assert herself in this way. Other women gained confidence through their counselling: Laurie's therapist helped her recognise how much she had grown during their sessions.

I wasn't aware of this but when I first came here, I was sat like this [arms crossed, head down]. And after a while, she said, 'have you noticed something about yourself? You're talking openly now, with your arms where before you were knotted'. And I thought, am I? [laughs] (Laurie).

While Jess' experience with the criminal justice system was generally stressful, police took her disclosure seriously and this helped her to challenge the negative assumptions she had held about herself and her experiences of violence for decades.

When CID called me up and said 'we've found somebody else'... at that moment, everything changed. I was 14 and he was 26. I'd spent my whole life thinking what a slag I was, I had agreed to all that when I was 14... I just thought it was all my own fault (Jess).

Even brief moments in the presence of supportive others can be powerful for women. Yoshimi had an unexpected encounter with a priest who gave her time and validation while actively challenging the self-blame she had been carrying.

I needed to get away from everybody and everything and I found myself in this church, going to confession and the priest said 'just leave your burden at the feet of St Peter'. I was expecting a couple of hail Mary's and the whole 'you're married my dear, blah blah blah'. But he said, 'I think you've been through enough. And nowhere does it say in the marriage vows that your husband has the right to treat you like that. So if I were you, I'd go out and live life to the full and leave the burden of what's happened to you with St Peter and St Peter will deal with him' (Yoshimi).

The positive impact of this non-judgemental interaction lasted for years: "I felt so much better, it really made me feel good".

### **Making Space in Research**

Research is another area where women's spaces can be expanded or constrained, depending on the methodological approach, research topic, or the attitude of researchers. As well as asking for their views on participating in the current study, women were asked about any other research they had been part of and how they experienced it. Four women had been part of other studies, with mixed experiences. Grace was invited to be part of a university research project that was conducted through (but not by) Rape Crisis and was described as "exciting and fun".

I would like to know how women who have gone through horrible traumatic experiences can ever find this fun and exciting? The idea that this research could be 'fun'... If you read police interviews with abusers and paedophiles, they usually say that they did it because it was fun and there was nothing wrong with it... I do understand what the researcher is trying to communicate but how do I combine this with the fact that my father once told me that he was assaulting me cos it was exciting? (Grace).

The research focused on activities which can foster self-compassion but did so in ways that felt “coercive” to Grace. The researchers’ insistence that such approaches do work for women suggested that it was her fault that she did not find them helpful.

It definitely felt like a pointed finger saying, ‘it’s really you and you should ask yourself why because all this has been proved that it works’ (Grace).

Grace was upset as she had previously trusted Rape Crisis implicitly. When she complained about the research, she received “a letter template with a strong institutionalised tone” which again made her feel that the complaint was her issue and not worth addressing. Her experience highlights the need for researchers and organisations that facilitate research to pay careful consideration to the ways that studies can replicate victimism and responsibilisation, regardless of the intention.

Other women had been part of a study conducted by police which had not been a positive experience due to negative assumptions made by the researcher and a disregard for the distress caused to the women.

One of the ladies was talking about her experience... She got so upset. We were all sat there trying to support each other, holding hands and passing tissues, and then this woman was just like, ‘right, we’re going to have to move on now because time is getting on’ and I thought, when someone has given up their evening to talk about their experiences, to give you relevant information for a survey, you listen to them. Right? (Riley).

Conversely, the same women said that they found it much easier to speak openly in the current study and appreciated the space to reconnect with each other.

It was all three of us who were in the other group (Rose)

Researcher: The team back together then?

Yeah! (Ellen and Riley)

It’s been really nice, actually. In a weird way! (Rose).

For Grace and Mia, it was an opportunity to meet someone who could understand their perspective and they felt less alone with their experiences.

I did enjoy coming here and listening to somebody else. It makes you feel like you're not the only one, when you can see somebody else struggle with it as well (Grace).

Other women said they appreciated the space to “offload” (Laurie) and to be heard.

A big part of it is that you are interested and listening. Rather than writing a prescription, you know, then onto the next person (Yoshimi)  
You haven't actually got to ask us anything, have you? We've just talked and talked and haven't stopped! (Erin).

I feel a sense of relief, I hope it lasts (Mary).

Women saw the topic as an important one, as their experiences with agencies was an area that many of them had not previously had a chance to speak about<sup>9</sup>.

This is one of the reasons that I wanted to come for this research, because the first approach that you have with the police is so important (Grace).

Yeah, it's been good. It's nice to be able to talk about certain experiences.  
You don't get to, do you? (Selena).

Hearteningly, Grace said that being part of the focus group discussions had been valuable for her and created the opportunity to reflect on the meaning she made of her experiences.

It was so refreshing last time because I had things to think about, I learned a lot, asking questions and just thinking about myself... because there was the opportunity here, the space to do that, because you are researching this topic. And that's very important for me (Grace).

Another aspect of the study which women appreciated was the assurance that they were not expected to speak about violence or anything else that they did not want to share.

---

<sup>9</sup> On a personal note, it was an emotional experience to see the circularity of the research being able to provide space for women to talk about their need for space.



Not speaking directly about... rape or our personal experiences, I think that's made it a bit more comfortable for me. Because it's just our experiences with professionals that we're talking about, so it's not been too bad for me, actually it's been really good (Selena).

Grace said she had mixed thoughts about abuse not being a central topic for discussion, as it made her question whether I would be able to understand where she was coming from.

When I read it for the first time that we don't have to talk about what happened to us because it's about the agencies... Ok, but how would it be for somebody like you to understand, without knowing that? How would it be for somebody like you to deal with it without knowing about the abuse? (Grace).

When asked directly if she felt that the research should have allowed more space to speak about these experiences, she reflected that knowing why the topic was focused as it was made sense to her and felt more bounded.

Researcher: Do you feel that perhaps the way this research is set up means that it is missing out the actual experience of abuse?  
No, no. Now I know it is more targeted... It's definitely more focused and there is the structure so I'm quite happy with what you've done (Grace).

Some women felt 'proud' that they had been able to speak as part of a group, as they had doubted their ability to be able to do so.

I'm really glad I met these ladies. I was dreading having to talk in a group, I didn't think I'd be able to. This is the first time I've come to a group, I just couldn't do it (Yoshimi).

Rape Crisis has helped me to be able to talk to people... There's no way on earth I could have done this but when they sent me the email I thought, 'I can't do this, I can't come here'. But then I was thinking, yes I must. I will come (Cecilia).

The other women responded to her comments with love and support and they ended the conversation by sharing contact details and planning to meet again for coffee.

You're one of us now! (Erin)

It's been really helpful. It's helped me definitely so thanks ladies for coming along. And for the talk, especially the stronger stuff. Yeah. It's hard...

nobody gets it until they've been through it (Jess)

It's been absolutely brilliant. I'm glad I came now (Cecilia).

Others expressed hope that speaking and being heard in this way would "make a difference" (Kirstie) and improve things for other women.

I'm glad there's someone to listen to me at least! And I hope that it makes a difference to other survivors (Kirstie).

I think it's... you feel that you might just be able to help someone in the future through this, the research that you're doing (Erin)

We're pinning our hopes on you, that you will be able to help [laughs] (Yoshimi)

Yeah, we'll end up lobbying parliament and changing the rules! (Erin)

At the end of the first focus group, Sue suggested another meeting as there was more that the women wanted to discuss than the time allowed. Selena and Ginny also pointed out that the process would be easier now that they knew how it would be.

The further you get through your research, the more you will have certain ideas and think 'oh, I need some information about this data and that data...' It would probably be worth arranging to come back (Sue)

Yeah, we'll feel easier with you next time because we've been in this meeting today. So if we see you again now we'll know what you're about and you'll know what we're about (Ginny).

This request led to the change in methodology and return visits to three of the groups (see Chapter Three). This adaptation was the clearest indicator that the study did provide space for women to speak, to be heard and to explore a topic that felt important and relevant to them. It also illustrated the need for more spaces to speak for victim-survivors.

The experiences shared by women in the focus groups matched the feedback provided anonymously afterwards: having an open research methodology which provided time for

them to openly explore their experiences, without the pressure to speak about violence, and with a willingness to adapt to what they wanted can create another space to be heard, to connect with others and to feel able to contribute towards making a difference.

## **Conclusion**

This chapter demonstrates how the analytic concepts of space for action, space to speak and space to be, can be used to illustrate the elements of agency responses that support victim-survivors, and how the creation and expansion of space can actively challenge the negative impacts of victimism and responsabilisation. Being made responsible, or made to feel responsible, can be eroded by actions and practices which actively create space for women to focus on the needs which are most meaningful to them, to speak about violence (or not), or to just be. Welcoming environments can communicate respect, value, and dignity in the aftermath of sexual violence, and create a space for women to find community and belonging. For agencies and services to do this, they need to take on more responsibility to reduce the burdens on women: however, such a shift would still maintain the gendered nature of responsabilisation, as the majority of staff in healthcare and specialist services are women and shifting responsibility from victim-survivors to agencies excludes the main causal agents of violence against women: the men who are violent, and the contexts which enable them.

It is important to note that the supportive responses which expanded women's space for action, spaces to speak and space to be also made them feel valued and recognised as having worth by professionals. Fostering self-worth, confidence, strength, and supporting women to feel truly empowered, are all ways of helping to rebuild a 'shattered self' after violence. Being respected and treated with compassion also tells women that they are human and deserving of kindness, not depersonalised problems to be fixed or victims to be resolved back into non-victims.

## **Chapter 7: Conclusion: “Everything, it was Everything”**

This research came from a personal dissatisfaction in how victim-survivors – especially women – were responded to by professionals. The overall aim was to better understand the different ways that negative attitudes such as blame or judgment can be communicated to and experienced by women, in hopes of developing a more nuanced understanding of the process of victim blame. As Chapter Two illustrated, it is not an uncommon experience for victim-survivors to feel blamed for what has been done to them and this judgement – from friends, family, and professionals – adds to and reinforces the damaging impacts of sexual violence.

Crucially, I wanted to explore victim blame in a way that ensured women’s voices were heard and recognised, so that my findings could reflect women’s lived experiences as far as possible. I believe the study accomplished this by running unstructured focus groups with victim-survivors, adapting to their requests for follow-up discussions and ensuring opportunities for them to give feedback. It is my hope that this research can in some way contribute towards meaningful changes which improve the experiences of victim-survivors, like the 35 women who were willing to participate and share their experiences with me.

To address the gaps in the knowledge base, the research sought to address four questions:

- How is victim blame communicated to and experienced by victim-survivors of sexual violence?
- Are there specific contexts or behaviours within agencies, such as actions, comments, situational characteristics, or processes that communicate blame?
- Are there less direct, more subtle ways that blame can be communicated to and experienced by victim-survivors?
- Are these different forms of victim blame widely experienced by victim-survivors or are they specific to certain agencies and/or professionals?

While the research did bring to light some of the less direct ways that negative judgement can be communicated through agency practices, physical environments, lack of trust with institutions as well as the words and actions of individual staff, there were several unexpected findings. There were very few experiences of feeling explicitly blamed by professionals and instead the women shared a wide range of interactions and responses across all sectors – including specialist services – which made them feel dismissed, disrespected, and dehumanised. They also saw many of these negative experiences as

being responses to who they were – in terms of their gender, age, ethnicity or race, cultural background, class, sexuality, or ability – more than what had been done to them. This suggests that as a concept, victim blame is insufficient and a much wider understanding is required to fully appreciate the ways that agencies respond to women who have experienced sexual violence.

In this concluding chapter, I will draw together the argument made throughout my thesis, that the concepts of victimism (Barry, 1979) and responsabilisation (Rose, 2000) are more useful for understanding the ways that social control of women can be enacted through professional practices. These processes work together: victimism denies women the right to be seen as victims in a way that would ensure support, empathy, justice and/or reparation, while responsabilisation pressures those who are afforded victim status to eschew this 'privilege' as quickly as possible. When women are denied victim status, responsabilisation dismisses their needs and makes it their responsibility to 'resolve' the harms caused by violence and to move on with their lives, unsupported.

Framing these processes as forms of patriarchal resistance to the increasing recognition of men's violence against women (Berns, 2001) can make sense of the apparent paradox that exists for women who are expected to be passive and helpless *and* be actively resisting, coping, and mitigating sexual violence and its impacts. Of course, such paradoxes operate in conjunction with other gendered stereotypes which reinforce each other, such as that men are objective and 'truthful' while women are hysterical and deceitful (Jordan, 2004a). This Catch-22 is so deeply rooted in structural inequalities – not just gender, as we have seen – that it ensures however women experience or respond to sexual violence, they can be dismissed, blamed, and discredited and left with minimal support. This ultimately retains the unrelenting focus on individuals and avoids the serious interrogation of structures, systems, and hierarchies of power which feminists have demanded. It also does little to address men's sexual violence against women.

In this concluding chapter, I will also revisit the concept of pump-handle and root cause interventions to explore how this framing can illustrate the gulf between attempts to tackle victim blame and the wider-ranging work that needs to be done. Finally, I will return to notions of space and the value that these concepts hold for agencies and professionals who wish to improve their responsiveness to victim-survivors, even within the confines of organisations and institutions.

## **Victim Blame as an Insufficient Concept**

Despite victim blame having a prominent place in feminist and mainstream discourses and the increasing recognition of sexual violence as a social issue that affects many women, victim-survivors continue to be treated disrespectfully and let down by statutory organisations: in the words of Nicola Gavey (2019) “it is certainly not yet time for celebration or complacency” (p.25). Trying to address the gap in the knowledge base by establishing a more encompassing understanding of victim blame and the ways it can be communicated has brought me to the conclusion that the attention given to this issue has been at the expense of exploring wider concepts which are more useful in understanding the experiences of victim-survivors. Part of this issue seems to be the intense focus on narrow framings of victim blame as an interpersonal process between the blamer and the victim.

After early observations from feminists like Emma Goldman (1910), victim blame became an area of interest for criminologists who shifted focus from the tendency to blame women for harms done to them to an incessant interest in how victims ‘provoke’ criminals and precipitate violence. Sociologists like Karl Mannheim (1936), Gunnar Myrdal (1944) and C. Wright Mills (1959) – and, later, psychologist William Ryan (1971) in his influential text – recognised that blaming those from marginalised groups shored up the status quo, yet this recognition was overlooked by ‘victim precipitation’ discourses in criminology which turned attention back to the victim. This focus on the individual was upheld by psychological theories that cognitive processing and prejudicial attitudes – such as Just World Belief (Lerner, 1974; 1980), Defensive Attribution (Kelley, 1967; Shaver, 1970) and Victimisation Perspective theory (Silver, Wortman & Crofton, 1990) – were the reason for victim blame, with minimal consideration of wider social or cultural factors. Although some acknowledgement of wider contexts was incorporated into dominant narratives through the notion of rape myths (Burt, 1980; 1991), rape culture and the intersection of sexism, racism, and victim blame, formulations of the problem and interventions to address it have remained at the level of the individual, thus reinforcing victim blaming processes by retaining focus on victim-survivors (see Gavey 2019; Taylor, 2020).

Throughout this time, feminists including Mary Daly (1973) and Susan Brownmiller (1975) fought to have the disbelief and degradation of women through sexual violence *and* societal responses to sexual violence recognised within the contexts of gender order and status quo. Kathleen Barry’s (1979) concept of victimism illustrates how women are reduced by the gendered demands and expectations of being a victim, and this was bolstered by Nils Christie (1986)’s ‘ideal victim’ and Linda Williams’ (1984) and Susan Estrich’s (1987)

discussions of 'real' rape: however, these sociological framings of victim blame were neglected within the positivist discourses of psychology and criminology. Despite victim blame's early roots in the discrimination against Black communities (Myrdal, 1944; Ryan, 1971), research on the topic has mostly avoided taking an intersectional perspective, even though racist stereotypes are documented in responses to women who disclose abuse (Gill, 2009; Thiara, Roy & Ng, 2015).

More recent concepts such as the cultural scaffolding of rape (Gavey, 2019) and the conducive context for sexual violence (Kelly, 2007; 2016) have helped to resituate victim blame, among other derogatory processes towards victim-survivors, within the context of patriarchal systems and the social control of women. Despite these useful discourses, victim blame is ultimately still treated as an issue of individual attitudes and behaviours towards victim-survivors at the expense of its situated contexts (for example, see Taylor 2020).

The prevalence of victim blame within agencies is of particular concern, as organisations and professionals are positioned to support those who have experienced violence (Ullman, 1996c, 1999; Campbell, 1998; Jordan, 2004a, 2004b; Martin, 2005). Statutory services are both influenced by, and influencers of, wider practices, norms, and systems (Martin & Powell, 1994; Sidanius & Pratto, 1999; Eigenberg & Garland, 2008). Extensive study by researchers such as Rebecca Campbell (1998; 2005; 2006) and Jan Jordan (2004a; 2004b) have identified many insidious ways that professionals within healthcare and criminal justice systems blame, dismiss, disrespect, and dehumanise women who have been subjected to sexual violence. Yet despite this wealth of research, there is little consistency as to what counts as victim blame, how it can be experienced by victim-survivors and how it is communicated by professionals.

This research hoped to address this narrowed focus to resolve some of the inconsistencies and challenge the assumptions inherent within the concept victim blame (e.g., that it is restricted to directly blaming comments from individuals), by using an open and adaptive methodology to explore women's experiences of agency responses. In doing this, I identified clear ways that blame, disrespect and other forms of devaluation can be communicated to women through individuals, practices, resources, and environments. The research findings challenged the overall concept of victim blame and pointed out the need for different ways of thinking about agency responses to capture the full picture of what is going on.

Creating a more nuanced and comprehensive understanding of women's experiences has shown that the concept of victim blame cannot account for the wider scope of disrespect that

women experienced within many aspects of their lives. Victimism and responsabilisation proved to be more useful framings for these negative responses and while these are important concepts which require further interrogation: the research findings suggest that improving service responses to victim-survivors is a far more complicated process than challenging the attitudes or behaviours of individual staff. Further research is needed to understand how the processes of victimism and responsabilisation are enacted and reinforced within society, not just through professionals. Pump-handle solutions to victim blame such as education, training or specific policies have made little impact (Kelly, 1999, 2010; Jordan 2004a; Taylor, 2020) which points to a crucial need to better understand the root causes of the derogation and dehumanisation of victim-survivors by those positioned to help them.

Returning to the opening quote from Kathleen Barry, that “punishment for rape... falls more heavily on the victims and consequently acts as a social control of all women” (1979, p.42), the research supports this statement in multiple ways. Negative responses to victim-survivors are gendered and further intersectional analysis is required to appreciate how gender interacts with other structural inequalities, such as race and age, within these responses. Although some negative experiences with professionals were directly related to women’s disclosure of sexual violence, many were responses to other aspects of women’s selves and lives – such as their health or their emotions – which suggests that these judgments can be targeted at *all* women, not just those who speak out about rape or abuse. Additionally, the practices of victimism and responsabilisation work together through the notion of victim status to control women, by reducing their spaces for action, to speak and to be. I have explored this using Nancy Berns’ (2001) concept of patriarchal resistance.

## **Victimism and Responsibilisation as Patriarchal Resistance**

The phenomenon of abuse and misuse of power is as old as the hills. It’s not ever stopped, you know? (Sue).

This study has demonstrated what feminists have long argued: patriarchal control is alive and well and maintaining itself in various insidious ways. Victimism and responsabilisation are two such maintaining processes – what Kate Manne (2018) may refer to as enforcers of patriarchy – which are deeply rooted in the simultaneous condoning and denial of men’s violence against women, whilst making women responsible for mitigating men’s violence and its impacts. We have seen how the processes of victimism and responsabilisation are



repeatedly and methodically enacted through organisations and individuals who are positioned to help women: this is because statutory agencies are the frontline of this patriarchal resistance, as structures which both reinforce and are reinforced by social norms and power hierarchies (Martin & Powell, 1994; Sidanius & Pratto, 1999; Rose, 2000; Wendt, 2016). Criminal justice organisations are even more directly in service of protecting the white, male, and middle-class status quo (Jordan, 2004a). Unfortunately, these processes are so embedded in neoliberal societies that even specialist services can inadvertently reduce women to victims and responsibilise them (see Chapter Six).

As well as contributing more widely to structural inequalities which support the gender order, victimism and responsibilisation function to reduce the number of victim-survivors accepted within society to a minimum. Other processes function to the same end, such as the myths that women lie about sexual violence or that false memories of abuse are common (Jordan, 2004a), and feminists have written extensively on the ways that criminal justice systems reduce the number of recognised victims through practices of disbelief, discrediting and discrimination (Jordan, 2004a; Kelly, Lovett & Regan, 2005). This may be because victims pose a particular threat to patriarchy; while at a surface level sexual violence is condemned through norms and laws, its existence (as evidenced through victim-survivors) presents an inherent challenge to the gender order. It proves that gender roles are a fallacy, by placing in question the positioning of men as protectors and women as in need of protection, and the scale of sexual violence puts this patriarchal hegemony under serious strain. As Jan Jordan found in her work on the invalidation of women's words,

Obscured beneath the posturing of patriarchal power and control, masculine insecurities threaten to topple men from within. The suppression of their fears has been achieved in part by the oppression of others. Against such a backdrop, the words of men have fought to silence the testimony of women.

Jan Jordan (2004a, p.46)

Rape is also an enforcer of gender order: "a tool used by men to control women and confine them within 'proper' gendered spaces" (Gill, 2009, p.162). Liz Kelly has referred to sexual violence as a "fault line of patriarchy"<sup>10</sup>, as men's rape of women simultaneously enforces and threatens gender order. The number of victims in society must therefore be kept to a

---

<sup>10</sup> Liz Kelly uses this phrase in teaching and personal communication (2022) but has yet to include it in formally published work.

minimum, for affording victim status to women who have been raped would threaten the hierarchies of power and allow women claim to empathy, care, vindication, justice and restoration from others, as well as holding abusers to account and revealing the complicity of the systems and institutions which enable sexual violence. Consequently, victim blame, victimism and responsabilisation are all features, not bugs, of a patriarchal system protecting itself.

In her analysis of articles on domestic violence in men's magazines, Nancy Berns (2001) describes how patriarchal resistance obscures men's violence and puts responsibility on women by "degendering the problem... and gendering the blame" (p.262-3). The gendered nature of victim blame itself is interesting: although the literature has recognised that victim-survivors are predominantly women (with a few noticeable exceptions, for example Sleath & Bull, 2010), it has degendered the 'solution' by focusing on victim blame as a process carried out by men *and* women, rather than recognising the over-arching patriarchal structures, hierarchies and norms which drive it and are reinforced by it (for example, see Acock & Ireland, 1983; Gerber et al, 2004). As concepts rooted in their wider social contexts, victimism and responsabilisation are more suited for feminist framings and arguments which centre the gender order and other structural inequalities as root causes of the processes which maintain the status quo.

## **Revisiting Pump-Handle and Root Cause Interventions**

There are no easy answers to the challenges of victimism and responsabilisation. These processes are evident even within specialist agencies which eschew patriarchal structures and expand spaces for women, highlighting the persistence of 'proper' victim narratives and the insidiousness of responsabilising practices. However, the distinction between pump-handle and root cause interventions can at least present a framework for what is needed from strategies for social change.

In Chapter Two, I explored Aronson's (2000) definition of pump-handle versus root cause interventions for social issues. Pump-handle interventions address immediate manifestations of the problem (such as insensitive comments or obstructive behaviour) rather than attempting to identify the root causes of negative responses to victim-survivors, which most likely overlap with the conducive context for sexual violence: the devaluation of women, rigidity of gender norms, and male dominance (see EVAW, 2011a; 2011b). Less obvious reinforcers of victim blame – such as institutional structures, racism, and other discriminatory stereotypes – are also obscured through pump-handle conceptualisations. To this end,

pump-handle interventions could end up maintaining some of the root causes for the problem they are attempting to address: for example, putting pressure on certain staff within services, who are more likely to be women, to actively challenge or counteract the blaming messages received by victim-survivors (in addition to their other roles and responsibilities), thus maintaining gender inequalities within work spaces.

The sparseness of positive experiences within non-specialist agencies, which were experienced as moments or exceptions within generally responsibilising environments, suggests that attempts to create space within statutory services would be pump-handle solutions with limited impact on the wider experiences of victim-survivors (see Chapter Two). Interventions aimed at the attitudes or behaviour of individual staff cannot lead to meaningful and/or maintainable change whilst the wider structures and hierarchies of organisations remain unaddressed. Similarly, ensuring proper funding for resources and creating physical spaces around comfort and respect more than ergonomics or efficiency are unlikely to mitigate the impacts of intrusive procedures, rigid expectations, and dismissive or belittling responses. Perhaps most importantly, we have seen that this level of intervention is unsuccessful at reducing victim blame or improving the experiences of victim-survivors (see Chapter Two) and it cannot dismantle victim blaming attitudes and norms in wider society. As Susan Griffin stated in 1971, “rape is not an isolated act that can be rooted out from patriarchy without ending patriarchy itself” (p.66): it would seem that victim blame, victimism and responsibilisation are similarly rooted in the gender order, as well as being part of the conducive context for sexual violence (Kelly, 2007; 2016). Without recognising the deeper, underlying social structures which are maintaining these processes, there is little hope for change.

However, there is hope. The experiences shared by women in the focus groups provide clear examples of ways that agencies can open up spaces for action, to speak and to be, to support women who are rebuilding their selves and lives following sexual violence and help them feel heard and valued. Some of the responses which did communicate respect and dignity to women were within statutory services and this should not be disregarded despite the limitations of their wider structures. In the last section, I return to the concept of space and the potential implications for practice.

## **The Challenge of Expanding Space**

Women described many responses and interactions within Rape Crisis, and some other agencies, which created and expanded space from which they could enact agency, speak

and be heard, and be with others (see Chapter Six). Similarly, space can also be made within research by using creative and adaptative methodologies which allow for women to define their experiences and shape the focus of projects to better reflect their lived experiences. I am aware that if I had followed my initial plans to create a survey to explore (what I saw as being) the more subtle forms of victim blame, this method would have restricted women's spaces to share their experiences and most likely have replicated the framing of victim blame as an interpersonal process, completely overlooking the wider themes discussed in this thesis.

The implications of expanding space and challenging practices of victimism and responsabilisation within services is a very different prospect and far too complex to adequately address here. While specialist, feminist services like Rape Crisis are built on an ethos which engenders respect for women and the creation of space, statutory services are bound by their foundations, structures, and hierarchies in terms of the meaningful change that can be enacted without dismantling and starting again.

However, the positive experiences shared by women did point to several key recommendations for services which may communicate a level of respect, dignity, and value to those they support. The interactions and environments which mattered most also made efforts to see and respond to women as whole people, not problems to be addressed and fixed. Some of these recommendations reflect those of other recent studies which have examined helpful and meaningful responses from institutions who have engaged with victim-survivors (see The Full Frame Initiative, 2014; Botcherby & Kelly, 2022; Moran & Salter, forthcoming).

Agencies and professionals need to consider the ways that they can provide and ensure the following for women. Meaningful space for women to explore their needs, with the information and options, as well as time, patience, and support needed to consider their choices and additional assistance when necessary (e.g., liaising with other organisations, helping women prepare for appointments or meetings). Regular updates on the process of applications, waiting lists or investigations, which ensure that women do not have to spend time and energy chasing for this information. Supportive, compassionate staff who are willing and able to establish rapport and meaningful relationships to provide space for women to speak and be heard, whilst recognising that disclosure requires trust which is built on respect, patience, and consistency. Staff who treat women with authenticity, dignity, and non-judgement, as a counterweight to the devaluation and derogation of violence, blame, victimism, and responsabilisation.

Additionally, the absence of expectations as to how women should speak, what emotions they should feel or express, or the choices they make are crucial, with agencies accepting women as experts of their experiences. Prioritising basic needs – food, housing, finances, childcare – so that women can spend more energy and space working towards deeper goals that go beyond expectations of ‘recovery’: family, social lives, education, work, hobbies. Flexibility of support – appointment times, locations, set ups and agendas – which recognises the individual needs of women and that these needs differ within different contexts. Flexible support which stretches beyond the restrictions of appointment/session times or medical models – check in calls, 24-hour helplines, drop ins, therapeutic creativity – to enable women to feel cared for and allow them more options for keeping physically and emotionally safe. Agencies need to be aware of particular issues and needs faced by women from minoritised backgrounds or communities, or which result from structural inequalities, alongside a willingness to be adaptive and put in additional effort and resources to overcome these barriers and meet these needs. Physical spaces also need to be considered: welcoming environments demonstrate thought and consideration to women as people and can be achieved through offers of tea, food, and comfortable seating, as well as purposefully created safe spaces where women can be around other women or be able to read, craft, sit quietly and just be. This recognises the importance of space to be with as well as the importance of time alone.

Of course, implementing these recommendations within individual services is unlikely to make much change to the wider structures and hierarchies through which victimism and responsabilisation, among other forms of patriarchal resistance (Berns, 2001), are enacted against women, but they might create moments of space and respect which can contribute towards a counter-message of worth, value and dignity for those who are rebuilding their lives following sexual violence.

## **Next Steps**

In *Cultural Sexism*, Heather Savigny (2020) has argued for a greater understanding of the ways that “patriarchy has reinvented itself, and so successfully” (p.4), through processes embedded in everyday norms and structures such as organisational practices. Similarly, I have argued in this thesis that the amount of attention that has been given to victim blame – in psychology, criminology, and areas of feminist discourse – obscures other, more insidious expressions and enforcers of the patriarchal status quo, such as victimisation and responsabilisation. Attempts to prevent the blaming of victims have had little discernible

impact and while this may be partly due to the tensions between individualist framings and sociological/feminist conceptualisations, it could be because victim blame is just a single cog in the elaborate machine of patriarchal dominance: knocking out this individual piece is unlikely to break the system. Shifting focus to more expansive concepts such as victimism and responsabilisation may still not be a wide enough perspective to enact change. We need to address social problems at individual, organisational *and* social levels (Savigny, 2020), and pump-handle and root cause frameworks can enable us to appreciate the bigger picture whilst trying to implement meaningful change at the front line.

This research has established that further exploration is needed into victim-survivors' experiences of responsabilisation and victimism, as well as other forms of patriarchal resistance which dehumanise women whilst normalising men's violence and absolving men of accountability (Berns, 2001). More targeted research involving women from minoritised backgrounds, women with disabilities and men who have experienced sexual violence would shed further light on the insidious ways that the gender order protects itself and maintains the cultural hegemony, through professional and social responses which devalue victim-survivors and reduce the recognition of victims. Another area of interest would be comparative research into the experiences of victim-survivors from cultures which are more collective and less neoliberalist than the UK, to see how the gender order and the status quo is enacted through professional responses to those who have been subjected to sexual violence, whether through victimism and responsabilisation or different processes.

I intend to take several steps following this study. Firstly, I will provide briefings of the key findings and recommendations laid out in this chapter for the RCCs which took part. I will also write a lay summary of the findings for the women who took part and wanted to be kept updated. I will build on the challenges of expanding space to develop key recommendations as a practice guide for professionals, with clear, workable examples of how agencies can create and maintain spaces for victim-survivors and hopefully provide a challenge to victimism and responsabilising practices. Thought will be given as to how best to share this information within agencies – whether through written material, training sessions, videos, or more creative pieces – to generate serious conversations of the issues whilst recognising the constraints that professionals and services face. Ideally, I will involve the women who took part in the focus groups within this stage, as some expressed an interest in continuing to take part and already gave suggestions for how to share this knowledge.

## Final Words

I chose a quote by Beverley as the title for this thesis due to her emphatic response to my asking, what was it about her experience with police that affected her most? “Everything, it was everything. It was how the sun shined, it was *everything*”. This was one of the first things said in the first focus group and it has stayed with me. Following my analysis of the focus group data and exploration of framings and concepts which make more sense of women’s experiences than victim blame, her words feel as important as when she first said them. It is everything: women are blamed for surviving sexual violence and for not preventing it, for struggling with their health and for being angry, for not reporting soon enough and for telling people immediately. For needing support with housing or finances or childcare within systems which actively block their options and agency. From agencies which expect women to wait in open areas with no privacy, sit in cold rooms for hours without water, to go through months and years of interrogation, court appearances, paperwork, to be denied recognition as victims and treated as problems, not people. Struggling to cope with the emotional, physical, and social aftermath of sexual violence with a pill prescription and a few sessions of CBT. And all of this from services which refuse even the most basic of resources – compassion, time, space, comfort – that would afford some semblance of dignity to women in the face of violation, betrayal, and abuse.

If we are serious about improving the experiences of victim-survivors, we need to do far more than focus on a narrow and restrictive concept like victim blame. We need to find a way to consider everything.

As Beverley opened the thesis, now she will close it. Her experience at Rape Crisis shows that when agencies do create space, it makes a real difference.

One more thing I’d like to say... you know, I’m laughing and joking about the funny farm and they now call it care in the community, and what I’d say to them when they say care in the community, is well where’s the care? And where’s that community? Now this community here is showing that they care. I’d like you to know that this community does care. You can feel it (Beverley).

## References

- Abelson, R.P. (1972) Are attitudes necessary? In B. T. King & E. McGinnies (Eds) *Attitudes, Conflict and Social Change*, Academic Press: New York, USA.
- Academy of Social Sciences [AcSS] (2014) *Five Ethics Principles for Social Science Research*, London. Accessed 8 June 2022 [[https://acss.org.uk/wp-content/uploads/2014/06/Ethics-Final-Principles\\_16\\_06\\_2014.pdf](https://acss.org.uk/wp-content/uploads/2014/06/Ethics-Final-Principles_16_06_2014.pdf)]
- Acock, A.C. & Ireland, N.K. (1983) Attribution of blame in rape cases: The impact of norm violation, gender, and sex-role attitude, *Sex Roles*, 9, 2, 179-193.
- Adorno, T., Frenkel-Brunswik, E., Levinson, D. & Sanford, N. (1950) *The Authoritarian Personality*, Harper and Row: New York, USA.
- Ahrens, C.E. & Campbell, R. (2000) Assisting rape victims as they recover from rape, *Journal of Interpersonal Violence*, 15, 9, 959-86.
- Ahrens, C.E. (2006) Being silenced: The impact of negative social reactions on the disclosure of rape, *American Journal of Community Psychology*, 38, 263-74.
- Alderson, K.A. (2016) Child sexual exploitation, *Journal of Forensic Practice*, 18, 4, 292-5.
- Allegrante, J.P. & Green, L.W. (1981) Sounding board: When health policy becomes victim blaming, *North England Journal of Medicine*, 17, 305 (25), 1528-9.
- Allport, G.W. (1954) *The Nature of Prejudice*, Perseus Books Publishing; Cambridge, USA.
- Amar, A.F. (2008) Violence education in nursing: critical reflection on victims' stories, *Journal of Forensic Nursing*, 4, 12-18.
- Amir, M. (1971) *Patterns in Forcible Rape*, The University of Chicago Press: USA.
- Anderson, I. (1999) Characterological and behavioral blame in conversations about female and male rape, *Journal of Language and Social Psychology*, 18, 377-94.
- Anderson, M.J. (2002) From chastity requirement to sexuality license: Sexual consent and a new Rape Shield Law, *The George Washington Law Review*, 70, 1.
- Anderson, I., Beattie, G., & Spencer, C. (2001). Can blaming victims of rape be logical? Attribution theory and discourse analytic perspectives, *Human Relations*, 54, 453-75.
- Anderson, I. & Doherty, K. (1997) Psychology, sexuality and power: Constructing sex and violence, *Feminism & Psychology*, 7, 4, 547-52.
- Anderson, I. & Lyons, A. (2005) The effect of victims' social support on attributions of blame in female and male rape, *Journal of Applied Social Psychology*, 35, 7, 1400-17.
- Anderson, J.E., Kay, A.C. & Fitzsimons, G.M. (2010) In search of silver linings: The justice motive fosters perceptions of benefits in the later lives of tragedy victims, *Psychological Science*, 21, 11, 1569-1604.
- Andrews, B., Brewin, C.R. & Rose, S. (2003), Gender, social support, and PTSD in victims of violent crime, *Journal of Traumatic Stress*, 16, 4, 421-27.



Angiolini, E. (2015). Report of the independent review into the investigation and prosecution of rape in London, *London Metropolitan Police Service and Crown Prosecution Service*: London, UK.

Aosved, A.C. & Long, P.J. (2006) Co-occurrence of rape myth acceptance, sexism, racism, homophobia, ageism, classism, and religious intolerance, *Sex Roles*, 55, 7-8, 481-92.

American Psychological Association (2007) *APA Dictionary of Psychology*, APA: New York, USA.

Ardevini-Brooker, J. & Caringella-MacDonald, S. (2002) Media attributions of blame and sympathy in ten rape cases, *The Justice Professional*, 15, 1, 3-18.

Armstrong, L. (1996) 'Who Stole Incest'? *Women in Action*, 2, 49-54

Aronson, E. (2000) *Nobody Left to Hate: Teaching Compassion after Columbine*, Henry Holt & Co.: New York, USA.

Bacik, I., Maunsell, C. & Gogan, S. (1998) *The Legal Process and Victims of Rape*, Dublin Rape Crisis Centre: Dublin. Retrieved 22 June 2022 [<https://www.drcc.ie/news-resources/resources/the-legal-process-and-victims-of-rape-1998/>].

Bailey, M. (2013) *Race, Region, and Gender in Early Emory School of Medicine Yearbooks* (Thesis). Accessed 21.06.22 [<https://etd.library.emory.edu/>]

Baker, R. & Hinton, R. (1999) Do focus groups facilitate meaningful participation in social research? In R. S. Barbour & J. Kitzinger, (Eds.) *Developing Focus Group Research: Politics, Theory and Practice*, Sage: London, UK.

Bakker, A.B. & Heuven, E. (2006) Emotional dissonance, burnout, and in-role performance among nurses and police officers, *International Journal of Stress Management*, 13, 4, 423-40.

Barbour, R.S. & Kitzinger, J. (Eds) (1999) *Developing Focus Group Research: Politics, Theory and Practice*, Sage: London, UK.

Barratt, S.A. (2018) Reinforcing sexism and misogyny: Social media, symbolic violence and the construction of *Femininity-as-Fail*, *Journal of International Women's Studies*, 19, 3, 16-31.

Barry, K. (1979) *Female Sexual Slavery*, New York University Press: New York, USA.

Bates, S. (2017) Revenge porn and mental health: A qualitative analysis of the mental health effects of revenge porn on survivors, *Feminist Criminology*, 12, 1, 22-42.

Baumer, E.P., Messner, S.F. & Felson, R.B. (2000) The role of victim characteristics in the disposition of murder cases, *Justice Quarterly*, 17, 2, 281-307.

Beattie, G. & Anderson, I. (1995) Questioning attribution theory: Are Kelley's dimensions spontaneously requested? *Semiotica*, 103, 3/4, 277-90.

Bell, S.T., Kuriloff, P.J. & Lottes, I. (1994) Understanding attributions of blame in stranger rape and date rape situations: An examination of gender, race, identification, and students' social perceptions of rape victims, *Journal of Applied Social Psychology*, 24, 19, 1719-34

Bennett, S. (2015) Framing the MH17 disaster – more heat than light? *International Journal of Aviation, Aeronautics, and Aerospace*, 2, 4, 4.

Berns, N. (2001) Degendering the problem and gendering the blame: Political discourse on women and violence, *Gender & Society*, 15, 2, 262-82.

Bhopal, K. (2018) *White Privilege: The Myth of a Post-Racial Society*, Policy Press: Bristol, UK.

Bieneck, S. & Krahé, B. (2011) Blaming the victim and exonerating the Perpetrator in cases of rape and robbery: Is there a double standard? *Journal of Interpersonal Violence*, 26, 9, 1785-97.

Birch, M. & Miller, T. (2002) Encouraging participation: Ethics and responsibilities. In T. Miller, M. Birch, M. Mauthner & J. Jessop (Eds.), *Ethics in Qualitative Research*, Sage: London, UK.

Blyth, E. & Milner, J. (1994) Exclusion from school and victim blaming, *Oxford Review of Education*, 20, 3, 293-306.

Bohner, G. & Schwarz, N. (1996) The threat of rape: Its psychological impact on nonvictimized women. In D.M. Buss & N.M. Malamuth (Eds.) *Sex, Power, Conflict: Evolutionary and Feminist Perspectives*, Oxford University Press: Oxford, UK.

Bohner, G., Reinhard, M., Rutz, S., Sturm, S., Kerschbaum, B. & Effler, D. (1998) Rape myths as neutralizing cognitions: Evidence for a causal impact of anti-victim attitudes on men's self-reported likelihood of raping, *European Journal of Social Psychology*, 28, 257-68.

Bohner, G., Eyssel, F., Pina, A., Siebler, F. & Viki, G.T. (2009) Rape myth acceptance. In M.A.H. Horvath & J.M. Brown (Eds.) *Rape: Challenging Contemporary Thinking*, Willan Publishing: Devon, UK.

Botcherby, S. & Kelly, L. (2022) Sanctuary and freedom: the transformational power of spaces for women and girls. Mar 22 Women and Girls Initiative Research Briefing [<https://www.tav institute.org/news/sanctuary-and-freedom-the-transformational-power-of-spaces-for-women-and-girls/>].

Bows, H. (2018) Practitioner views on the impacts, challenges, and barriers in supporting older survivors of sexual violence, *Violence Against Women*, 24, 9, 1070-90.

Bows, H. (2019) Sexual violence against older women in the UK, *Violence Against Older Women*, Vol. 1. Palgrave Macmillan: Cham, Switzerland.

Bows, H. & Westmarland, N. (2017) Rape of older people in the United Kingdom: Challenging the 'real-rape' stereotype, *British Journal of Criminology*, 57, 1, 1-17.

Boyle, K. (2019) What's in a name? Theorising the Inter-relationships of gender and violence, *Feminist Theory*, 20, 1, 19-36.

Brim, M. & Ghaziani, A. (2016) Introduction: Queer Methods, *Women's Studies Quarterly*, 44, 3/4, 14-27.

Brison, S.J. (1993) Surviving sexual violence: A philosophical perspective, *Journal of Social Psychology*, 24, 1, 5-22.

Brison, S. J. (2002) *Aftermath: Violence and the Remaking of a Self*, Princeton University Press: Princeton, USA.

Bristow, A.R. & Esper, J.A. (1988) A feminist research ethos. In Nebraska Sociological Feminist Collective, *A Feminist Ethic for Social Science Research*, The Edwin Mellen Press, Ltd.: USA.

Britt, M. A. (2007) Episode 7: *Blaming the Victim and other Attribution Biases*. The Psych Files Podcast [Audio podcast]. Retrieved on 23 June 2020  
[\[https://thepsychfiles.com/2007/03/episode-7-blaming-the-victim-and-other-biases/\]](https://thepsychfiles.com/2007/03/episode-7-blaming-the-victim-and-other-biases/)

Britt, M. A. (2013) Episode 196: *What Men Need to Do to End Violence Against Others*. The Psych Files Podcast [Audio podcast]. Retrieved on 23 June 2020  
[\[https://thepsychfiles.com/2013/06/ep-196-what-men-need-to-do-to-end-violence-against-others/\]](https://thepsychfiles.com/2013/06/ep-196-what-men-need-to-do-to-end-violence-against-others/)

Britto, S., Hughes, T., Saltzman, K. & Stroh, C. (2007) Does “Special” mean young, white and female? Deconstructing the meaning of “Special” in Law & Order: Special Victims Unit, *Journal of Criminal Justice and Popular Culture*, 14, 1, 39-57.

Brooks-Hay, O., Burman, M. & Bradley, L. (2019) *Justice Journeys: Informing Policy and Practice Through Lived Experience of Victim-Survivors of Rape and Serious Assault*, SCCJR Research Report April 2019 [\[https://www.sccjr.ac.uk/publications/justice-journeys-informing-policy-and-practice-through-lived-experience-of-victim%e2%80%90survivors-of-rape-and-serious-sexual-assault/\]](https://www.sccjr.ac.uk/publications/justice-journeys-informing-policy-and-practice-through-lived-experience-of-victim%e2%80%90survivors-of-rape-and-serious-sexual-assault/).

Brown, A.L. & Testa, M. (2008) Social influences on judgments of rape victims: The role of the negative and positive social reactions of others, *Sex Roles*, 58, 490-500.

Brown, R.H., Maslen, H. & Savulescu, J. (2010) Against moral responsabilisation of health: Prudential responsibility and health promotion, *Public Health Ethics*, 12, 2, 114-29.

Brown, W. (2015) *Undoing the Demos: Neoliberalism's Stealth Revolution*, Zone Books: New York, USA.

Brownmiller, S. (1975) *Against Our Will: Men, Women & Rape*, Pelican Books: Middlesex, UK.

Bryant-Davies, T. (Ed.) (2011) *Surviving Sexual Violence: A Guide to Recovery and Empowerment*, Rowman & Littlefield: Plymouth, UK.

Bucher, R. (1957) Blame and hostility in disaster, *American Journal of Sociology*, 62, 5, 467-75.

Buchwald, E., Fletcher, P.R. & Roth, M. (2005) *Transforming a Rape Culture*, Milkweed Editions: Minneapolis, USA.

Buddie, A.M. & Miller, A.G. (2001) Beyond rape myths: A more complex view of perceptions of rape victims, *Sex Roles*, 45, 3/4, 139-60.

Bufkin, J. & Eschholz, S. (2000) Images of sex and rape: A content analysis of popular film, *Violence Against Women*, 6, 12, 1317-44.

Burrowes, N. (2013). Responding to the challenge of rape myths in court: A guide for prosecutors. A probono report produced by NB Research: London. Accessed 22 June 2022 [<http://nb-research.co.uk/index.php/projects-2>].

Burt, M.R. (1980) Cultural myths and supports for rape, *Journal of Personality and Social Psychology*, 38, 2, 217-30.

Burt, M.R. (1991) Rape myths and acquaintance rape. In A. Parrot & L. Bechhofer (Eds) *Acquaintance Rape: The Hidden Crime*, John Wiley & Sons, Inc.: New Jersey, USA.

Calhoun, L.G., Selby, J.W. & Warring, J. (1976) Social perception of the victim's causal role in rape: An exploratory examination of four factors, *Human Relations*, 29, 6, 517-26.

Campbell, R. (1998). The community response to rape: Victims' experiences with the legal, medical, and mental health systems, *American Journal of Community Psychology*, 26, 3, 355-79.

Campbell, R. (2002) *Emotionally Involved: The Impact of Researching Rape*, Routledge: New York, USA.

Campbell, R. (2005) What really happened? A validation study of rape survivors' help-seeking experience with the legal and medical system, *Violence and Victims*, 20, 1, 55-68.

Campbell, R. (2006) Do rape victim advocates make a difference? *Violence Against Women*, 12, 1, 30-45.

Campbell, R. & Raja. S. (1999) Secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence, *Violence and Victims*, 14, 3, 261-75.

Campbell, R., Sefl, T., Barnes, H.E., Ahrens, C.E., Wasco, S.M. & Zaragoza-Diesfeld, Y. (1999) Community services for rape survivors: Enhancing psychological wellbeing or increasing trauma? *Journal of Consulting & Clinical Psychology*, 67, 6, 847-58.

Campbell, R., Ahrens, C.E., Sefl, T., Wasco, S.M. & Barnes, H.E. (2001) Social reactions to rape victims: Healing and hurtful effects on psychological and physical health outcomes, *Violence and Victims*, 16, 3, 287-302.

Campbell, R. & Wasco, S.M. (2000) Feminist approaches to social science: Epistemological and methodological tenets, *American Journal of Community Psychology*, 28, 6, 773-91.

Campbell, R., Wasco, S.M., Ahrens, C.E., Sefl, T. & Barnes, H.E. (2001) Preventing the "second rape": Rape survivors' experiences with community service providers, *Journal of Interpersonal Violence*, 16, 12, 1239-59.

Card, C. (1991) Rape as a terrorist institution. In R.G. Frey & C.W. Morris (Eds) *Violence, Terrorism, and Justice*, Cambridge University Press: Cambridge, UK.

Centre for Women's Justice, End Violence Against Women, Imkaan & Rape Crisis England & Wales (2020) The Decriminalisation of rape: Why the justice system is failing rape survivors and what needs to change. November 2020, Report. Accessed 22 June 2022 [<https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/c-decriminalisation-of-rape-report-cwj-evaw-imkaan-rcew-nov-2020.pdf>].

Chan, K.L. (2009) Sexual violence against women and children in Chinese societies, *Trauma, Violence, & Abuse*, 10, 1, 69-85.

Check, J.V.P. & Malamuth, N. (1985) An empirical assessment of some feminist hypotheses about rape, *International Journal of Women's Studies*, 8, 414-23.

Chesler, P. (2005) *Women and Madness*, Palgrave Macmillan: New York, USA.

Chiu, L-F. & Knight, D. (1999) How useful are focus groups for obtaining the views of minority groups? In R.S. Barbour & J. Kitzinger (Eds.), *Developing Focus Group Research: Politics, Theory and Practice*, Sage: London, UK.

Christie, N. (1986) The Ideal Victim. In E.A. Fattah (Ed). *From Crime Policy to Victim Policy*, Macmillan: Canada.

Chowdhury-Hawkins, R., McLean, I., Winterholler, M. and Welch, J., (2008) Preferred choice of gender of staff providing care to victims of sexual assault in Sexual Assault Referral Centres (SARCs), *Journal of Forensic and Legal Medicine*, 15, 6, 363-7.

Clark, C. (1992) *Misery and Company: Sympathy in Everyday Life*, The University of Chicago Press: Chicago, USA.

Clark, D.A. & Beck, A.T. (1999) *Scientific Foundations of Cognitive Theory and Therapy of Depression*, Wiley: New York, USA.

Coates, D., Wortman, C.B. & Abbey, A. (1979) Reactions to victims. In I.H. Frieze, D. Bartal & J.S. Carroll (Eds) *New Approaches to Social Problems*, Jossey-Bass Publishers: New Jersey, USA.

Comack, E. & Peter, T. (2005) How the criminal justice system responds to sexual assault survivors: The slippage between "responsibilization" and "blaming the victim", *Canadian Journal of Women and the Law*, 17, 2, 283-310.

Convery, A. (2006) *No victims, no oppression: Feminist theory and the denial of victimhood*, Paper presented to the Australasian Political Studies Association conference, University of Newcastle, 25-27 September 2006.

Cook, J.A. & Fonow, M.M. (1986) Knowledge and women's interests: Issues of epistemology and methodology, *Sociological Inquiry*, 56, 1, 2-29.

Cowan, G. (2000) Women's hostility toward women and rape and sexual harassment myths, *Violence Against Women*, 6, 3, 238-46.

Coy, M. (2009) Milkshakes, lady lumps and growing up to want boobies: How the sexualisation of popular culture limits girls' horizons, *Child Abuse Review*, 18, 6, 373-83.

Coy, M. (2016) Joining the dots on sexual exploitation of children and women: A way forward for UK policy responses, *Critical Social Policies*, 36, 4, 1-20.

Coy, M. & Garner, M. (2012) Definitions, discourses, and dilemmas: Policy and academic engagement with the sexualisation of popular culture, *Gender and Education*, 24, 3, 285-301.

Coy, M., Kelly, L., Vera-Gray, F. & Kanyeredzi, A. (2015) From 'no means no' to 'an enthusiastic yes': Changing the discourse on sexual consent through Sex and Relationships Education. In V. Sundaram & H. Sauntson (Eds) *Global Perspectives and Key Debates in*

*Sex and Relationships Education: Addressing Issues of Gender, Sexuality, Plurality and Power*. Palgrave Macmillan: London, UK.

Coy, M. & Sharps-Jeffs, N. (2016) Changing our heads: Evaluation of a specialist VAWG service for Albanian-speaking women in London. Research Briefing. CWASU: London, UK.

Coy, M., Sharp-Jeffs, N. & Kelly, L. (2017) Key messages from research on child sexual exploitation: Professionals in School Settings, CWASU Research Briefing, London. Accessed 22 June 2022 [<https://www.wigan.gov.uk/Docs/PDF/WSCB/Key-messages-for-professionals-in-school-settings.pdf>].

Coy, M. & Kelly, L. (2019) The responsabilisation of women who experience domestic violence: a case study from England and Wales. In C. Hagemann-White, L. Kelly & T. Meysen (Eds). *Interventions Against Child Abuse and Violence Against Women: Ethics and Culture in Practice and Policy*, Verlag Barbara Budrich: Germany.

Crawford, R. (1977) You are dangerous to your health: The ideology and politics of victim blaming, *International Journal of Health Services*, 7, 4, 663-80.

Crenshaw, K. (1991) Mapping the margins: Identity politics, intersectionality, and violence against women, *Stanford Law Review*, 43, 6, 1241-99.

Criado Perez, C. (2019) *Invisible Women*, Chatto & Windus: London, UK.

Crippen, M. (2015) *Theories of Victim Blame*, John Carroll University Senior Honors Projects, 66, 4-29. Accessed 22 June 2022 [<https://collected.jcu.edu/cgi/viewcontent.cgi?article=1065&context=honorspapers>].

Crown Prosecution Service (2012), *CPS Policy for Prosecuting Cases of Rape*. London, UK. Accessed 22 June 2022 [<https://www.cps.gov.uk/how-cps-charges-and-prosecutes-rape-cases>].

Dalbert, C. (2009) Belief in a just world. In M.R. Leary & R.H. Hoyle (Eds.), *Handbook of Individual Differences in Social Behaviour*, Guilford Publications: New York, USA.

Daly, M. (1973) *Beyond God the Father: Toward a Philosophy of Women's Liberation*, Beacon Press: Boston, USA.

Daly, E., Smith, O., Bows, H., Brown, J., Chalmers, J., Cowan, J., Horvath, M., Leverick, F., Lovett, J., Munro, V. & Willmott, D. (2022) Myths about myths? A commentary on Thomas (2020) and the question of jury rape myth acceptance, *Journal of Gender-Based Violence* (published online ahead of print 2022). Accessed 7 June 2022 [<https://bristoluniversitypressdigital.com/view/journals/jgbv/aop/article-10.1332-239868021X16371459419254/article-10.1332-239868021X16371459419254.xml>].

Darling, R.B. (1987) The economic and psychosocial consequences of disability, *Marriage & Family Review*, 11, 1-2, 45-61.

Davies, M. (2002) Male sexual assault victims: A selective review of the literature and implications for support services, *Aggression and Violent Behaviour*, 7, 203-14.

Davis, A.Y. (1981) *Women, Race and Class*, Random House: New York, USA.

Davis, M.H. (1983) Measuring individual differences in empathy: Evidence for a multidimensional approach, *Journal of Personality and Social Psychology*, 44, 1, 113-26.

Davis, R.C. & Brickman, E. (1991) Supportive and unsupportive responses of others to rape victims: Effects on concurrent victim adjustment, *American Journal of Community Psychology*, 19, 3, 443-51.

Dawtry, R.J., Cozzolino, P.J. & Callan, M.J. (2019) I blame therefore it was: Rape myth acceptance, victim blaming, and memory reconstruction, *Personality and Social Psychology Bulletin*, 45, 8, 1269-82.

Day, K. (1994) Conceptualizing women's fear of sexual assault on campus: A review of causes and recommendations for change, *Environment and Behavior*, 26, 6, 742-65.

DeCrow, K. (1974) *Sexist Justice*, Random House: New York, USA.

DeVault, M.L. (1990) Talking and listening from women's standpoint: Feminist strategies for interviewing and analysis, *Social Problems*, 37, 1, 96-116.

DiAngelo, R. (2016) *What Does It Mean to Be White? Developing White Racial Literacy*, Peter Lang Publishing Inc.: New York, NY.

Dobbin, F., Kalev, A. & Kelly, E. (2007) Diversity management in corporate America, *American Sociological Association: Contexts*, 6, 4, 21-7.

Doherty, K. & Anderson, I. (1998) Talking about rape, *The Psychologist*, 11, 12, 583-6.

Doherty, K. & Anderson, I. (2004) Making sense of male rape: Constructions of gender, sexuality and experience of rape victims, *Journal of Community & Applied Social Psychology*, 14, 85-103.

Donde, S.D., Ragsdale, S.K.A., Koss, M.P. & Zucker, A.N. (2018) If it wasn't rape, was it sexual assault? Comparing rape and sexual assault acknowledgement in college women who have experienced rape, *Violence Against Women*, 24, 14, 1718-38.

Downes, J., Kelly, L. & Westmarland, N. (2014) Ethics in violence and abuse research: A positive empowerment approach, *Sociological Research Online*, 19, 1, 2.

Drabeck, T.E. & Quarantelli, E.L. (1967) Scapegoats, villains, and disasters, *Transaction*, 4, 12-17.

Duelli Klein, R. (1983) How to do what we want to do: Thoughts about feminist methodology. In G. Bowles & R.D. Klein (Eds.), *Theories of Women's Studies*, Routledge & Kegan Paul: London, UK.

Duggan, M. (2018) 'Idealising' domestic violence victims. In M. Duggan (Ed.) *Revisiting the 'Ideal Victim': Developments in Critical Victimology*, Policy Press: Cambridge, UK.

Duncombe, J. & Jessop, J. (2002) 'Doing rapport' and the ethics of 'faking friendship'. In T. Miller, M. Birch, Mauthner, M. & Jessop, J. (Eds.), *Ethics in Qualitative Research*, Sage: London, UK.

Dunkel-Schetter, C. & Wortman, C.B. (1982) The interpersonal dynamics of cancer: Problems in social relationships and their impact on the patient, *Interpersonal Issues in Health Care*, 69-100.

- Dunn, J. (2010) *Judging Victims*, Lynne Rienner Publishers: Boulder, USA.
- Easteal, P., Bartels, L. & Bradford, S. (2012) Language, gender and reality: Violence against women, *International Journal of Law, Crime and Justice*, 40, 4, 324-37.
- Eberhardt, J. (2019) *Biased: The New Science of Race and Inequality*, William Heinemann: London, UK.
- Eigenberg, H. & Garland, T. (2008) Victim Blaming. In L. J. Moriarty (Ed.) *Controversies in Victimology* (2nd Ed.), LexisNexis Group: Newark, USA.
- Ellard, J.H., Harvey, A. & Calian, M.J. (2016) The justice motive: History, theory, and research. In C. Sabbagh & M. Schmidt (Eds). *Handbook of Social Justice Theory and Research*, Springer: New York, USA.
- End Violence Against Women (2011a) *A different world is possible: A call for long-term and targeted action to prevent violence against women and girls*. Research Report, EVAW: London, UK.
- End Violence Against Women (2011b) *A different world is possible: Promising practices to prevent violence against women and girls*. Research Report, EVAW: London, UK.
- End Violence Against Women (2021) Women's groups respond to press notice on Violence Against Women and Girls (VAWG) Strategy press release, 21 July 2021. Accessed 16 February 2022 [<https://www.endviolenceagainstwomen.org.uk/womens-groups-respond-to-press-notice-on-violence-against-women-and-girls-vawg-strategy/>].
- Enns, C.Z. (2011) Feminist counselling as a pathway to recovery. In T. Bryant-Davies (Ed.) *Surviving Sexual Violence: A Guide to Recovery and Empowerment*, Rowman & Littlefield: Plymouth, UK.
- Estrich, S. (1987) *Real Rape*, Harvard University Press: London, UK.
- Ewart, J. & Mclean, H. (2014) Ducking for cover in the 'blame game': News framing of the findings of two reports into the 2010-11 Queensland floods, *Disasters*, 39, 1, 166-84.
- Fanghanel, A. (2020) *Disrupting Rape Culture*, Policy Press: Bristol, UK.
- Farquhar, C. & Das, R. (1994) Are focus groups suitable for 'sensitive' topics? In R.S. Barbour & J. Kitzinger (Eds.) *Developing Focus Group Research: Politics, Theory and Practice*, Sage: London, UK.
- Fazio, R.H. & Petty, R.E. (2008) *Attitudes: Their Structure, Function, and Consequences*, Psychology Press: New York, USA.
- Fenton, R. & Jones, C. (2017) An exploratory study on the beliefs about gender-based violence held by incoming undergraduates in England, *Journal of Gender-Based Violence*, 1, 2, 147-67.
- Festinger, L. (1957) *A Theory of Cognitive Dissonance*, Stanford University Press: California, USA.
- Filak, V.F. & Pritchard, R.S. (2007) News (un)scripted: An analysis of support and blame in the wake of two fatal shootings, *Journalism*, 8, 1, 66-82.



Finch, J. (1993) 'It's great to have someone to talk to': Ethics and politics of interviewing women. In M. Hammersely (Ed.) *Social Research: Philosophy, Politics and Practice*, Sage: London, UK.

Finley, L.L. (2016) *Domestic Abuse and Sexual Assault in Popular Culture*, Praeger: Santa Barbara, USA.

Flores, Y.G. (2005) "Why did he want to hurt me? All I ever did was love him": Understanding sexual violence in Latino marriages. In E. Buchwald, P.R. Fletcher & M. Roth (Eds.) *Transforming a Rape Culture*, Milkweed Editions: Minneapolis, USA.

Foa, P. (1977) What's wrong with rape? In H. LaFollette (Ed.) *Ethics in Practice* (2<sup>nd</sup> Ed), Blackwell: Oxford, UK.

Foley, L.A. & Pigott, M.A. (2000) Belief in a Just World and jury decisions in a civil rape trial, *Journal of Applied Social Psychology*, 30, 5, 935-51.

Foubert, J.D. (2000) The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioral intent and behavior, *Journal of American College Health*, 48, 158-63.

Fox, N.J. (2003) Practice-based evidence: Towards collaborative and transgressive Research, *Sociology*, 37, 1, 81-102.

Frazier, P.A. (1990) Victim attributions and post-rape trauma, *Journal of Personality and Social Psychology*, 59, 2, 198-304.

Frazier, K.E. & Falmagne, R.J. (2014) Empowered victims? Women's contradictory positions in the discourse of violence prevention, *Feminism & Psychology*, 24, 4, 479-99.

Frith, H. (2009) Sexual scripts, sexual refusals and rape. In M.A.H. Horvath & J.M. Brown (Eds.) *Rape: Challenging Contemporary Thinking*, Willan Publishing: Devon, UK.

The Full Frame Initiative (2014) *How Do Survivors Define Success?* Online Report. Accessed 11 May 2022 [[https://fullframeinitiative.org/wp-content/uploads/2021/04/How-Do-Survivors-Define-Success\\_-A-New-Project-to-Address-an-Overlooked-Question.pdf](https://fullframeinitiative.org/wp-content/uploads/2021/04/How-Do-Survivors-Define-Success_-A-New-Project-to-Address-an-Overlooked-Question.pdf)].

Furnham, A. & Procter, E. (1989) Belief in a just world: Review and critique of the individual difference literature, *British Journal of Social Psychology*, 28, 365-84.

Gavey, N. (1999). "I wasn't raped, but...": Revising definitional problems in sexual victimisation. In S. Lamb (Ed) *New Versions of Victims: Feminists Struggle with the Concept*, New York University Press: New York, USA.

Gavey, N. (2019) *Just Sex? The Cultural Scaffolding of Rape* (2<sup>nd</sup> Ed), Routledge: Abingdon, UK.

Gerber, G.L., Cronin, J.M. & Steigman, H.J. (2004) Attributions of blame in sexual assault to perpetrators and victims of both genders, *Journal of Applied Social Psychology*, 34, 10, 2149-65.

Gilfus, M.E. (1999) The price of the ticket: A survivor-centred appraisal of trauma theory, *Violence Against Women*, 5, 11, 1238-57.

- Gill, A. (2009) Narratives of survival: South Asian women's experience of rape. In M.A.H. Horvath & J.M. Brown (Eds.) *Rape: Challenging Contemporary Thinking*, Willan Publishing: Devon, UK.
- Gill, R. (2007) Postfeminist media culture: Elements of a sensibility, *European Journal of Cultural Studies*, 10, 2, 147-66.
- Gillies, V. & Alldred, P. (2002) The Ethics of intention: Research as a political tool. In T. Miller, M. Birch, Mauthner, M. & Jessop, J. (Eds.), *Ethics in Qualitative Research*, Sage: London, UK.
- Gilmartin-Zena, P. (1988) Gender differences in students' attitudes toward rape, *Sociological Focus*, 21, 4, 279-92.
- Glaser, B.G. & Strauss, A.L (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Aldine Transaction: London, UK.
- Glucksmann, M. (1994) The work of knowledge and the knowledge of women's work. In M. Maynard & J. Purvis (Eds.), *Researching Women's Lives from a Feminist Perspective*, Taylor & Francis: London, UK.
- Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*, Simon & Schuster, Inc.: New York, USA.
- Golding, J.M., Siegel, J.M., Sorenson, S.B., Burnam, M.A. & Stein, J.A. (1989) Social support sources following sexual assault, *Journal of Community Psychology*, 17, 92-107.
- Goldinger, S.D., Kleider, H.M., Azuma, T. & Beike, D.R. (2003) "Blaming the victim" under memory load, *American Psychological Society*, 14, 1, 81-5.
- Goldman, E. (1910) The traffic in women, *Hastings Women's Law Journal*, 13, 9-20.
- Green, J. & Hart, L. (1999) The impact of context on data. In R.S. Barbour & J. Kitzinger (Eds.), *Developing Focus Group Research: Politics, Theory and Practice*, Sage: London, UK.
- Greenwald, A.G. & Banaji, M.R. (1995) Implicit social cognition: Attitudes, self-esteem, and stereotypes, *Psychological Review*, 102, 1, 4-27.
- Greer, G. (1991) *The Change: Women, Ageing, and the Menopause*, Penguin Books: London, UK.
- Gregori, M.F. (1993) The misfortunes of victimism, *Estudos Feministas*, 1, 1, 184-9.
- Gregory, J. & Lees, S. (1999) *Policing Sexual Assault*, Routledge: London, UK.
- Griffin, S (1971) Rape: The All-American crime, *Ramparts Magazine*, 26-35.
- Grubb, A. & Harrower, J. (2008) Attribution of blame in cases of rape: An analysis of participant gender, type of rape and perceived similarity to the victim, *Aggression and Violent Behaviour*, 13, 396-405.
- Grubb, A. & Turner, A. (2012) Attribution of blame in rape cases: A review of the impact of rape myth acceptance, gender role conformity and substance use on victim blaming, *Aggression and Violent Behaviour*, 17, 443-52.

- Gruber, A. (2016) Anti-rape culture, *Kansas Law Review*, 64, 1027-53.
- Hadjimatheou, K. (2022) 'Social care told me I had to': Empowerment and responsabilization in the Domestic Violence Disclosure Scheme, *The British Journal of Criminology*, 62, 320-36.
- Hafer, C.L. & Bègue, L. (2005) Experimental research on Just-World Theory: Problems, developments and future challenges, *Psychological Bulletin*, 131, 1, 128-67.
- Hall, R. (2004) "It can happen to you": Rape prevention in the age of risk management, *Hypatia*, 19, 3, 1-19.
- Halse, C., Hartung, C. & Wright, J. (Eds.) (2016) *Responsibility and Responsibilisation in Education*, Routledge: Oxford UK.
- Hang, M-K.Y. & Thao, T.H. (2005) Hmong women's peace. In E. Buchwald, P.R. Fletcher & M. Roth (Eds.) *Transforming a Rape Culture*, Milkweed Editions: Minnesota, USA.
- Hansen, P. & Ainsworth, F. (2007) Parent blaming in child protection and health settings: A matter for concern, *Children Australia*, 32, 3, 29-35.
- Harding, J.M. (1997) *Adorno and "A Writing of the Ruins"*, State University of New York Press: New York, USA.
- Harvey, J. (1999) *Civilized Oppression*, Rowman: Maryland, USA.
- Haynes, D.F. (2004) Used, abused, arrested and deported: Extending immigration benefits to protect the victims of trafficking and to secure the prosecution of traffickers, *Human Rights Quarterly*, 26, 221-72.
- Heider, F. (1958) *The Psychology of Interpersonal Relations*. Wiley: New York, USA.
- Heath, N.M., Lynch, S.M., Fritch, A.M., McArthur, L.N. & Smith, S.L. (2011) Silent survivors: Rape myth acceptance in incarcerated women's narratives of disclosure and reporting of rape, *Psychology of Women Quarterly*, 35, 4, 596-610.
- Henning, K. & Holdford, R. (2006) Minimization, denial, and victim blaming by batterers: How much does truth matter? *Criminal Justice and Behavior*, 33, 1, 110-30.
- Her Majesty's Crown Prosecution Service Inspectorate & Her Majesty's Inspectorate of Constabulary. (2007). *Without consent: A report on the joint review of the investigation and prosecution of rape offences*. Home Office: London, UK. Accessed 23 June 2022 [[https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2014/04/Without\\_Consent\\_Thematic.pdf](https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2014/04/Without_Consent_Thematic.pdf)].
- Herbert, T.B. & Dunkel-Schetter, C. (1992). Negative social reactions to victims: An overview of responses and their determinants. In L. Montada, S. Fillipp & M.J. Lerner (Eds.), *Life Crises and Experiences of Loss in Adulthood*, Lawrence Erlbaum Associates: New Jersey, USA.
- Herman, D.F. (1984) The rape culture. In J. Freeman (Ed) *Women: A Feminist Perspective*, Mountain View: California, USA.

- Hernández-Ávila, I. (2005) In praise of insubordination, or, what makes a good woman go bad. In E. Buchwald, P.R. Fletcher & M. Roth (Eds.) *Transforming a Rape Culture*, Milkweed Editions: Minneapolis, USA.
- Hesse-Biber, S.N. (Ed.) (2012) *The Handbook of Feminist Research: Theory and Praxis* (2nd Ed), Sage Publications: London, UK.
- Hill, C. & Johnson, H. (2020) Online interpersonal victimization as a mechanism of social control of women: An empirical examination, *Violence Against Women*, 26, 12-13, 1681-1700.
- Hill Collins, P. (2000) *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Routledge: New York, USA.
- Hinck, S.S. & Thomas, R.W. (1999) Rape myth acceptance in college students: How far have we come? *Sex Roles*, 40, 815-32.
- HM Government (2011) *Call to End Violence Against Women and Girls: Action Plan*. Accessed 17 February 2022 [<https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls-action-plan>].
- Hockett, J.M. & Saucier, D.A. (2015) A systematic literature review of “rape victims” versus “rape survivors”: Implications for theory, research and practice, *Aggression and Violent Behaviour*, 25, 1-14.
- Holland, J. & Ramazanoglu, C. (1994) Coming to conclusions: Power and interpretation in researching young women’s sexuality. In M. Maynard & J. Purvis (Eds.) *Researching Women’s Lives from a Feminist Perspective*, Taylor & Francis: London, UK.
- Holstein, J.A. & Miller, G. (1990) Rethinking victimization: An interactional approach to victimology, *Symbolic Interaction*, 13, 1, 103-22.
- hooks, b. (1984) *Feminist Theory: From Margin to Center*, Routledge: New York, USA.
- hooks, b. (1994) *Killing Rage: Ending Racism*, Henry Holt and Company, Inc.: New York, USA.
- hooks, b. (2005). Seduced by violence no more. In E. Buchwald, P. R. Fletcher & M. Roth (Eds.) *Transforming a Rape Culture*, Milkweed Editions: Minneapolis, USA.
- Horowitz, J. & Reidbord, S.P. (1992) Memory, emotion, and response to trauma. In S-A. Christianson (Ed.) *The Handbook of Emotion and Memory: Research and Theory*, Psychology Press: New York, USA.
- Horvath, M.A. & Brown, J. (2006) The role of drugs and alcohol in rape, *Medicine, Science and the Law*, 46, 219-28.
- Ibrahim, N. (2012) Investigating the dualistic nature of empathy and empathizing. Master’s Thesis, Mount Saint Vincent University: Canada. Accessed 23 June 2022 [<http://dc.msvu.ca:8080/xmlui/bitstream/handle/10587/1190/NaeIbrahimMASPThesis2012.pdf?sequence=1&isAllowed=y>].
- Idisis, Y., Ben-David, S. & Ben-Nachum, E. (2007) Attribution of blame to rape victims among therapists and non-therapists, *Behavioral Sciences & the Law*, 25, 103-20.

Jane, E.A. (2016) Online misogyny and feminist vigilantism, *Continuum: Journal of Media & Cultural Studies*, 30, 2, 284-97.

Janoff-Bulman, R. (1979) Characterological versus behavioural self-blame: Inquiries into depression and rape, *Journal of Personality and Social Psychology*, 37, 10, 1798-809.

Janoff-Bulman, R. (1985) The aftermath of victimization: Rebuilding shattered assumptions, In C.R. Figley (Ed). *Trauma and Its Wake*, Brunner/Mazel: Bristol, USA.

Janoff-Bulman, R. (1992) *Shattered Assumptions*, The Free Press: New York, USA.

Janoff-Bulman, R. & Frieze, I.H. (1983) A theoretical perspective for understanding reactions to victimization, *Journal of Social Issues*, 39, 2, 1-17.

Jay, A. (2014) *Independent Inquiry into Child Sexual Exploitation in Rotherham: 1997-2013*, Rotherham Metropolitan Borough Council. Accessed 23 June 2022  
[<https://www.rotherham.gov.uk/downloads/file/279/independent-inquiry-into-child-sexual-exploitation-in-rotherham>].

Jayaratne, T.E. & Stewart, A.J. (1991) Quantitative and qualitative methods in the social sciences: Current feminist issues and practical strategies. In M.M. Fobow & J.A. Cook (Eds.) *Beyond Methodology: Feminist Scholarship as Lived Research*, Indiana University Press: Indiana, USA.

Johnstone, L. (2019) Do you still need your psychiatric diagnosis? In J. Watson (Ed.) *Drop the Disorder! Challenging the Culture of Psychiatric Diagnosis*, PCCS Book Ltd.: Monmouth, UK.

Jones, E.E. & Davies, K.E. (1965) From acts to dispositions: The attribution process in person perception. In L. Berkowitz (Ed.) *Advances in Experimental Social Psychology Volume II*, Academic Press: San Diego, USA.

Jones, E.E., & Nisbett, R.E. (1972). The actor and the observer: Divergent perceptions of the causes of behavior. In E. E. Jones, D. Kanouse, H. H. Kelley, R. E. Nisbett, S. Valins, & B. Weiner (Eds.), *Attribution: Perceiving the Causes of Behavior*. Cambridge University Press: Cambridge, UK.

Jones, C. & Aronson, E. (1973) Attribution of fault to a rape victim as a function of respectability of the victim, *Journal of Personality and Social Psychology*, 26, 3, 415-9.

Jordan, J. (2001) Worlds apart? Women, rape and the police reporting process, *British Journal of Criminology*, 41, 679-706.

Jordan, J. (2004a) *The Word of a Woman? Police, Rape and Belief*. Palgrave Macmillan: Hampshire, UK.

Jordan, J. (2004b) Beyond belief? Police, rape and women's credibility, *Criminal Justice*, 4, 1, 29-59.

Jordan, J. (2008) *Serial Survivors: Women's Narratives of Surviving Rape*, The Federation Press: NSW, Australia.

Jordan, J. (2012) Silencing rape, silencing women. In Brown J & Westlake S (Eds.) *Handbook on Sexual Violence*, Routledge: London, UK.

- Jordan, J. & Mossman, E. (2017) "Don't ever give up!" Resisting victimhood through self-defense, *Journal of Interpersonal Violence*, 1-26.
- Jost, J.T. & Banaji, M. (1994) The role of stereotyping in System-Justification and the production of false consciousness, *British Journal of Social Psychology*, 33, 1, 1-27.
- Jost, J.T. & Hamilton, D. L. (2005) Stereotypes in our culture. In Dovidio, J.F., Glick, P. & Rudman, L.A. (Eds.) *On the Nature of Prejudice: Fifty Years after Allport*, Blackwell: New York, USA.
- Kalra, G. & Bhugra, D. (2013) Sexual violence against women: Understanding cross-cultural intersections, *Indian Journal of Psychiatry*, 55, 3, 244-9.
- Kamradt-Scott, A. (2016) WHO's to blame? The World Health Organization and the 2014 Ebola outbreak in West Africa, *Third World Quarterly*, 37, 3, 401-18.
- Kassing, L.R., Beesley, D. & Frey, L.L. (2005) Gender role conflict, homophobia, age, and education as predictors of male rape myth acceptance, *Journal of Mental Health Counselling*, 27, 4, 311-28.
- Kelley, H.H. (1967). Attribution theory in social psychology. In D. Levine (Ed.), *Nebraska Symposium on Motivation* (Volume 15). University of Nebraska Press: Nebraska, USA.
- Kelley, H.H. (1972) Attribution in social interaction. In E.E. Jones, D. Kanouse, H.H. Kelley, R.E. Nisbett, S. Valins, & B. Weiner (Eds.), *Attribution: Perceiving the Causes of Behavior*, Cambridge University Press: Cambridge, UK.
- Kelly, L. (1988) *Surviving Sexual Violence*, Polity Press: Cambridge, UK.
- Kelly, L. (1999) A war of attrition, *Trouble and Strife*, 40, 9-16.
- Kelly, L. (2003) The wrong debate: Reflections on why force is not the key issue with respect to trafficking in women for sexual exploitation, *Feminist Review*, 73, 139-144.
- Kelly, L. (2004) The perils of inclusion and exclusion: International debates on the status of trafficked women as victims, *International Review of Victimology*, 11, 33-47.
- Kelly, L. (2007) A conducive context: Trafficking of persons on Central Asia. In M. Lee (Ed.) *Human Trafficking*, Willan: Devon, UK.
- Kelly, L. (2010) The (in)credible words of women: False allegations in European rape research, *Violence Against Women*, 16, 12, 1345-55.
- Kelly, L. (2012) Standing the test of time? Reflections on the concept of the continuum of sexual violence. In J. Brown and S. Walklate (eds.) *Handbook on Sexual Violence*, Routledge: London, UK.
- Kelly, L. (2015) Violence against women. In V. Robinson & D. Richardson (Eds.) *Introducing Gender & Women's Studies* (4<sup>th</sup> Ed.), Palgrave MacMillan: London, UK.
- Kelly, L. (2016) The conducive context of violence against women and girls, *Discover Society*, 1 March 2016, Accessed 23 June 2022 [[www.discoversociety.org/2016/03/01/theorising-violence-against-women-and-girls](http://www.discoversociety.org/2016/03/01/theorising-violence-against-women-and-girls)].

Kelly, L. (2019) *Coercive Control*. Talking Research Podcast 24 November 2019. Accessed 19.10.21 [<https://talkingresearch.transistor.fm/9>].

Kelly, L. (2022) 'Sexual violence is a fault line of patriarchy'. Personal communication, 9<sup>th</sup> March 2022.

Kelly, L., Burton, S. & Regan, L. (1994) Researching women's lives or studying women's oppression? Reflections on what constitutes feminist research. In M. Maynard & J. Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*, Taylor & Francis: London, UK.

Kelly, L., Burton, S. & Regan, L. (1996) Beyond victim or survivor: Sexual violence, identity and feminist theory and practice. In L. Adkins & V. Merchant (Eds.) *Sexualizing the Social: Power and the Organization of Sexuality*, Macmillan Press: Hampshire, UK.

Kelly, L. & Radford, J. (1990) 'Nothing really happened': The invalidation of women's experiences of sexual violence, *Critical Social Policy*, 10, 30, 39-53.

Kelly, L., Regan, L. & Burton, S. (1992) Defending the indefensible? Quantitative methods and feminist research. In H. Hinds, A. Phoenix & J. Stacey (Eds.) *Working Out: New Directions in Women's Studies*, Falmer Press: London, UK.

Kelly, L., Regan, L. & Burton, S. (2000) Sexual exploitation: A new discovery or one part of the continuum of sexual abuse in childhood? In C. Itzin (Ed.) *Home Truths About Child Sexual Abuse*, Routledge: Abingdon, UK.

Kelly, L., Lovett, J. & Regan, L. (2005) *A gap or a chasm? Attrition in reported rape cases*, Home Office Research Study 293, London: Home Office. Accessed 23 June 2022 [<https://cwasu.org/resource/a-gap-or-a-chasm-attrition-in-reported-rape-cases/>].

Kelly, L., Sharp, N. & Klein, R. (2014) *Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence*, Report CWASU & Solace Women's Aid. Accessed 23 June 2022 [<http://repository.londonmet.ac.uk/1483/>].

Kerstetter, W.A. (1990) Gateway to justice: Police and prosecutorial response to sexual assaults against women, *The Journal of Criminal Law and Criminology*, 81, 2, 267-313.

Kessel, A. (2022) Rethinking rape culture: Revelations of intersectional analysis, *American Political Science*, 116, 1, 131-43.

Killean, R., McAlinden, A. & Dowds, E. (2022) Sexual violence in the digital age: Replicating and augmenting harm, victimhood and blame, *Social & Legal Studies*, 1-22.

Kitzinger, J. (1994) The methodology of focus groups: The importance of interaction between research participants, *Sociology of Health & Illness*, 16, 1, 103-21.

Kitzinger, J. (1995) Introducing focus groups, *British Medical Journal*, 311, 299-302.

Klinke, C.L. & Meyer, C. (1990) Evaluation of rape victim by men and women with high and low belief in a just world, *Psychology of Women Quarterly*, 14, 343-53.

Kohlberg, L. (1963) The development of children's orientation toward a moral order, *Vita Humana*, 6, 11-33.

- Konradi, A. (1996) Preparing to testify: Rape survivors negotiating the criminal justice process, *Gender and Society*, 10, 4, 404-32.
- Konrath, S.H., O'Brien, E.H. & Hsing, C. (2011) Changes in dispositional empathy in American college students over time: A meta-analysis, *Personality and Social Psychology Review*, 15, 2, 180-98.
- Koss, M.P., Gidycz, C.A. & Wisniewski, N. (1987) The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of Higher Education students, *Journal of Consulting and Clinical Psychology*, 55, 2, 162-70.
- Koss, M.P. & Harvey, M.R. (1991) *The Rape Victim: Clinical and Community Interventions* (2<sup>nd</sup> Ed.), Sage Publications: California, USA.
- Krahé, B., Temkin, J. & Bieneck, S. (2007) Schema-driven information processing in judgements about rape, *Applied Cognitive Psychology*, 21, 601-19.
- Krznaric, R. (2008) *You are therefore I am: How empathy education can create social change*, Oxfam GB Research Report: London, UK.
- Kupers, T.A. (2005) Toxic masculinity as a barrier to mental health treatment in prison, *Journal of Clinical Psychology*, 61, 6, 713-24.
- LaPiere, R. (1934) Attitudes versus actions, *Social Forces*, 13, 230-7.
- LaPiere, R.T. (2008) Attitudes vs. actions. In R.H. Fazio & R. E. Petty (Eds.) *Attitudes: Their Structure, Function, and Consequences*, Psychology Press: New York, USA.
- La Prairie, C. (1999) Some reflections on new criminal justice policies in Canada: Restorative justice, alternative measures and conditional sentences, *The Australian and New Zealand Journal of Criminology*, 32, 2, 139–52.
- Ladd-Taylor, M. & Umansky, L. (1998) *'Bad' Mothers: The Politics of Blame in Twentieth-Century America*, New York University Press: New York, USA.
- Lamb, S. (1999) *New Versions of Victims: Feminists Struggle with the Concept*, New York University Press: New York, USA.
- Landström, S., Strömwall, L.A. & Alfredsson, H. (2016) Blame attributions in sexual crimes: Effects of belief in a just world and victim behavior, *Nordic Psychology*, 68, 1, 2-11.
- Langer, L.L. (1980) The dilemma of choice in the deathcamps, *Centerpoint*, 4, 53-59.
- Lee, B.A., Lewis, D.W. & Jones, S.H. (1992) Are the homeless to blame? A test of two theories, *The Sociological Quarterly*, 33, 4, 535-52.
- Lee, M.Y., Campbell, A.R. & Mulford, C.L. (1999) Victim-blaming tendency toward people with AIDS among college students, *The Journal of Social Psychology*, 139, 3, 300-8.
- Lees, S. (2000) Marital rape and marital murder. In J. Hanmer & C. Itzin (Eds.) *Home Truths About Domestic Violence: Feminist Influences on Policy and Practice*, Routledge: Abingdon, UK.
- Lerner, M.J. & Simmons, C.H. (1966) Observer's reaction to the "innocent victim": Compassion or rejection? *Journal of Personality and Social Psychology*, 4, 2, 203-20.



- Lerner, M. (1974a) Social psychology of justice and interpersonal attraction, In T.L. Huston (Ed.) *Foundations of Interpersonal Attraction*. Academic Press: London, USA.
- Lerner, M. (1974b) The justice motive: 'Equity' and 'parity' among children, *Journal of Personality and Social Psychology*, 29, 4, 539-50.
- Lerner, M.J. & Miller, D.T. (1978) Just world research and the attribution process: Looking back and ahead, *Psychological Bulletin*, 85, 5, 1030-51.
- Lerner, M.J. (1980) *Belief in a Just World*. Plenum Press: New York, USA.
- Leserman, J. (2005) Sexual abuse history: Prevalence, health effects, mediators, and psychological treatment, *Psychosomatic Medicine*, 67, 6, 906-15.
- Letherby, G. (2003) *Feminist Research in Theory and Practice*, Open University Press: Buckingham, UK.
- Lievore, D. (2005) *No Longer Silent: A study of women's help-seeking decisions and service responses to sexual assault*, Australian Institute of Criminology Report, Australian Government Office for Women. Accessed 23 June 2022  
[<https://www.aic.gov.au/sites/default/files/2020-05/no-longer-silent-a-womens-help-seeking-decisions-and-service-responses-to-sexual-assult.pdf>].
- Litton Fox, G. (1977) "Nice Girl": Social control of women through a value construct, *Journal of Women in Culture and Society*, 2, 4, 805-17.
- Lonsway, K.A. & Fitzgerald, L.F. (1994) Rape myths: In review, *Psychology of Women Quarterly*, 18, 133-64.
- Lovett, J., Regan, L. and Kelly, L., (2004) *Sexual Assault Referral Centres: Developing Good Practice and Maximising Potentials* (Vol. 285). Home Office: London, UK.
- Luginbuhl, J. & Mullin, C. (1981) Rape and responsibility: How and how much is the victim blamed? *Sex Roles*, 7, 547-59.
- Lundgren, E. (1998) The hand that strikes and comforts: Gender construction and the tension between body and symbol. In R.E. Dobash & R.P. Dobash (Eds.) *Rethinking Violence Against Women*, SAGE Publications: Thousand Oaks, USA.
- Maas, A., Cadinu, M., Guarnieri, G. & Grasselli, A. (2003) Sexual harassment under social identity threat: The computer harassment paradigm, *Interpersonal Relations and Group Processes*, 85, 5, 853-70.
- Macrae, C.N., Bodenhausen, G.V., Milne, A.B. & Jetten, J. (1994) Out of mind but back in sight: Stereotypes on the rebound, *Journal of Personality and Social Psychology*, 67, 5, 808-17.
- Madigan, L. & Gamble, N. (1991) *The Second Rape: Society's Continued Betrayal of the Victim*, Jossey-Bass Inc.: San Francisco, USA.
- Malle, B.F. (2011) Attribution theories: How people make sense of behaviour. In D. Chadee (Ed.) *Theories in Social Psychology*, Wiley-Blackwell: New Jersey, USA.
- Mannheim, K. (1936) *Ideology and Utopia*, Routledge: Abingdon, UK.

- Manne, K. (2018) *Down Girl: The Logic of Misogyny*, Oxford University Press: Oxford, UK.
- Marshall, A. (1994) Sensuous sapphires: A study of the social construction of Black female sexuality. In M. Maynard & J. Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*, Taylor & Francis: London, UK.
- Martin, P.Y. (2005) *Rape Work: Victims, Gender, and Emotions in Organization and Community Context*, Routledge: London, UK.
- Martin, P.Y. & Powell, R.M. (1994) Accounting for the "second assault": Legal organizations' framing of rape victims, *Law & Social Inquiry*, 19, 4, 853-90.
- Martin, J.F. (2007) Children's attitudes towards superheroes as a potential indicator of their moral understanding, *Journal of Moral Education*, 36, 2, 239-50.
- Mason, G.E, Ullman, S., Long, S.E., Long, L. & Starzynski, L. (2009) Social support and risk of sexual assault revictimization, *Journal of Community Psychology*, 37, 1, 58-72.
- Mateosian, G.M. (1993) *Reproducing Rape Domination Through Talk in the Courtroom*, University of Chicago Press: Chicago, USA.
- Maynard, M. (1994) Methods, practice and epistemology: The debate about feminism and research. In M. Maynard & J. Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*, Taylor & Francis: London, UK.
- McCann, L. & Pearlman, L.A. (1990) *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*, Routledge: London, UK.
- McEwan, J. (2003) *The Verdict of the Court: Passing Judgment in Law and Psychology*, Hart Publishing: Oxford, UK.
- McGuire, W.J. (1985) Attitudes and attitude change. In G. Lindzey & E. Aronson (Eds.) *Handbook of Social Psychology* (3<sup>rd</sup> Ed.), Random House: New York, USA.
- McIntosh, P. (2010) *White Privilege: Unpacking the Invisible Knapsack*. Seeking Educational Equity and Diversity: Wellesley, USA.
- McMahon, S. (2010) Rape Myth Beliefs and Bystander Attitudes Among Incoming College Students, *Journal of American College Health*, 59, 1, 3-11.
- McMahon, S. & Farmer, G.L. (2011) An updated measure for assessing subtle rape myths, *Social Work Research*, 35, 2, 71-81.
- Medea, A. & Thompson, K. (1975) *Against Rape*, Peter Owen: London, UK
- Mendelsohn, B. (1947) *New Biopsychosocial Horizons: Victimology*, Paper Presented to the Psychiatric Society of Bucharest, Coltzea State Hospital, Hungary.
- Miles-McLean, H., Liss, M., Erchull, M.J., Robertson, C.M., Hagerman, C., Gnoleba, M.A. & Papp, L.J. (2014) "Stop looking at me!": Interpersonal sexual objectification as a source of insidious trauma, *Psychology of Women Quarterly*, 39, 3, 363-74.

- Miller, T. & Bell, L. (2002) Consenting to what? Issues of access, gate-keeping and 'informed' consent. In T. Miller, M. Birch, Mauthner, M. & Jessop, J. (Eds.) *Ethics in Qualitative Research*, Sage: London, UK.
- Miller, T., Birch, M., Mauthner, M. & Jessop, J. (Eds.) (2002) *Ethics in Qualitative Research*, Sage: London, UK.
- Mills, C.W. (1959) *The Sociological Imagination*, Oxford University Press: Oxford, UK.
- Miriam, K. (2005) Stopping the traffic in women: Power, agency and abolition in feminist debates over sex-trafficking, *Journal of Social Philosophy*, 36, 1, 1-17.
- Monkton-Smith, J. (2022) *In Control: Dangerous Relationships and How They End in Murder*, Bloomsbury Publishing Plc: London, UK.
- Montell, F. (1999) Focus group interviews: A new feminist method, *NWSA Journal*, 11, 1, 44-71.
- Moorti, S. (2002) *Color of Rape: Gender and Race in Television's Public Spheres*, State University of New York Press: Albany, USA.
- Moran, C. (2017) Re-positioning female heterosexuality within postfeminist and neoliberal culture, *Sexualities*, 20, 1-2, 121-39.
- Moran, B. & Salter, M. (forthcoming) Therapeutic politics and the institutionalisation of dignity: 'Treated like the Queen', *Sociological Review*.
- Morris, M. W. & Peng, K. (1994) Culture and cause: American and Chinese attributions for social and physical events, *Journal of Personality and Social Psychology*, 67, 6, 949-71.
- Munsch, C.L. & Willer, R. (2012) The role of gender identity threat in perceptions of date rape and sexual coercion, *Violence Against Women*, 18, 10, 1125-46.
- Myrdal, G. (1944) *An American Dilemma*, Harper & Brothers: New York, USA.
- Nelson, S. (2016) *Tackling Child Abuse: Radical Approaches to Prevention, Protection and Support*, Policy Press: Bristol, UK.
- Nelson, S., Baldwin, N. & Taylor, J. (2011) Medically unexplained symptoms in adult survivors of childhood sexual abuse: Interpretative review, *Journal of Psychiatric and Mental Health Nursing*, 19, 211-20.
- NHS England (2018) *Active signposting frees up 80 inappropriate GP appointments a week*, Case Studies, January 2019. Accessed 29 April 2022 [<https://www.england.nhs.uk/publication/active-signposting-frees-up-80-inappropriate-gp-appointments-a-week/>].
- Nisbett, R. & Ross, L. (1980) *Human Inference: Strategies and Shortcomings of Social Judgment*, Prentice Hall, Inc.: New Jersey, USA.
- Norris, J. & Cubbins, L.A. (1992) Dating, drinking, and rape: Effects of victim's and assailant's alcohol consumption on judgments of their behaviour and traits, *Psychology of Women Quarterly*, 16, 179-91.

Nowell, L.S. & Norris, J.M., White, D.E. & Moules, N.J. (2017) Thematic analysis: Striving to meet the trustworthiness criteria, *International Journal of Qualitative Methods*, 16, 1-13.

Oakley, A. (1981) Interviewing women: a contradiction in terms? In H. Roberts (Ed.) *Doing Feminist Research*, Routledge & Kegan Paul: London, UK.

Oakley, A. (1998) Science, gender, and women's liberation: An argument against postmodernism, *Women's Studies International Forum*, 21, 2, 133-46.

O'Connell, M. (2008) Victimology: A social science in waiting? *International Review of Victimology*, 15, 91-104.

O'Connell, R.W. (2005) *Masculinities* (2<sup>nd</sup> Ed.), Polity Press: Cambridge, UK.

Orbitz, R.R. & Smith, A.M. (2021) A social identity threat perspective on why partisans may engage in greater victim blaming and sexual assault myth acceptance in the #MeToo era, *Violence Against Women*, 28, 5, 1302-25.

O'Toole, L.L. (2007) Subcultural theory of rape revisited. In L.L. O'Toole, J.R. Schiffman & M.L.K. Edwards (Eds.) *Gender Violence: Interdisciplinary Perspectives*, New York University Press: USA.

O'Toole, L.L., Schiffman, J.R. & Edwards, M.L.K. (2007) *Gender Violence: Interdisciplinary Perspectives*, New York University Press: USA.

ONS (2020) Nature of sexual assault by rape or penetration, England and Wales: year ending March 2020. Report from March 2020 Crime Survey for England and Wales (CSEW). Accessed 7th September 2021  
[<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/natureofsexualassaultbyrapeorpenetrationenglandandwales/latest#effects-of-the-sexual-assault-on-the-victim>].

Ovenden, G. (2012) Young women's management of victim and survivor identities, *Culture, Health and Sexuality*, 14, 8, 941-54.

Paller, C.J., Campbell, C.M., Edwards, R.R. & Dobs, A.S. (2009) Sex-based differences in pain perception and treatment, *Pain Medicine*, 10, 2, 289-99.

Palmer, M. (1991) Feminist practice with survivors of sexual trauma and incest. In M. Bricker-Jenkins, N.R. Hooyman & N. Gottlieb (Eds.) *Feminist Social Work Practice in Clinical Settings*, Sage: London, UK.

Parenti, M. (2006) *The Culture Struggle*, Seven Stories Press: New York, USA.

Park, P. (2006) Knowledge & participatory research. In P. Reason & H. Bradbury (Eds.) *Handbook of Action Research*, Sage: London, UK.

Payne, D.L., Lonsway, K.A. & Fitzgerald, L.F. (1999) Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale, *Journal of Research in Personality*, 33, 27-68.

Pedersen, S.H. & Strömwall, L.A. (2013) Victim blame, sexism and Just-World Beliefs: A cross-cultural comparison, *Psychiatry, Psychology and Law*, 20, 6, 932-41.

- Pennebaker, J.W. (1988) Confiding traumatic experiences and health. In S. Fisher & J. Reason (Eds.) *Handbook of Life Stress, Cognition and Health*, John Wiley & Sons Ltd.: New Jersey, UK.
- Peterson, Z.D. & Muehlenhard, C.L. (2004) Was it rape? The function of women's rape myth acceptance and definitions of sex in labelling their own experiences, *Sex Roles*, 51, 3, 129-44.
- Philips, L.M. (1999) Recasting consent: Agency and victimization in adult-teen relationships. In S. Lamb (Ed.) *New Versions of Victims: Feminists Struggle with the Concept*, New York University Press: New York, USA.
- Philips, N.D. (2016) *Beyond Blurred Lines*, Rowman & Littlefield: Maryland, USA.
- Phoenix, A. (1994) Practising feminist research: The intersection of gender and 'race' in the research process. In M. Maynard & J. Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*, Taylor & Francis: London, UK.
- Pinto, A. (2020) *Why can't I get rid of this belief?* Webinar. 5 June 2020, Wolfson College Science Society, UK.
- Pinto, A. A. & Bright, P. (2016) The biology of resilient beliefs, *Current Ethology*, 15, 1, 30-54.
- Pollard, P. (1992) Judgements about victims and attackers in depicted rapes: A review, *British Journal of Social Psychology*, 31, 307-26.
- Projansky, S (2001) *Watching Rape: Film and Television in Postfeminist Culture*, New York University Press: New York, USA.
- Pugh, A. (1990) My statistics and feminism – a true story. In L. Stanley (Ed.) *Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology*, Routledge: London, UK.
- RASASC (2019) *I wish someone had told me...* Webpage, November 2019. Accessed 24<sup>th</sup> May 2022 [<https://www.rasasc.org.uk/i-wish-someone-had-told-me/>].
- Reinharz, S. (1983) Experiential analysis: a contribution to feminist research. In G. Bowles & R.D. Klein (Eds.) *Theories of Women's Studies*, Routledge & Kegan Paul: London, UK.
- Reinharz, S. (1992) *Feminist Methods in Social Research*, Oxford University Press: Oxford, UK.
- Rentschler, C.A. (2014) Rape culture and the feminist politics of social media, *Girlhood Studies*, 7, 1, 65-82.
- Resick, P.A. & Schnicke, M.K. (1992) Cognitive processing therapy for sexual assault victims, *Journal of Consulting and Clinical Psychology*, 60, 5, 748-56.
- Rich, A. (2003) Compulsory heterosexuality and lesbian experience, *Journal of Women's History*, 15, 3, 11-48.
- Richardson, D.C. & Campbell, L. (1982) Alcohol and rape: The effect of alcohol on attributions of blame for rape, *Personality and Social Psychology Bulletin*, 8, 468-76.

- Roberts, I. & Coggan, C. (1994) Blaming children for child pedestrian injuries, *Social Science & Medicine*, 38, 5, 749-53.
- Root, M.P.P. (1992) Reconstructing the impact of trauma on personality. In L.S. Brown & M. Ballou (Eds.) *Theories of Personality and Psychopathology: Feminist Reappraisals*, Guildford Press: New York, USA.
- Rose, N. (2000) Government and control, *British Journal of Criminology*, 40, 321-39.
- Rose, N. (2007) Beyond medicalisation, *The Lancet*, 369, 700-1.
- Roth, S. & Lebowitz, L. (1988) The experience of sexual trauma, *Journal of Traumatic Stress*, 1, 1, 79-107.
- Rubin, Z. & Peplau, L. A. (1975) Who believes in a Just World? *Journal of Social Issues*, 31, 3, 65-89.
- Russell, D.E.H. (1975) *The Politics of Rape: The Victim's Perspective*, Stein and Day Inc.: New York, USA.
- Russell, K.J. & Hand, C.J. (2017) Rape myth acceptance, victim blame attribution and Just World beliefs: A rapid evidence assessment, *Aggression and Violent Behaviour*, 37, 153-160.
- Russo, A. (1987) Conflicts and contradictions among feminists over issues of pornography and sexual freedom, *Women's Studies International Forum*, 10, 2, 103-12.
- Ryan, W. (1976) *Blaming the Victim* (Rev. Ed.), Vintage: New York, NY.
- Saldaña, J. (2012) *Coding Manual for Qualitative Researchers (2nd Ed.)*, Sage Publications, London, UK.
- Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., Vilenica, S., Martin Monzon, B., & Noack-Lundberg, K. (2020) "A deep wound under my heart": *Constructions of complex trauma and implications for women's wellbeing and safety from violence*, ANROWS: Sydney, Australia. Accessed 23 June 2022  
[<https://www.anrows.org.au/publication/a-deep-wound-under-my-heart-constructions-of-complex-trauma-and-implications-for-womens-wellbeing-and-safety-from-violence/>].
- Savigny, H. (2020) *Cultural Sexism: The Politics of Feminist Rage in the #MeToo Era*, Bristol University Press: Bristol, UK.
- Schafer, S. (1968) *The Victim and his Criminal: A Study in Functional Responsibility*, Random House: New York, USA.
- Schafer, S. (1977) *Victimology: The Victim and his Criminal*, Reston Publishing Company, Inc.: Virginia, USA.
- Schur, E.M. (1984) *Labeling Women Deviant: Gender, Stigma, and Social Control*, McGraw-Hill Inc: New York, USA.
- Scott, S. (1998) Here be dragons: Researching the unbelievable, hearing the unthinkable. A feminist sociologist in uncharted territory, *Sociological Research Online*, 3.3, 98-109.

Seith, C. & Kelly, L. (2003) *Achievements against the grain: Self-defence training for women and girls in Europe*, Child and Woman Abuse Studies Unit, London Metropolitan University. Accessed 23 June 2022 [<https://cwasu.org/wp-content/uploads/2016/06/AchievementsAgainsttheGrain.pdf>].

Shaver, K.G. (1970) Defensive attribution: Effects of severity and relevance on the responsibility assigned for an accident, *Journal of Personality and Social Psychology*, 14, 2, 101-13.

Shaver, K.G. (1975) *An Introduction to Attribution Processes*, Winthrop Publishers: Minnesota, USA.

Shaver, K.G. (1985) *The Attribution of Blame: Causality, Responsibility, and Blameworthiness*, Springer-Verlag: New York, USA.

Shaver, K.G. & Drown, D. (1986) On causality, responsibility, and self-blame: A theoretical note, *Journal of Personality and Social Psychology*, 50, 4, 697-702.

Shaw, M.E. & Sulzer, J.L. (1964) An empirical test of Heider's levels in attribution of responsibility, *Journal of Abnormal and Social Psychology*, 69, 1, 39-46.

Shaw, J.I. & McMartin, J.A. (1973) Effects of who suffers in an automobile accident on judgmental strictness, *Proceedings of the Annual Convention of the American Psychological Association*, American Psychological Association.

Shaw, C. (2019) The language of values; the values of language. In J. Watson (Ed.) *Drop the Disorder! Challenging the Culture of Psychiatric Diagnosis*, PCCS Book Ltd.: Monmouth, UK.

Shechory, M. & Idisis, Y. (2006) Rape myths and social distance toward sex offenders and victims among therapist and students, *Sex Roles*, 54, 9, 651-8.

Shin, S.Y. (2005) Rape, color, and global feminism. In E. Buchwald, P.R. Fletcher & M. Roth (Eds.) *Transforming a Rape Culture*, Milkweed Editions: Minnesota, USA.

Sibley, M.A. & Moore, D. (2020) The silos of sexual violence: Understanding the limits and barriers to survivor-centrism on university campuses. In D. Crocker, J. Minaker & A. Neland (Eds.) *Violence Interrupted: Confronting Sexual Violence on University Campuses*, McGill-Queens University Press: Kingston, Canada.

Silverstein, M. & Spark, R. (2007) Social bridges falling down: Reconstructing a 'troublesome population' of battered women through individual responsabilization strategies, *Critical Criminology*, 15, 327-42.

Sidanius, J. & Pratto, F. (1999) *Social Dominance: An Intergroup Theory of Social Hierarchy and Oppression*, Cambridge University Press: Cambridge, UK.

Silver, C.B. (2003) Gendered identities in old age: Toward (de)gendering? *Journal of Aging Studies*, 17, 4, 379-97.

Silver, R.C., Wortman, C.B. & Crofton, C. (1990) The role of coping in support provision: The self-presentational dilemma of victims of life crises. In B.R. Sarason, I.G. Sarason, & G.R. Pierce (Eds.) *Social Support: An Interactional View*, John Wiley & Sons: Michigan, USA.

- Sinclair, H.C. & Bourne, L.E. (1998) Cycle of blame or Just World: Effects of legal verdicts on gender patterns in rape-myth acceptance and victim empathy, *Psychology of Women Quarterly*, 22, 575-88.
- Skeggs, B. (1994) Situating the production of feminist ethnography. In M. Maynard & J. Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*, Taylor & Francis: London, UK.
- Sleath, E. & Bull, R. (2010) Male rape victim and perpetrator blaming, *Journal of Interpersonal Violence*, 25, 6, 969-88.
- Smith, O. & Skinner, T. (2012) Observing court responses to victims of rape and sexual assault, *Feminist Criminology*, 7, 4, 298-326.
- Sprague, J. (2005) *Feminist Methodologies for Critical Researchers*, Altamira Press: Walnut Creek, USA.
- Stahlberg, D. & Frey, D. (1996) Attitudes, structure, measurement and functions. In M. Hewstone, W. Stroebe & G. Stephenson (Eds.) *Introduction to Social Psychology* (2<sup>nd</sup> Ed.), Blackwell: Oxford, UK.
- Stanko, E.A. (1985) *Intimate Intrusions: Women's Experiences of Male Violence*, Routledge & Kegan Paul Plc: London, UK.
- Stanko, E.A. (1990) Women, crime, and fear, *The Annals of the American Academy of Political and Social Science*, 539, 46-58.
- Stanko, E. (1994) Dancing with denial: Researching women and questioning men. In M. Maynard & J. Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*, Taylor & Francis: London, UK.
- Stanko, E.A. (1997) "I second that emotion": Reflections on feminism, emotionality, and research on sexual violence. In M.D. Schwartz, (Ed.) *Researching Sexual Violence Against Women*, Sage Publications: Thousand Oaks, USA.
- Stanley, L. & Wise, S (1993) *Breaking Out Again: Feminist Ontology and Epistemology* (2<sup>nd</sup> Ed), Routledge New Edition: London, UK.
- Strömwall, L.A., Alfredsson, H. & Landstöm, S. (2012) Rape victim and perpetrator blame and the Just World hypothesis: The influence of victim gender and age, *Journal of Sexual Aggression*, 1-11.
- Suarez, E. & Gadalla, T.M. (2010) Stop blaming the victim: A meta-analysis on rape myths, *Journal of Interpersonal Violence*, 25, 11, 2010-35.
- Survivors' Voices Research Group (2018) *Turning pain into power: A charter for organisations engaging abuse survivors in projects, research & service development*. Survivors Voices. Accessed 23 June 2022 [<https://survivorsvoices.org/charter/>].
- Symonds, M. (1980) The "second injury" to victims of violent acts, *The American Journal of Psychoanalysis*, 70, 34-41.
- Szymanski, D.M. & Balsam, K.F. (2011) Insidious trauma: Examining the relationship between heterosexism and lesbians' PTSD Symptoms, *Traumatology*, 17, 2, 4-13.



Taylor, J. (2020) *Why Women are Blamed for Everything*, Constable Press: London, UK.

Taylor, J. (2022) *Sexy But Psycho: How the Patriarchy Uses Women's Trauma Against Them*, Constable Press: London, UK.

Temkin, J. & Krahé, B. (2008) *Sexual Assault and the Justice Gap: A Question of Attitude*, Hart: Oxford, UK.

Thapar-Björkert, S. & Morgan, K.J. (2010) "But sometimes I think... They put themselves in the situation": Exploring blame and responsibility in interpersonal violence, *Violence Against Women*, 16, 1, 32-59.

Thiara, R.K., Roy, S. & Ng, P. (2015) *Between the lines: Service responses to Black and Minority Ethnic (BME) women and girls experiencing sexual violence*. Imkaan. Accessed June 23 2022: [https://static1.squarespace.com/static/5f7d9f4addc689717e6ea200/t/61e6a3e431014c7291d93213/1642505208352/2015+\_Imkaan+and+University+of+Warwick+%28SWELL%29+\_+Between+the+Lines.pdf].

Thiara, R.K. & Roy, S. (2020) *Reclaiming voice: Minoritised women and sexual violence key findings*. Imkaan. Accessed 23 June 2022 [https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/f98049\_a0f11db6395a48fbbac0e40da899dcb8.pdf]

Thomae, M. & Pina, A. (2015) Sexist humor and social identity: The role of sexist humor in men's in-group cohesion, sexual harassment, rape proclivity, and victim blame, *Humor*, 28, 2, 187-204.

Thompson, L. & Willetts, B (2019) Towards a trauma-informed approach with people who have experienced sexual violence. In J. Watson (Ed.) *Drop the Disorder! Challenging the Culture of Psychiatric Diagnosis*, PCCS Book Ltd.: Monmouth, UK.

Trnka, S. & Trundle, S. (2014) Competing responsibilities: Moving beyond neoliberal responsibilisation, *Anthropological Forum*, 24, 2, 136-53.

Ullman, S.E. (1996a) Social reactions, coping strategies, and self-blame attribution in adjustment to sexual assault. *Psychology of Women Quarterly*, 20, 505-26.

Ullman, S.E. (1996b) Correlates and consequences of adult sexual assault disclosure, *Journal of Interpersonal Violence*, 11, 4, 554-71.

Ullman, S.E. (1996c) Do social reactions to sexual assault victims vary by support provider? *Violence and Victims*, 11, 2, 143-57.

Ullman, S.E. (1999) Social support and recovery from sexual assault: A review, *Aggression and Violent Behaviour*, 4, 3, 343-58.

Ullman, S.E. (2000) Psychometric characteristics of the social reactions questionnaire: A measure of reactions to sexual assault victims, *Psychology of Women Quarterly*, 24, 257-71.

Ullman, S.E. & Siegel, J.M. (1995) Sexual assault, social reactions, and physical health, *Women's Health: Research on Gender, Behaviour and Policy*, 1, 298-308.

- Ullman, S. E., Filipas, H. H., Townsend, S. M. & Starzynski, L. L. (2006) The role of victim-offender relationship in women's sexual assault experiences, *Journal of Interpersonal Violence*, 21, 6, 798-819.
- Valenti, J. (2014) *Full Frontal Feminism*, Seal Press: Seattle, USA.
- Van der Kolk, B. (2014) *The Body Keeps the Score*, Penguin Random House: New York, USA.
- Vera-Gray, F. (2015) *On Situated Agency*. Conference Paper. Awarded Corinna Seith Prize in 2015 at 17<sup>th</sup> Annual WAVE Conference in the Hague.
- Vera-Gray, F. (2016) Situating agency, *Trouble and Strife*, 20 May 2016. Accessed 23 June 2022 [<https://www.troubleandstrife.org/2016/05/situating-agency/>]
- Vera-Gray, F. (2017a) Girlhood, agency, and embodied space for action. In B. Formark, H. Mulari & M. Voipio (Eds.) *Nordic Girlhoods: New Perspectives and Outlooks*, Palgrave MacMillan: Switzerland.
- Vera-Gray, F. (2017b) *Men's Intrusion, Women's Embodiment*, Routledge Research in Gender and Society: Abingdon, UK.
- Vera-Gray, F. (2018) *The Right Amount of Panic: How Woman Trade Freedom for Safety*, Policy Press: Bristol, UK.
- Vera-Gray, F. (2020) The Whole Place Self: Reflecting on the original working practice of Rape Crisis, *Journal of Gender-Based Violence*, 4, 1, 59-72.
- Vera-Gray, F. & Joanknecht, L. (2018) *Space for Self: The therapeutic model of the Rape and Sexual Abuse Support Centre (RASASC)*. Rape Crisis South London, UK.
- Viki, G.T. & Abrams, D. (2002). But she was unfaithful: Benevolent sexism and reactions to rape victims who violate traditional gender roles, *Sex Roles*, 47, 5/6, 289-93.
- Viki, G.T., Thomae, M., Cullen, A. & Fernandez, H. (2007) The effect of sexist humor and type of rape on men's self-reported rape proclivity and victim blame, *Current Research in Social Psychology*, 13, 10, 122-32.
- von Hentig, H. (1940) Remarks on the interaction of perpetrator and victim, *Journal of Criminal Law and Criminology*, 31, 3, 303-9.
- Vrij, A. & Firmin, H.R. (2001) Beautiful thus innocent? The impact of defendants' and victims' physical attractiveness and participants' rape beliefs on impression formulation in alleged rape cases, *International Review of Victimology*, 8, 3, 245-5.
- Walklate, S. (1990) Researching victims of crime: Critical victimology, *Social Justice*, 17, 3, 25-42.
- Walster, E. (1966) Assignment of responsibility for an accident, *Journal of Personality and Social Psychology*, 3, 1, 73-9.
- Ward, C.A. (1995) *Attitudes toward Rape: Feminist and Social Psychology Perspectives*, Sage: London, UK.

- Ward, C.A. & Inserto, F. (1990) *Victims of Sexual Violence: A Handbook for Helpers*, Singapore University Press: Singapore.
- Watson, J. (Ed.) (2019) *Drop the Disorder! Challenging the Culture of Psychiatric Diagnosis*, PCCS Book Ltd.: Monmouth, UK.
- Wasco, S.M. (2003) Conceptualising the harm done by rape: Applications of trauma theory to experiences of sexual assault, *Trauma, Violence, & Abuse*, 4, 4, 309-22
- Weiner, B. (1992) *Human Motivation: Metaphors, Theories and Research*, Sage Publications: New York, USA.
- Weis, K. & Borges, S.S. (1973) Victimology and rape: The case of the legitimate victim, *Issues in Criminology*, 8, 2, 71-116.
- Wendell, S. (1990) Oppression and victimization: Choice and responsibility, *Hypatia*, 5, 3, 15-46.
- Wendt, C. (2016) *Max Weber and Institutional Theory*, Springer Publisher: Switzerland.
- West, A. & Subisatti, A. (2017) Faculty of Horror Episode 48: Crime and Punishment. Accessed 23 June 2022 [<http://www.facultyofhorror.com/2017/03/episode-48-crime-and-punishment-rape-and-revenge-in-i-spit-on-your-grave-1978-and-elle-2016/>]
- West, D.J. (2000) Homophobia: covert and overt. In G.C. Mezey & M.B. King (Eds.) *Male Victims of Sexual Assault*, Oxford University Press: Oxford, UK.
- Westkott, M. (1979) Feminist criticism of the social sciences, *Harvard Educational Review*, 49, 4, 422-30.
- Westmarland, N. (2001) The quantitative/qualitative debate and feminist research: A subjective view of objectivity, *Forum: Qualitative Sozialforschung/Forum: Qualitative Social Research*, 2, 1.
- Whatley, M.A. (1996) Victim characteristics influencing attributions of responsibility to rape victims: A meta-analysis, *Aggression and Violent Behaviour*, 1, 2, 81-95.
- Whittaker, T. (1995) Violence, gender and elder abuse: Towards a feminist analysis and practice, *Journal of Gender Studies*, 4, 1, 35-46.
- Whittier, N. (2016) Where are the children? Theorizing the missing piece in gendered sexual violence, *Gender & Society*, 30, 1, 95-108.
- Wilkinson, S. (1998) Focus groups in feminist research: Power, interaction, and the co-construction of meaning, *Women's Studies International Forum*, 21, 1, 111-25.
- Wilkinson, S. (1999) How useful are focus groups in feminist research? In R.S. Barbour & J. Kitzinger (Eds.) *Developing Focus Group Research: Politics, Theory and Practice*, Sage: London, UK.
- Williams, G. (2003) Blame and responsibility, *Ethical Theory and Moral Practice*, 6, 427-45.
- Williams, L.S. (1984) The classic rape: When do victims report? *Social Problems*, 31, 4, 459-467.

- Williams, J.E. (1984) Secondary victimization: Confronting public attitudes about rape, *Victimology: An international Journal*, 9, 66-81.
- Williams, J.E. & Holmes, K.A. (1981) *The Second Assault*, Greenwood Press: London, UK.
- Wilson, M. & Scholes, A. (2008) The typical rape: Factors affecting victims' decision to report. In J. Wood & T. Gannon (Eds.), *Public Opinion and Criminal Justice*, Willan: Devon, UK.
- Wilson, J. (2016) 'Spaces to speak' of sour milk: Exploring African-Caribbean-British women's activism and agency on childhood sexual abuse from the 1980s to the present day. PhD Thesis, London Metropolitan University, London UK. Accessed 23 June 2022 [<http://repository.londonmet.ac.uk/1251/>].
- Wilson, M. (2001). Black women and mental health: Working towards inclusive mental health services, *Feminist Review*, 68, 34-51.
- Wolf, N. (1993) *Fire with Fire*, Vintage: New York, USA.
- Wolfgang, E.M. (1957) Victim precipitated criminal homicide, *The Journal of Criminal Law, Criminology, and Police Science*, 48, 1, 1-11.
- Wolfgang, M.E. (1958) *Patterns in Criminal Homicide*, University of Pennsylvania: Pennsylvania, USA.
- Wong, A.Y.S., Wong, T.W., Lau, P.F., & Lau, C.C. (2002). Attitude towards rape among doctors working in the emergency department, *European Journal of Emergency Medicine*, 9, 2, 123-6.
- Wood, L.A. & Rennie, H. (1994) Formulating rape: the discursive construction of victims and villains, *Discourse & Society*, 5, 1, 125-48.
- Workman, J.E. & Freeburg, E.W. (1999) An examination of date rape, victim dress, and perceiver variables within the context of Attribution Theory, *Sex Roles*, 41, 261-77.
- Wright, S.E. (1993) Blaming the victim, blaming society or blaming the discipline: Fixing responsibility for poverty and homelessness, *The Sociological Quarterly*, 34, 1, 1-16.
- Wright Mills, C. (1959) *The Sociological Imagination*, Oxford University Press: Oxford, UK.
- Wyatt, G.E. (1992) The sociocultural context of African American and white American women's rape, *Journal of Social Issues*, 48, 1, 77-91.
- Young, J.E., Klosko, J.S. & Weishaar, M.E. (2006) *Schema Therapy: A Practitioner's Guide*, Guildford Press: New York, USA.

# Appendices

## Appendix A: Ethical Approval Form



### LONDON MET RESEARCH ETHICS REVIEW FORM

#### For Research Students and Staff

**Postgraduate research students** (MPhil, PhD and Professional Doctorate): This form should be completed by all research students in full consultation with their supervisor. All research students must complete a research ethics review form before commencing the research or collecting any data and no later than six months after enrolment.

**Staff:** This form should be completed by the member of staff responsible for the research project (i.e. Principal Investigator and/or grant-holder) in full consultation with any co-investigators, research students and research staff before commencing the research or collecting any data.

#### Definition of Research

Research is to be understood as original investigation undertaken in order to gain knowledge and understanding. It includes work of direct relevance to the needs of commerce, industry, and to the public and voluntary sectors; scholarship\*; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research."

Scholarship is defined as the creation, development and maintenance of the intellectual infrastructure of subjects and disciplines, in forms such as dictionaries, scholarly editions, catalogues and contributions to major research databases."

London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice*, along with links to research ethics online courses and guidance materials, can be found on the Research & Postgraduate Office Research Ethics webpage:

<http://www.londonmet.ac.uk/research/current-students/research-ethics/>

London Met's Research Framework can be found here:

<http://www.londonmet.ac.uk/research/current-students/research-framework/>

Researcher development sessions can be found here:

<http://www.londonmet.ac.uk/research/current-students/researcher-development-programme/>

This form requires the completion of the following three sections:

#### SECTION A: APPLICANT DETAILS

#### SECTION B: THE PROJECT - ETHICAL ISSUES

## SECTION C: THE PROJECT - RISKS AND BENEFITS

### SECTION A: APPLICANT DETAILS

<b>A1</b>	<b>Background information</b> Research project title: Victim Blame in Sexual Violence Date of submission for ethics approval: 22 <sup>nd</sup> December 2016 Proposed start date for project: January 2017 Proposed end date for project: January 2022 Ethics ID # (to be completed by RERP chair): 4010117
<b>A2</b>	<b>Applicant details, if for a research student project</b> Name: Amy Beddows London Met Email address: amb0362@my.londonmet.ac.uk
<b>A3</b>	<b>Principal Researcher/Lead Supervisor</b> Member of staff at London Metropolitan University who is responsible for the proposed research project either as Principal Investigator/grant-holder or, in the case of postgraduate research student projects, as Lead Supervisor Name: Professor Liz Kelly Job title: Director of CWASU London Met Email address: <a href="mailto:l.kelly@londonmet.ac.uk">l.kelly@londonmet.ac.uk</a>

### SECTION B: THE PROJECT - ETHICAL ISSUES

<b>B1</b>	<b>The Research Proposal</b>  Please attach a brief summary of the research project including: <ul style="list-style-type: none"> <li>Background/rationale</li> <li>Research questions/aims/objectives</li> <li>Research methodology</li> <li>Review of key literature in this field &amp; conceptual framework for study</li> <li>References</li> </ul> <p>If you plan to recruit participants, be sure to include information how potential participants in the study will be identified, approached and recruited; how informed consent will be obtained; and what measures will be put in place to ensure confidentiality of personal data.</p> <p><u>Review of Key Literature</u></p> <p>The phenomenon of victim blame was first identified in reference to the experience of the African-American community in the 1960s (Ryan, 1976) and has since been observed in many aspects of society including healthcare (Crawford, 1977; Allegrante &amp; Green, 1981; Watt, 2007), education (Blyth &amp; Milner, 1994; Ryan, 1976), disability (Darling, 1987), poverty and homelessness (Wright, 1993). It could be argued that victim blame is most widely associated with crime, especially sexual violence (Acock &amp; Ireland, 1983; Whatley, 1996; Bieneck &amp; Krahe, 2011), yet it is not necessarily a deliberate attempt to blame survivors for their adversity but may come from a position of care, concern and hope for social change (Ryan 1976; Harvey, 1999).</p> <p>Responding to sexual violence is a complex process. It is a crime that occurs across all communities and can affect survivors in many damaging ways (Brownmiller, 1986). The number of reported incidents of sexual violence has increased each year and agencies are</p>
-----------	---

	<p>under greater pressure to support survivors whilst carrying out their primary duties, such as investigation, legal processes or treatment (Angiolini, 2015). Yet it has been shown that even within agencies who regularly support survivors of sexual violence, such as legal and medical services (Bacik, Maunsell &amp; Gogan, 1998; Campbell, 1998; Campbell, 2005), police and SARCs (Kelly, Lovett &amp; Regan, 2005), therapists (Idisis, Ben-David &amp; Ben-Nachum, 2007) and immigration staff (Haynes, 2004), responsibility for the violence is often attributed to survivors rather than perpetrators. Research suggests that agencies are often unaware of the impact that their blaming statements or actions can have on survivors (Campbell, 2005).</p> <p>The negative impact of victim blame has been well-documented (Kerstetter, 1990; Madigan &amp; Gamble, 1991; Campbell et al, 1999; Kelly, Lovett &amp; Regan, 2005; Okan, 2011) but less attention has been given to the ways that blame can be communicated. Current definitions of victim blame focus on intention (Wendell, 1990; Harvey, 1999) or on purely verbal forms of communication – such as questions about appearance or sexual behaviour (Campbell, 2005) – with little research into the subtler, more covert ways that blame may be communicated to survivors (Herbert and Dunkel-Schetter, 1992; Ahrens and Campbell, 2000). Considering the negative impact of victim blame, a greater understanding of the ways that blame can be communicated is an important step towards minimising such responses, especially from agencies who support survivors of violence.</p> <p>Research has also neglected the impact of working in an environment where victim blame is prevalent. Kelly, Lovett and Regan found a culture of scepticism among police and prosecutors (2005) and there is suggestion that 'burnout' in caring professions can foster cynicism and a tendency to blame survivors (Bakker &amp; Heuven, 2006). Although causation is unclear, it may be that victim blame is damaging to the 'blamers' as well as to the blamed.</p> <p>Finally, there has been some discussion regarding the minimisation of victim blame through education (Amar, 2008; Davis, Taylor, &amp; Bench, 1995; Ullman, 1999; Fox &amp; Cook, 2011), an overhaul of the investigative process (Kelly, Lovett &amp; Regan, 2005), victim advocacy (Campbell, 2006), use of terminology (Illingworth, 1990; Kelly &amp; Radford, 1990) and legislative change (Anderson 2002; Crown Prosecution Service, 2012). Yet without a clearer understanding of the presentation, prevalence and impact of victim blame within supporting agencies, it is difficult to implement and measure effective strategies for change.</p> <p><u>Rationale</u></p> <p>As a psychotherapist and sexual assault victim advocate, I often witnessed victim blaming responses from agencies that work with survivors and the emotional and physical impact of such responses on them. I observed the communication of blame through statements and actions but also via body language, procedures and the environment within which survivors were interviewed and treated. I also witnessed examples of good practice, demonstrating that agencies and individuals can respond in a way that is supportive and non-blaming.</p> <p>Despite the pressures on services and the individuals working within them, there is scope to improve the experience of survivors by understanding and minimising the ways that blame is communicated. This project will explore this avenue of potential change.</p> <p><u>Research Aims and Objectives</u></p> <p>The current project will explore the ways that victim blame may be communicated, with a view to minimising such responses from professionals who work with survivors of sexual violence.</p> <p>The research objectives are:</p>
--	---

	<ul style="list-style-type: none"> <li>• to investigate the different ways that victim blame can be communicated to survivors of sexual violence, including an exploration of overt (eg comments, actions) and covert (eg body language, procedures) forms of victim blame;</li> <li>• to explore how common these forms of victim blame are within agencies who work with survivors;</li> <li>• to evaluate the impact of victim blame on the individuals who work within these agencies.</li> </ul> <p><u>Research Methodology</u></p> <p>The project will be a three stage study using qualitative and quantitative data collection methods.</p> <ul style="list-style-type: none"> <li>• Stage 1 will involve focus groups to explore the responses (positive and negative) experienced by survivors of sexual violence, addressing victim blame and being treated with respect from agencies.</li> <li>• Stages 2 and 3 will use data from the focus groups to develop quantitative research instruments to further explore the experience of survivors, the prevalence of victim blame in supporting agencies and the impact of victim blame on the individuals working in these agencies.</li> </ul> <p>It is hoped that this combination of qualitative and quantitative methods will allow for the gathering of rich, in-depth data from a wide range of respondents to better understand the process of victim blame from a survivor and agency perspective.</p> <p>This application is limited to Stage 1 of the study and a separate application will be made when the methodology for Stage 2 has been finalised.</p> <p><u>Participant Recruitment</u></p> <p>Participants in the focus groups will be female survivors of sexual violence who are over the age of 18 and currently in contact with support services in the UK (such as Rape Crisis or community support groups). It is anticipated that support staff will be the gate-openers to potential participants by asking women in contact with their services if they would be willing to take part. This is to ensure that participants have existing networks of support in case their involvement with the project causes any distress. It is hoped that participants will represent a range of ages, ethnicities and socioeconomic backgrounds and where possible, will be recruited from services that serve both urban and rural locations in the UK.</p> <p><u>Informed Consent</u></p> <p>It is anticipated that support service staff will initially obtain consent from potential participants to be contacted by researchers for the project. Once this initial consent has been assured, an invitation will be sent with information about the project. Consent will be revisited at each point of contact (initial contact, invitation to focus groups, at the start and end of focus groups, in any follow-up contact). Participants will also be asked if they consent to their responses being used in the project and will be offered the opportunity to provide feedback on the development of the research instruments, to ensure that they are happy with the way that their information is being used.</p> <p>At each stage, the discussion around consent will include:</p> <ul style="list-style-type: none"> <li>- the purpose of the research and what participation will entail – that the focus groups will be exploring responses to sexual violence rather than expecting participants to describe their experiences of abuse</li> <li>- any potential risks to participation (such as distress)</li> </ul>
--	---



<b>B2</b>	<ul style="list-style-type: none"> <li>- who will have access to data and how the data will be stored (see ‘Confidentiality of Data’)</li> <li>- the limitations of confidentiality and safeguarding obligations</li> <li>- the right to withdraw from the research, the options and process for doing so and the point at which withdrawal will not be possible (for example, after data has been published)</li> </ul> <p>This information will also be provided to the participants in writing. At each stage of the research, it will be emphasised that withdrawal will not result in any penalty to the participant.</p> <p>There are limited circumstances where researchers are statutorily required to disclose knowledge of a crime: terrorist offences; money laundering; treason; preventing burial. It is extremely unlikely that such issues will arise during the project but if they do, the legal obligations will be discussed with participants.</p> <p><u>Confidentiality of Data</u></p> <p>Several steps will be taken to ensure that participant right to privacy and confidentiality of personal data is upheld at all times:</p> <ul style="list-style-type: none"> <li>• A data management plan will be developed to account for the creation, storage and management of all information gathered during the research in line with data protection guidelines and London Metropolitan University research guidelines.</li> <li>• Participants in the focus groups will be offered the option of anonymous identification during the group (names of their choosing, numbers or letters).</li> <li>• Data will be coded as soon as possible after collection using unique reference numbers to protect participant confidentiality and data robustness.</li> <li>• The research instruments developed at the later stages of the project will omit any information that could identify participants such as names or specific details.</li> <li>• Electronic data will be stored on CWASU’s secure section of the university servers, to which only CWASU staff will have access. Any paper-based data (focus group notes/transcriptions) will be stored in locked filing cabinets in a locked office.</li> <li>• Participants will be referred to generically (eg survivor) in published materials to preserve anonymity.</li> <li>• Notes will be kept on all communications where participants have been informed of their rights and their ability to withdraw from the research project.</li> </ul> <p>The above steps will be fully explained to participants at the point at which informed consent is discussed, to assure them that they will not be identifiable from their responses and as a reminder of their right to withdraw from the research.</p>
	<p><b>Research Ethics</b></p>

	<p>Please outline any ethical issues that might arise from this study and how they are to be addressed.</p> <p><b>NB</b> All research projects have ethical considerations. Please complete this section as fully as possible using the following pointers for guidance. Please include any additional information that you think would be helpful.</p> <ul style="list-style-type: none"> <li>• Does the project involve potentially deceiving participants? <b>No</b></li> <li>• Will you be requiring the disclosure of confidential or private information? <b>Yes</b></li> <li>• Is the project likely to lead to the disclosure of illegal activity or incriminating information about participants? <b>No</b></li> <li>• Does the project require a <u>Disclosure and Barring Service (DBS)</u> check for the researcher? <b>Yes</b></li> <li>• Is the project likely to expose participants to distress of any nature? <b>Possibly</b></li> <li>• Will participants be rewarded for their involvement? <b>No</b></li> <li>• Are there any potential conflicts of interest in this project? <b>No</b></li> <li>• Are there any other potential concerns? <b>No</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain.</b></p> <p>The supervisors of the project, Prof. Liz Kelly and Dr Maddy Coy, work in accordance with the British Sociological Association's Code of Ethics. The researcher, Amy Beddows, has a DBS certificate in relation to her therapy work, which will be relevant as the current project involves discussion of sensitive topics with survivors of sexual violence.</p> <p><b>Disclosure of confidential or private information:</b> The project will ask survivors of sexual violence about the responses they have received from individuals and agencies, which may involve discussion of previously undisclosed personal or sensitive information. As already covered, informed consent will be discussed at each point of contact and provided in writing. In the event of any language or literacy issues, the information will be explained verbally. Participant right to privacy and confidentiality will be respected by offering anonymity and the removal of any identifiable information from the developed research instruments and published material. Data will be anonymously coded as soon as possible after collection and electronic and paper data will be stored in a secure manner, as previously described.</p> <p><b>DBS clearance:</b> As the project will potentially involve vulnerable adults and discussion of sensitive topics, a DBS check would be appropriate. The researcher has an updated DBS certificate through their employment as a therapist at the University of Cambridge.</p> <p><b>Exposure to distress:</b> Although the project will not ask directly about experiences of abuse and will focus on the responses of support services, the discussion may still cause distress and invoke traumatic reminders for participants. However, it is hoped that it may also be a positive experience – the focus groups will be constructed to allow for exploration of blame and the ways that this could be minimised. Throughout the focus groups, the researcher will monitor the wellbeing of participants and remind them that they can leave at any time. Information on specialist support agencies will be provided in addition to the services with whom participants are already in contact. Participants will also be offered the opportunity to reflect on their involvement with the research and give feedback to the researchers at the end of the focus groups, in person and through an anonymous form.</p> <p><b>Potential conflict of interest:</b> The researcher is a therapist working with survivors of sexual violence and takes a survivor-oriented stance. While this is unlikely to result in a conflict of interest during the research, it has been mentioned in the interest of full disclosure.</p>
--	--

B3	<p>Does the proposed research project involve:</p> <ul style="list-style-type: none"> <li>The analysis of existing data, artefacts or performances that are not already in the public domain (i.e. that are published, freely available or available by subscription)? <b>No</b></li> <li>The production and/or analysis of physical data (including computer code, physical entities and/or chemical materials) that might involve potential risks to humans, the researcher(s) or the University? <b>No</b></li> <li>The direct or indirect collection of new data from humans or animals? <b>Yes</b></li> <li>Sharing of data with other organisations? <b>No</b></li> <li>Export of data outside the EU? <b>No</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain.</b></p> <p><b>Collection of new data:</b> the project will involve the collection of information from survivors through focus groups, which will be used to create research instruments for stages 2 and 3. As mentioned above, participant anonymity and confidentiality will be protected throughout the project by the appropriate creation, coding and storage of the information collected and through the obtaining of informed consent.</p>
B4	<p>Will the proposed research be conducted in any country outside the UK? If so, are there independent research ethics regulations and procedures that either:</p> <ul style="list-style-type: none"> <li>Do not recognise research ethics review approval from UK-based research ethics services? <b>NA</b></li> <li>Require more detailed applications for research ethics review than would ordinarily be conducted by the University's Research Ethics Review Panels and/or other UK-based research ethics services? <b>NA</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain</b></p>
B5	<p>Does the proposed research involve:</p> <ul style="list-style-type: none"> <li>The collection and/or analysis of body tissues or fluids from humans or animals? <b>No</b></li> <li>The administration of any drug, food substance, placebo or invasive procedure to humans or animals? <b>No</b></li> <li>Any participants lacking capacity (as defined by the UK Mental Capacity Act 2005)? <b>No</b></li> <li>Relationships with any external statutory-, voluntary-, or commercial-sector organisation(s) that require(s) research ethics approval to be obtained from an external research ethics committee or the UK National Research Ethics Service (this includes research involving staff, clients, premises, facilities and data from the UK National Health Service (NHS), Social Care organisations and some other statutory public bodies within the UK)? <b>Not at this stage (but it is anticipated that stage 3 of the project will involve contact with NHS services so ethical approval will be applied for through the UK National Research Ethics Service at this time).</b></li> </ul> <p><b>If you answered yes to any of the points above, please contact your faculty's RERP chair for further guidance.</b></p>
B6	<p>Does the proposed research involve:</p> <ul style="list-style-type: none"> <li>Accessing / storing information (including information on the web) which promotes extremism or terrorism? <b>No</b></li> </ul>

	<ul style="list-style-type: none"> <li>Accessing / storing information which is security sensitive (e.g. for which a security clearance is required)? <b>No</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain. To comply with the law, researchers seeking to use information in these categories must have appropriate protocols in place for the secure access and storage of material. For further guidance, see the Universities UK publication <a href="#">Oversight of Security Sensitive Research Material in UK Universities</a> (2012).</b></p>
--	--

## SECTION C: THE PROJECT - RISKS AND BENEFITS

<b>C1</b>	<p><b>Risk Assessment</b></p> <p>Please outline:</p> <ul style="list-style-type: none"> <li>the risks posed by this project to both researcher and research participants</li> <li>the ways in which you intend to mitigate these risks</li> <li>the benefits of this project to the applicant, participants and any others</li> </ul> <p><b>Risk to researcher</b> There is the potential risk of vicarious trauma or emotional overload from repeated discussion of sexual violence. This will be mitigated by regular contact with project supervisors and the use of self-care and support networks. To ensure any risk to physical safety is accounted for, focus groups will be conducted in safe locations, especially for groups that may be held outside of working hours.</p> <p><b>Risk to participants</b> As previously mentioned, the main risk to participants is the potential for distress – this will be discussed with participants prior to their involvement and mitigated in the ways already mentioned (informed consent, monitoring of wellbeing, options for withdrawal, provision of information on additional sources of support).</p> <p><b>Benefits</b> Overall, it is hoped that the project will improve the experience of survivors of sexual violence who have contact with services. This will be achieved by:</p> <ul style="list-style-type: none"> <li>developing a clearer understanding of victim blame and the ways that it is communicated to survivors, both overtly and covertly;</li> <li>exploring the extent that different types of victim blame occur within agencies;</li> <li>increasing awareness of this problem and exploring potential ways of minimising victim blame;</li> <li>providing a space where participants can explore blame and think about ways that this can be minimised;</li> <li>offering participants in the focus groups the opportunity to provide feedback on the development of the research instruments to ensure that their experiences are accurately represented.</li> </ul>
-----------	---

**Please ensure that you have completed Sections A, B, and C and attached a Research Proposal before submitting to your Faculty Research Ethics Review Panel (RERP)**

Please sign this form and submit it as an email attachment to the Chair of your faculty's Research Ethics Review Panel (RERP) and cc all of the staff and students who will be involved in the proposed research.

<http://www.londonmet.ac.uk/research/current-students/research-ethics/>

Research ethics approval can be granted for a maximum of 4 years or for the duration of the proposed research, whichever is shorter, on the condition that:

- The researcher must inform their faculty's Research Ethics Review Panel (RERP) of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications
- The researcher must apply for an extension to their ethics approval if the research project continues beyond 4 years.

#### Declaration

I confirm that I have read London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice* and have consulted relevant guidance on ethics in research.

Researcher signature: Amy Beddows

Date: 22<sup>nd</sup> December 2016

#### Feedback from Ethics Review Panel

	<b><i>Approved</i></b>	<b><i>Feedback where further work required</i></b>
<b>Section A</b>	x	
<b>Section B</b>	x	<b>Reviewer 1</b>  I've now read through the application and I think it is very thorough and I have no suggestions for changes. I would accept it,  <b>Reviewer 2</b>  I agree.
<b>Section C</b>	x	
<b>Date of approval</b>		25/01/2017
<b>NB: The Researcher should be notified of decision within <u>two</u> weeks of the submission of the application. A copy should be sent to the Research and Postgraduate Office.</b>		
<b>Signature of RERP chair</b>		Klaus Fischer

## Appendix B: Ethical Approval Form (Updated 2021)



### LONDON MET RESEARCH ETHICS REVIEW FORM

UPDATED JANUARY 2021

#### SECTION A: APPLICANT DETAILS

<b>A1</b>	<b>Background information</b>
	Research project title: Women's Experience of Victim Blame from Agencies
	Date of submission for ethics approval: 22 <sup>nd</sup> December 2016, <b>19<sup>th</sup> January 2021</b>
	Proposed start date for project: January 2017. <b>Stage 2, March 2021</b>
	Proposed end date for project: <b>Summer 2022.</b>
	Ethics ID # (to be completed by RERP chair): 4010117

<b>A2</b>	<b>Applicant details, if for a research student project</b>
	Name: Amy Beddows
	London Met Email address: amb0362@my.londonmet.ac.uk

<b>A3</b>	<b>Principal Researcher/Lead Supervisor</b>
	Member of staff at London Metropolitan University who is responsible for the proposed research project either as Principal Investigator/grant-holder or, in the case of postgraduate research student projects, as Lead Supervisor
	Name: Professor Liz Kelly
	Job title: Director of CWASU
	London Met Email address: <a href="mailto:l.kelly@londonmet.ac.uk">l.kelly@londonmet.ac.uk</a>

#### SECTION B: THE PROJECT - ETHICAL ISSUES

<b>B1</b>	<b>The Research Proposal</b>
	<p>Please attach a brief summary of the research project including:</p> <ul style="list-style-type: none"><li>• Background/rationale</li><li>• Research questions/aims/objectives</li><li>• Research methodology</li><li>• Review of key literature in this field &amp; conceptual framework for study</li><li>• References</li></ul> <p>If you plan to recruit participants, be sure to include information how potential participants in the study will be identified, approached and recruited; how informed consent will be obtained; and what measures will be put in place to ensure confidentiality of personal data.</p> <p><u>Review of Key Literature</u></p> <p>The phenomenon of victim blame was first identified in reference to the experience of the African-American community in the 1960s (Ryan, 1976) and has since been observed in many aspects of society including healthcare (Crawford, 1977; Allegrante &amp; Green, 1981;</p>

Watt, 2007), education (Blyth & Milner, 1994; Ryan, 1976), disability (Darling, 1987), poverty and homelessness (Wright, 1993). It could be argued that victim blame is most widely associated with crime, especially sexual violence (Acock & Ireland, 1983; Whatley, 1996; Bieneck & Krahe, 2011), yet it is not necessarily a deliberate attempt to blame victim-survivors for their adversity but may come from a position of care, concern and hope for social change (Ryan 1976; Harvey, 1999).

Responding to sexual violence is a complex process. It is a crime that occurs across all communities and can affect victim-survivors in many damaging ways (Brownmiller, 1986). The number of reported incidents of sexual violence has increased each year and agencies are under greater pressure to support victim-survivors whilst carrying out their primary duties, such as investigation, legal processes or treatment (Angiolini, 2015). Yet it has been shown that even within agencies who regularly support those who have experienced sexual violence, such as legal and medical services (Bacik, Maunsell & Gogan, 1998; Campbell, 1998; Campbell, 2005), police and SARCs (Kelly, Lovett & Regan, 2005), therapists (Idisis, Ben-David & Ben-Nachum, 2007) and immigration staff (Haynes, 2004), responsibility is often attributed to victim-survivors rather than perpetrators. Research also suggests that agencies are often unaware of the impacts of their blaming statements or actions on victim-survivors (Campbell, 2005).

The negative impact of victim blame has been well-documented (Kerstetter, 1990; Madigan & Gamble, 1991; Campbell et al, 1999; Kelly, Lovett & Regan, 2005; Okan, 2011) but less attention has been given to the ways that blame can be communicated. Current definitions of victim blame focus on intention (Wendell, 1990; Harvey, 1999) or on purely verbal forms of communication – such as questions about appearance or sexual behaviour (Campbell, 2005) – with little research into the subtler, more covert ways that blame may be communicated to survivors (Herbert and Dunkel-Schetter, 1992; Ahrens and Campbell, 2000). Considering the negative impact of victim blame, a greater understanding of the ways that blame can be communicated is an important step towards minimising such responses and improve the experience of victim-survivors.

Research has also neglected the impact of working in an environment where victim blame is prevalent. Kelly, Lovett and Regan found a culture of scepticism among police and prosecutors (2005) and there is suggestion that 'burnout' in caring professions can foster cynicism and a tendency to blame victim-survivors (Bakker & Heuven, 2006). Although causation is unclear, it may be that victim blame is damaging to the 'blamers' as well as to the blamed.

Finally, there has been some discussion regarding the minimisation of victim blame through education (Amar, 2008; Davis, Taylor, & Bench, 1995; Ullman, 1999; Fox & Cook, 2011), an overhaul of the investigative process (Kelly, Lovett & Regan, 2005), victim advocacy (Campbell, 2006), use of terminology (Illingworth, 1990; Kelly & Radford, 1990) and legislative change (Anderson 2002; Crown Prosecution Service, 2012). Yet without a clearer understanding of the ways that victim blame is communicated to and experienced by victim-survivors, it is difficult to implement and measure effective strategies for change.

### Rationale

As a psychotherapist and sexual assault victim advocate, I often witnessed victim blaming responses from agencies that work with victim-survivors and the emotional and physical impact of such responses on them. I observed the communication of blame through statements and actions but also via body language, procedures and the environment within which victim-survivors were interviewed and treated. I also witnessed examples of good practice, demonstrating that agencies and individuals can respond in a way that is supportive and non-blaming.

Despite the pressures on services and the individuals working within them, there is scope to improve the experience of victim-survivors by understanding and minimising the ways that blame is communicated. This project will explore this avenue of potential change.

### Research Aims and Objectives

The current project will explore the ways that victim blame may be communicated, with a view to improving the experiences of victim-survivors who choose to engage with agencies and professionals.

The research objectives are:

- to investigate the different ways that victim blame can be communicated to and experienced by victim-survivors, including an exploration of overt (eg comments, actions) and covert (eg body language, procedures) forms of victim blame;
- to explore how common these forms of victim blame are within agencies who work with victim-survivors;
- to identify meaningful and implementable strategies for change.

### Research Methodology

The project will be a two-stage study using qualitative data collection methods.

- Stage 1 will involve focus groups to explore the responses (positive and negative) experienced by victim-survivors of sexual violence, addressing victim blame and being treated with respect from agencies.
- **It was initially envisaged that Stage 2 would be the creation of a research instrument from the Stage 1 data, to reach a wider number of participants. Now, Stage 2 will be three follow-up focus groups with the original participants. Due to Covid-19 restrictions, these would be held remotely through Zoom.**

It is hoped that this methodology will allow for the gathering of rich, in-depth data from to better understand the lived experiences of victim blame from the perspective of victim-survivors.

### Participant Recruitment

Participants in the focus groups will be female victim-survivors of sexual violence who are over the age of 18 and currently in contact with Rape Crisis in England and Wales. It is anticipated that support staff will be the gate-openers to potential participants by asking women in contact with their services if they would be willing to take part. This is to ensure that participants have existing networks of support in case their involvement with the project causes any distress. It is hoped that participants will represent a range of ages, ethnicities and socioeconomic backgrounds and where possible, will be recruited from services that serve both urban and rural locations in the UK.

### Informed Consent

It is anticipated that Rape Crisis staff will initially obtain consent from potential participants to be contacted by researchers for the project. Once this initial consent has been assured, an invitation will be sent with information about the project. Consent will be revisited at each point of contact (initial contact, invitation to focus groups, at the start and end of focus groups, in follow-up contact). Participants will also be asked if they consent to their responses being



used in the project and will be offered the opportunity to provide feedback on the study and the ways that their information will be used.

At each stage, the discussion around consent will include:

- the purpose of the research and what participation will entail – that the focus groups will be exploring responses to sexual violence rather than expecting participants to describe their experiences of abuse.
- any potential risks to participation (such as distress).
- who will have access to data and how the data will be stored (see ‘Confidentiality of Data’).
- the limitations of confidentiality and safeguarding obligations.
- the right to withdraw from the research, the options and process for doing so and the point at which withdrawal will not be possible (for example, after data has been published).

This information will also be provided to the participants in writing. At each stage of the research, it will be emphasised that withdrawal will not result in any penalty to the participant.

There are limited circumstances where researchers are statutorily required to disclose knowledge of a crime: terrorist offences; money laundering; treason; preventing burial. It is extremely unlikely that such issues will arise during the project but if they do, the legal obligations will be discussed with participants.

#### Confidentiality of Data

Several steps will be taken to ensure that participant right to privacy and confidentiality of personal data is upheld at all times:

- A data management plan will be developed to account for the creation, storage and management of all information gathered during the research in line with data protection guidelines and London Metropolitan University research guidelines.
- Participants in the focus groups will be offered the option of anonymous identification during the group (names of their choosing, numbers or letters).
- Data will be coded as soon as possible after collection using unique reference numbers to protect participant confidentiality and data robustness.
- The research instruments developed at the later stages of the project will omit any information that could identify participants such as names or specific details.
- Electronic data will be stored on CWASU’s secure section of the university servers, to which only CWASU staff will have access. Any paper-based data (focus group notes/transcriptions) will be stored in locked filing cabinets in a locked office.
- Participants will be referred to generically (eg victim-survivor) in published materials to preserve anonymity.
- Notes will be kept on all communications where participants have been informed of their rights and their ability to withdraw from the research project.

The above steps will be fully explained to participants at the point at which informed consent is discussed, to assure them that they will not be identifiable from their responses and as a reminder of their right to withdraw from the research.

#### Stage 2: Follow-Up Remote Focus Groups

**During Stage 1, I returned in person to three Rape Crisis Centres (RCCs) and ran follow-up focus groups with the original participants - this was due to the women who took part having more that they wished to discuss and requesting a second meeting.**

	<p>For Stage 2, I plan to return to two RCCs for a third time to present my findings and conclusions, to gain feedback from the women who took part on whether I am representing their lived experiences. I was in the process of finalising dates for these return focus groups when the Covid-19 crisis hit. My revised methodology is to now hold these discussions through Zoom.</p> <ul style="list-style-type: none"> <li>• The two RCCs who want to take part have started running remote coffee mornings through Zoom for their service-users. They have both agreed for me to attend one of these events and invite the women who took part in Stage 1 to be part of a remote discussion on my findings. At this point, I will revisit consent forms and withdrawal processes with the women.</li> <li>• I will then hold a separate Zoom session for women to attend (ideally a week later) to present my results and facilitate a discussion. I will obtain verbal consent from the women present.</li> <li>• I will also set up other ways for them to provide feedback (Survey Monkey form, email contact).</li> <li>• Rape Crisis staff will be in attendance and already have protocols for supporting the women who use their service should they become distressed during remote contact.</li> <li>• The women will be the same women who took part in the in-person focus groups, so hopefully they will feel more comfortable and familiar with the process. Confidentiality will be revisited and informed consent will be re-obtained.</li> </ul>
B2	<p><b>Research Ethics</b></p> <p>Please outline any ethical issues that might arise from this study and how they are to be addressed.</p> <p><b><i>NB All research projects have ethical considerations. Please complete this section as fully as possible using the following pointers for guidance. Please include any additional information that you think would be helpful.</i></b></p> <ul style="list-style-type: none"> <li>• Does the project involve potentially deceiving participants? <b>No</b></li> <li>• Will you be requiring the disclosure of confidential or private information? <b>Yes</b></li> <li>• Is the project likely to lead to the disclosure of illegal activity or incriminating information about participants? <b>No</b></li> <li>• Does the project require a <u>Disclosure and Barring Service (DBS)</u> check for the researcher? <b>Yes</b></li> <li>• Is the project likely to expose participants to distress of any nature? <b>Possibly</b></li> <li>• Will participants be rewarded for their involvement? <b>No</b></li> <li>• Are there any potential conflicts of interest in this project? <b>No</b></li> <li>• Are there any other potential concerns? <b>No</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain.</b></p> <p>The project supervisor, Prof. Liz Kelly, works in accordance with the British Sociological Association's Code of Ethics. The researcher, Amy Beddows, has a DBS certificate in relation to her therapy work, which will be relevant as the current project involves discussion of sensitive topics with victim-survivors of sexual violence.</p> <p><b>Disclosure of confidential or private information:</b> The project will ask victim-survivors of sexual violence about the responses they have received from individuals and agencies, which may involve discussion of previously undisclosed personal or sensitive information. As already covered, informed consent will be discussed at each point of contact and provided in</p>

	<p>writing. In the event of any language or literacy issues, the information will be explained verbally. Participant right to privacy and confidentiality will be respected by offering anonymity and the removal of any identifiable information from the developed research instruments and published material. Data will be anonymously coded as soon as possible after collection and electronic and paper data will be stored in a secure manner, as previously described.</p> <p><b>Due to concerns around security, the Zoom meetings will not be recorded through Zoom. I will ask permission from the participants to record audio of the session through an external, encrypted recording software (BoldBeast).</b></p> <p><b>DBS clearance:</b> As the project will potentially involve vulnerable adults and discussion of sensitive topics, a DBS check would be appropriate. The researcher has an updated DBS certificate through their employment as a therapist at the University of Cambridge. <b>DBS is up to date for current employment at University of Leicester.</b></p> <p><b>Exposure to distress:</b> Although the project will not ask directly about experiences of abuse and will focus on the responses of support services, the discussion may still cause distress and invoke traumatic reminders for participants. However, it is hoped that it may also be a positive experience – the focus groups will be constructed to allow for exploration of blame and the ways that this could be minimised. Throughout the focus groups, the researcher will monitor the wellbeing of participants and remind them that they can leave at any time. Information on specialist support agencies will be provided in addition to the services with whom participants are already in contact. Participants will also be offered the opportunity to reflect on their involvement with the research and give feedback to the researchers at the end of the focus groups, in person and through an anonymous form.</p> <p><b>Rape Crisis staff will be attending the zoom meetings to offer support if necessary. I will also ensure a short debrief session at the end.</b></p> <p><b>Potential conflict of interest:</b> The researcher is a therapist working with victim-survivors of sexual violence and takes a survivor-oriented stance. While this is unlikely to result in a conflict of interest during the research, it has been mentioned in the interest of full disclosure.</p>
B4	<p>Does the proposed research project involve:</p> <ul style="list-style-type: none"> <li>• The analysis of existing data, artefacts or performances that are not already in the public domain (i.e. that are published, freely available or available by subscription)? <b>No</b></li> <li>• The production and/or analysis of physical data (including computer code, physical entities and/or chemical materials) that might involve potential risks to humans, the researcher(s) or the University? <b>No</b></li> <li>• The direct or indirect collection of new data from humans or animals? <b>Yes</b></li> <li>• Sharing of data with other organisations? <b>No</b></li> <li>• Export of data outside the EU? <b>No</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain.</b></p> <p><b>Collection of new data:</b> the project will involve the collection of information from victim-survivors through focus groups. As mentioned above, participant anonymity and confidentiality will be protected throughout the project by the appropriate creation, coding and storage of the information collected and through the obtaining of informed consent.</p> <p><b>The follow-groups will also discuss options for presenting/using data e.g. creating educational materials, presentations and training sessions for professionals, as well as academic publications. I will revisit and ensure the anonymity of those who take part in any produced materials or publications.</b></p>

	<p>Will the proposed research be conducted in any country outside the UK? If so, are there independent research ethics regulations and procedures that either:</p> <ul style="list-style-type: none"> <li>Do not recognise research ethics review approval from UK-based research ethics services? <b>NA</b></li> <li>Require more detailed applications for research ethics review than would ordinarily be conducted by the University's Research Ethics Review Panels and/or other UK-based research ethics services? <b>NA</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain</b></p>
<b>B5</b>	<p>Does the proposed research involve:</p> <ul style="list-style-type: none"> <li>The collection and/or analysis of body tissues or fluids from humans or animals? <b>No</b></li> <li>The administration of any drug, food substance, placebo or invasive procedure to humans or animals? <b>No</b></li> <li>Any participants lacking capacity (as defined by the UK Mental Capacity Act 2005)? <b>No</b></li> <li>Relationships with any external statutory-, voluntary-, or commercial-sector organisation(s) that require(s) research ethics approval to be obtained from an external research ethics committee or the UK National Research Ethics Service (this includes research involving staff, clients, premises, facilities and data from the UK National Health Service (NHS), Social Care organisations and some other statutory public bodies within the UK)? <b>No. All research has been authorised by the individual Rape Crisis Centres (RCCs) involved.</b></li> </ul> <p><b>If you answered yes to any of the points above, please contact your faculty's RERP chair for further guidance.</b></p>
<b>B6</b>	<p>Does the proposed research involve:</p> <ul style="list-style-type: none"> <li>Accessing / storing information (including information on the web) which promotes extremism or terrorism? <b>No</b></li> <li>Accessing / storing information which is security sensitive (e.g. for which a security clearance is required)? <b>No</b></li> </ul> <p><b>If you answered yes to any of the points above, please explain. To comply with the law, researchers seeking to use information in these categories must have appropriate protocols in place for the secure access and storage of material. For further guidance, see the Universities UK publication <a href="#">Oversight of Security Sensitive Research Material in UK Universities</a> (2012).</b></p>

## SECTION C: THE PROJECT - RISKS AND BENEFITS

<b>C1</b>	<p><b>Risk Assessment</b></p> <p>Please outline:</p> <ul style="list-style-type: none"> <li>the risks posed by this project to both researcher and research participants</li> <li>the ways in which you intend to mitigate these risks</li> <li>the benefits of this project to the applicant, participants and any others</li> </ul> <p><b>Risk to researcher</b></p> <p>There is the potential risk of vicarious trauma or emotional overload from repeated discussion of sexual violence. This will be mitigated by regular contact with project</p>
-----------	---

	<p>supervisor and the use of self-care and support networks. To ensure any risk to physical safety is accounted for, focus groups will be conducted in safe locations, especially for groups that may be held outside of working hours.</p> <p><b>Risk to participants</b> As previously mentioned, the main risk to participants is the potential for distress – this will be discussed with participants prior to their involvement and mitigated in the ways already mentioned (informed consent, monitoring of wellbeing, options for withdrawal, provision of information on additional sources of support). <b>Rape Crisis staff will be attending remote meetings and will have ongoing contact with the participants.</b></p> <p><b>Benefits</b> Overall, it is hoped that the project will improve the experience of victim-survivors of sexual violence who have contact with services. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• developing a clearer understanding of victim blame and the ways that it is communicated to survivors, both overtly and covertly;</li> <li>• exploring the extent that different types of victim blame occur within agencies;</li> <li>• increasing awareness of this problem and exploring potential ways of minimising victim blame;</li> <li>• providing a space where participants can explore blame and think about ways that this can be minimised;</li> <li>• offering participants in the focus groups the opportunity to provide feedback on the development of the research instruments to ensure that their experiences are accurately represented.</li> <li>• <b>Feedback from Stage One shows that the participants found it a positive experience to take part and these return focus-groups are being held at their request.</b></li> </ul>
--	--

***Please ensure that you have completed Sections A, B, and C and attached a Research Proposal before submitting to your Faculty Research Ethics Review Panel (RERP)***

Please sign this form and submit it as an email attachment to the Chair of your faculty's Research Ethics Review Panel (RERP) and cc all of the staff and students who will be involved in the proposed research.

<http://www.londonmet.ac.uk/research/current-students/research-ethics/>

Research ethics approval can be granted for a maximum of 4 years or for the duration of the proposed research, whichever is shorter, on the condition that:

- The researcher must inform their faculty's Research Ethics Review Panel (RERP) of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications
- The researcher must apply for an extension to their ethics approval if the research project continues beyond 4 years.

### **Declaration**

**I confirm that I have read London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice* and have consulted relevant guidance on ethics in research.**

**Researcher signature: Amy Beddows**

Date: 19<sup>th</sup> January 2021

Feedback from Ethics Review Panel

	<i>Approved</i>	<i>Feedback where further work required</i>
Section A	x	
Section B	x	
Section C	x	
Date of approval		17/02/2021
NB: The Researcher should be notified of decision within <u>two</u> weeks of the submission of the application. A copy should be sent to the Research and Postgraduate Office.		
Signature of RERP chair		Svetlana Stephenson

## Appendix C: Information Sheet for Women



### **How have agencies responded to you and how did it make you feel?**

You might think we know a lot about how agencies respond to survivors of sexual violence, but we don't. This is an invitation to participate in research to find out more. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please read this and discuss it with others if you wish.

### **What is the aim of the research?**

The aim of the research is to explore women's experiences of disclosing sexual violence to agencies and the responses (positive and negative) that they have received.

### **What will the outcome of this research be?**

I am doing this for my PhD and I hope it will increase understanding of how responses could be improved.

### **Who will be conducting this research?**

My name is Amy Beddows. I work with survivors in my paid employment and I am being supervised for my PhD by Professor Liz Kelly from the Child and Woman Abuse Studies Unit at London Metropolitan University.

### **What will participation involve?**

I am asking you to take part in a group discussion with other survivors at Rape Crisis. You need to be over 18 and willing to discuss your experiences of contacting agencies following sexual violence – we will **not** be asking you to talk about sexual violence itself. The discussion will last between 60 to 90 minutes.

If you are interested, you can give permission for an email or phone contact to be passed to me and I will get in touch to give you more details and answer any questions you might have.

Before we meet for the group I will ask you to sign a consent form, including your permission to tape record the conversation. Your name and identity will be fully confidential and never used in the research.

### **Are there any risks to being involved?**

You may find it distressing to reflect on your experience and that of others. If you want to leave the group discussion you can do so at any time. I will monitor your wellbeing throughout the group discussion and suggest taking a break or leaving the group if you

agree. I will also remind you of the support that Rape Crisis can provide to you if you wish to access it after the group.

**Do I have to speak?**

No. If you are uncomfortable or do not wish to answer any of the questions that are raised within the group discussion that is fine. By taking part you are not under any obligation to contribute to any part of the discussion.

**If I agree for the group discussion to be recorded who will listen to it?**

Only myself and Liz Kelly will have access to the recording and be able to listen to it. It will be typed up, and sections of this will be used in my writing.

**Will I be anonymous, how will you take care of the information?**

The information that you share will be confidential. At the start of the group, we will discuss and agree ground rules for this. I will ask you to choose a different first name that you would like to be known by when using anything that you have said. In addition, information gained from the discussion will not be presented in a way that enables you to be identified. The only exception here would be if you talked about a child or vulnerable adult who is currently at risk of serious harm. In this case, I will discuss with you personally how to raise these issues with Rape Crisis.

The recording and typed transcript will be stored on a password protected computer within encrypted files and/or within locked cabinets. Written notes and audio recordings will be securely destroyed within 6 months of completion of the research.

**Can I withdraw if I change my mind?**

If at any time before or during your participation you wish to withdraw you are free to do so. Your participation is completely voluntary.

**Will I be able to ask questions?**

We are hoping that the group discussion will allow those who participate to ask questions and discuss freely their experiences of contacting or working with agencies. I am happy to answer any questions you have about the research project and have included my email address below.

Thank you for your time.

**Contact details:**

Amy Beddows                      [amb0362@my.londonmet.ac.uk](mailto:amb0362@my.londonmet.ac.uk)

If you need support or advice, you can contact national Rape Crisis: **0808 802 9999**



## **Appendix D: Information for Agencies**



### **Research on agency responses to sexual violence**

I am a PhD student at the Child and Women Abuse Studies Unit (CWASU) at London Metropolitan University, my supervisor is Professor Liz Kelly. My research topic is the different ways that agencies respond to women who have experienced sexual violence, to better understand victim blame, the many ways it can be communicated and how this might be changed. Having reviewed the literature on victim blame there is surprisingly little that documents how judgement, blame or disrespect can be communicated to women, especially through unintentional comments, body language or actions.

I want to hold focus groups in different locations to listen to women's experiences of interacting with agencies and whether they felt blamed, judged or disrespected. I will not ask about sexual violence directly, but participants are free to choose to discuss this if they want to.

#### **Information about me**

I am a psychotherapist with a special interest in working with women who have experienced sexual violence. I have a current DBS certificate through this role and adhere to the ethical frameworks of the British Association for Counselling and Psychotherapy (BACP), the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the British Sociological Association (BSA). Ethical approval has been granted for this research by London Metropolitan University.

#### **Focus Groups**

The focus groups will be for 8-10 women, lasting 60-90 minutes. I am asking that Rape Crisis invite the women who use their service to participate in these discussions; this ensures that confidentiality can be maintained for the women and the services.

The criteria for inclusion are:

- being 18 years or older;
- experienced some form of sexual violence;
- currently receiving support from Rape Crisis;
- interested to explore interacting with agencies within a group discussion;
- are not at significant risk of suicide, self-harm or violence from others.

If possible I would seek to hold the focus group in a room on your premises, in recognition that this would be a familiar and relatively safe space for the women who choose to participate. I recognise that this may not be possible in all cases.

Informed consent, confidentiality and the right to withdraw from the research will be discussed thoroughly with all interested women at each point of contact.

**What I Can Offer**

I am hopeful that the focus groups will provide a safe space for women to explore their encounters with agencies and what it means to feel that you have been blamed or judged. I also intend to invite participants to consult on future stages of the research project, if they would like to do so.

In addition, I will provide a research briefing to Rape Crisis on the findings of the focus group discussions and further briefings on later stages of the project and at completion.

If you choose to be part of this project, I will make contact to discuss the invitation for women to take part and the location arrangements further. If you have any queries, please do not hesitate to contact me at [amb0362@my.londonmet.ac.uk](mailto:amb0362@my.londonmet.ac.uk).

Thank you for your time.

Amy Beddows

## Appendix E: Consent Form

### Informed Consent Form

London Metropolitan University require that all persons who participate in social research give their **informed consent** to do so. This means making sure that you fully understand what participation will involve before you agree to it.

Please tick the following statements if you agree.

- ☐ I freely and voluntarily consent to be a participant in the research project exploring agency responses to sexual violence.
- ☐ I consent to participate in a focus group discussion with other women who have experienced sexual violence.
- ☐ I understand that this discussion will be tape-recorded.
- ☐ I understand that my participation in this study is completely voluntary, and that I may withdraw from it at any time without negative consequences. In addition, I understand that I do not have to answer any particular question.
- ☐ I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.
- ☐ I have been given the opportunity to ask questions regarding the study and my questions have been answered to my satisfaction.
- ☐ I have been informed that if I have any general questions about this project, I should feel free to contact Amy Beddows ([amb0362@my.londonmet.ac.uk](mailto:amb0362@my.londonmet.ac.uk)).

I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

---

Participant's Signature

Date

I have explained the research procedure to this participant and I will retain one copy of the informed consent form.

---

Researcher Signature

Date

**Extra information for participants:** Data may be inspected by the Chair of the Ethics Committee at London Metropolitan University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: ☐

## **Appendix F: Demographic Forms**

### **Demographic Information**

Gender:

Age:

Do you consider yourself to have a disability? (please circle as appropriate)

Yes/No

Ethnic Origin:

Nationality:

Sexual Orientation:

Employment status:

Thank you for your time.

## Appendix G: Updated Information for Women

### Request for feedback on the ways that agencies respond to women

You might think we know a lot about how agencies respond to survivors of sexual violence, but we don't. This is an invitation to participate in research to find out more. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please read this and discuss it with others, if you wish.

#### What is the aim of the research?

The aim of the research is to explore women's experiences of disclosing sexual violence to agencies and the responses that they have received. I have held several group discussions on this topic and have identified some common themes. I am now asking for women to give feedback and share their thoughts on these findings, to see if they make sense and fit with your experiences of contacting agencies. I am doing this in hopes that it will help me to 'get it right' when representing women's experiences.

#### What will the outcome of this research be?

I am doing this for my PhD. I also hope it will increase understanding of how agency responses can be improved to better support women who have experienced violence.

#### Who will be conducting this research?

My name is Amy Beddows. I work with survivors in my paid employment and I am being supervised for my PhD by Professor Liz Kelly from the Child and Woman Abuse Studies Unit at London Metropolitan University.

#### What will participation involve?

You need to be over 18 and willing to give feedback on this topic. These findings do **not** include any details or direct references to sexual violence, and I am not asking you to share your experiences of sexual violence itself.

I have held several group discussions with survivors about their experiences of contacting agencies (you may have taken part in these discussions). I would like to share my **findings** with you and ask for your thoughts, to see if they make sense to you.

I have made a short (15 minute) **video** of my research which you can watch **here**. There is also a written **overview of findings** at the end of this sheet for you to read, if you wish.

#### How can I give feedback?

There are several ways you can give feedback on this research project:

- You can email me at amy.beddows@gmail.com or amb0362@my.londonmet.ac.uk
- You can complete the paper feedback form attached to this email and send it to me directly or ask a member of Rape Crisis staff to email it to me (along with the **Consent Form**, please).
- You can complete the same questions via an anonymous online **form**.

- We can discuss your thoughts with me in person through Zoom or by phone. Please **email me** if you would like to arrange this.
- In a group discussion with other women at Rape Crisis through Zoom. Please tell me or Rape Crisis staff if you would like to take part in a group discussion and we will arrange it.

### **Are there any risks to being involved?**

You may find it distressing to reflect on your experiences. You are under no obligation to take part in this feedback process and can withdraw at any time.

### **Will I be anonymous, how will you take care of the information?**

The information that you share will be confidential and will not be presented in a way that enables you to be identified. The only exception would be if you talked about a child or vulnerable adult who is currently at risk of serious harm. In this case, I will discuss with you personally how to raise these issues with Rape Crisis.

If we meet on a 1-1 basis or in a group, I will ask your permission to record the conversation. The recording and typed notes will be stored on a password protected computer within encrypted files and locked cabinets. Written notes and audio recordings will be securely destroyed within 6 months of completion of the research. Only I will have access to the information you share and I will use parts of it in my writing.

### **Can I withdraw if I change my mind?**

If at any time before or during your participation you wish to withdraw, you are free to do so. Your participation is completely voluntary and you can leave any time before the research is published.

### **Will I be able to ask questions?**

Please do! I am happy to answer any questions you have about the research project. Thank you again for your time.

### **Contact details:**

Amy Beddows: **amb0362@my.londonmet.ac.uk**

Online feedback form **here**.

If you need support or advice, you can contact national Rape Crisis: **0808 802 9999**

## Overview of Findings

The following themes came from the group discussions about women's contact with agencies and the different ways that professionals respond to women following violence.

### 1). Negative messages can be communicated in different ways.

Women experienced negative responses from agencies as a result of different things:

- **Individual staff:** comments, tone of voice, body language, things staff members did or did not do, their gender (e.g. having to speak with a male police officer or therapist).
- **Agency processes or policies:** long waiting times, short appointments, having to fulfil certain criteria to get support, being referred between different people/services.
- **Physical spaces:** broken or inadequate equipment, cold rooms, uncomfortable furnishings, 'clinical' environments, not having enough privacy.
- **Expectations:** whether women felt they could trust an agency due to their history, social media or news coverage.

### 2). Women are made to feel responsible for many things that aren't their fault.

Women felt that they were judged for having experienced violence ('victim blame') but were also made to feel responsible for other things which were not their fault, such as: needing support, struggling to attend appointments or give police statements, needing housing or financial help, not feeling better or for agencies failing to help them. This led some women to blame themselves.

### 3). Women are treated as problems rather than as people.

Agencies do not understand what it is like to experience violence. Professionals view women as symptoms or problems and focus on short-term solutions such as diagnosis, medication or brief counselling (CBT). This made women feel that there was something wrong with them that needed 'fixing', rather than that they were seen and treated as a whole person.

### 4). Space for action

Violence restricts women's 'space for action': their freedom, choices, energy, time, space to speak and be heard, the resources and escape routes available to them. Negative agency responses reduce this space further, through long waiting times, not giving women space to speak about their experiences, making women feel stigmatised, or that they are dependent on services which do not help them.

### 5). Women felt they are treated poorly because they are women.

Some women felt they were treated poorly by agencies because they were women, rather than because they had experienced violence. Some women felt badly treated because of age, class, sexuality, disability, race, ethnicity or cultural background, or due to a combination of biases from professionals.

### 6). What works?

Women spoke about the types of agency responses which helped them and identified the following aspects as being important:

- Kindness, compassion, 'human touch'.
- Being treated as a whole person.
- Being given time and space to speak about their experiences and be heard and believed.
- Professionals having an understanding of violence or personal experiences of violence.
- Consistency and trust.
- Choices and flexibility.
- Securely funded agencies and resources – knowing that these services aren't going to go away and can be accessed at any time.

Thank you for reading this information. If you would like to share your thoughts or opinions on these findings, you can email me at the details below or complete the attached **Feedback Form**.

**Contact details:**

Amy Beddows: **amb0362@my.londonmet.ac.uk**

Online feedback form **here**.

If you need support or advice, you can contact national Rape Crisis: **0808 802 9999**



## Appendix H: Feedback Form

### Feedback Form

Thank you for being part of the discussion on the experiences of women who have had contact with agencies and professionals. This form is a chance for you to share your thoughts on the research or anything else that you would like me to know about.

There is a video of the research findings **here**. There is also a written overview of findings on the **Information for Women** sheet included with this form.

If you would rather complete this feedback form online, you can do so **here** anonymously.

1. What are your thoughts on these findings?
  
  
  
  
  
  
  
  
  
  
2. Do you think this is an important topic? If so, why?
  
  
  
  
  
  
  
  
  
  
3. What do you think I should do with my research findings?
  - ☐ Create educational materials for professionals (leaflets, videos).
  - ☐ Create training sessions for professionals.
  - ☐ Write academic articles (for professionals to read).
  - ☐ Write general articles (blog posts, newspaper articles).
  - ☐ All of the above.
  - ☐ Anything else? (Please include details below).
  
  
  
  
  
  
  
  
  
  
4. Is there anything else that you would like to share with me?

Thank you again for your time and your help with this research. If you have any other queries or suggestions, you can email me directly at [amb0362@my.londonmet.ac.uk](mailto:amb0362@my.londonmet.ac.uk).

## Appendix I: Table of NVivo Codes

These is just an illustrative selection of my coding process (does not included all codes).

Codes	Higher Codes	Themes
Not asked Not believed Not heard Questioned Scrutinised Neglected Forced to speak No one to speak to Having to tell many people Misunderstood Being seen as a problem Blamed for coping Blamed for reacting Blamed for not knowing Blamed for violence Should be 'over it' Offensive Put off trying Cruel Degrading Cold, hard Not given time Not given information Generic response Going through motions Hard work to get help Having to chase Lies, being misled Having to complain No justice Not aware of violence Inaction Heard nothing Having to hit rock bottom Inappropriate response Inconvenient Inflexible Insensitive Intimidating Intrusive Jargon Lack of joined up support Just a case/number Humiliating Judgmental Lack of options Lack of resources Lack of privacy Made it worse Not taken seriously	Disbelief Blame Silenced Objectified Ignored Stigma Avoided Dismissed Not understood No compassion	Dehumanisation Not treated as a whole person

## Appendix J: Treemap of Codes ('Experiences and Interpretations of Agencies')

