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Sexual Violence and the Recovery Process: An Exploration of Rape Crisis Centre Counselling in Ireland

A thesis submitted for the Degree of PhD to National University of Ireland, Galway

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December 2014
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Declaration by Candidate

I, hereby, declare that this thesis is my own work and effort, and that it has not been submitted elsewhere for an award. Where other sources of information have been used, they have been acknowledged:

Signature  ..........................................................

Date  ...............................................................
The PhD process is truly a journey, upon which I have learned valuable research and writing skills, in addition to important life lessons. I am very grateful to have had the opportunity to undertake this research and there are a number of people without whom it would not have been possible. First, and foremost, I would like to thank the survivors and counsellors who participated. They took the time to share their perspectives, experiences and stories with me, for which I will be forever grateful. I also wish to thank the participating RCCs and the RCNI, in particular Susan Miner, for endorsing the research and for assisting me in its realisation. I also wish to thank Michelle Caulfield, from GRCC, who I debriefed with over the course of the study. Her invaluable support and insights are very much appreciated.

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Abstract

Sexual violence is a serious and widespread problem internationally and in the Irish context. To date, research and support have placed a focus on women and girls who come to terms with its profound consequences, which are both multi-dimensional and far-reaching. Though Rape Crisis Centres (RCCs) have been at the forefront of the Irish response since 1979, a systematic assessment of their services was lacking. The broadening of the discourse around sexual violence to account for the experiences of men and boys is a recent development, and this increased awareness is reflected in the growing number of men accessing Irish RCC services, such as counselling.

What is the nature of RCC counselling and is it effective? I pose these questions in the thesis in order to develop in-depth understandings of the factors that influence recovery from sexual violence and the responses required. As the central research aim is multi-faceted, I employ a multi-stage and mixed-strategy design, which is informed by feminist understandings of my key concepts. I begin by examining the conceptual framework underpinning the RCC response to sexual violence. I then assess the outcomes of the counselling services provided and seek to understand the role of these services in the recovery process. In particular, I explore how gender influences the RCC approach to working with survivors and how gender identity facilitates or impedes recovery. I also identify ways in which RCC counselling may be improved.

I demonstrate that recovery is a process and an outcome, a personal journey upon which survivors encounter difficulties, but also experience growth. As such, the thesis illustrates the myriad ways in which counselling has helped survivors to cope with the issues that arise, while providing valuable insights into the dynamics and complexities of the RCC approach. The findings also enhance our understanding of the complex ways in which women and men negotiate gendered norms in the context of sexual violence. By addressing the dearth of evidence on the needs and experiences of survivors participating in sexual violence counselling, particularly men, the thesis makes important contributions to knowledge. I also make a number of recommendations based on suggestions for RCC service enhancement and it is my hope that these will inform practice and national policy.
Chapter 1. Introduction

1.1 Rationale and Context of the Study

Sexual violence has been recognised as a pervasive worldwide problem, cutting across cultural and religious barriers, and having profound consequences on survivors’ physical and mental health. Understandably, the main body of research in this area focuses on establishing the prevalence and impact of sexual abuse, sexual assault and rape, thereby breaking the silence surrounding this issue. More recently, attention has been directed towards understanding the recovery process, and it is this aspect of the topic that I have chosen to study. In order to do this, I needed to problematise the concepts of sexual violence, gender, sexuality, trauma and recovery. In contrast to the androcentrism often evident in the social sciences (Anderson 1995), sexual violence is an area that has been viewed primarily from the perspective of women’s lives. Its gender-based nature is often understood in terms of a male perpetrator-female victim paradigm, with research, theorising and support focusing almost exclusively on women and girls who are coming to terms with its profound impact. However, the emergence of sexual abuse of young boys as an important issue has broadened the discourse around sexual violence and gender identity and this increased awareness is mirrored by the increasing number of men accessing Irish Rape Crisis Centres (RCCs) (RCNI 2012). The growing number of studies exploring this area has not only brought this issue to the fore, but has also provided the impetus for additional research on sexual assault and rape of men in adulthood. However, sexual violence perpetrated by women continues to be taboo within society and the world of sexual violence research. In order to present a more complete account, in the thesis, I included both women and men who have experienced sexual abuse, sexual assault and rape in childhood and/or adulthood.

In 2002, the only national study documenting experiences of sexual violence in the Irish context revealed that this is a serious issue in society, requiring further research and adequate support services (McGee et al 2002). Emerging from the rape reform movement, RCCs have been at the forefront of the Irish response since 1979, yet no systematic assessment of their services has been conducted to date. In fact, both nationally and internationally, there is a dearth of evidence on the experiences of survivors accessing sexual violence counselling. While both national and international research has highlighted
the helpfulness of RCC counselling (Ullman 1999, Campbell et al 2001, McGee et al 2002), an exploration of why survivors generally found this support to be beneficial was not a central concern. Research evaluating the counselling services provided to survivors of sexual violence has found that these services, generally, helped individuals to improve their ability to make life decisions and to develop coping strategies (McGee et al 2003, Henderson 2012). However, the way in which the impact on survivors’ lives is influenced by the underlying dynamics of the approach of these services was not explored. In order to address these gaps in knowledge, the thesis explores recovery from sexual violence within the context of Irish RCC counselling in terms of the RCC framework and outcomes for survivors. Given the endemic and serious nature of this problem in Ireland, it is imperative that services are in a position to respond appropriately and the budgetary constraints they face in the current economic crisis render this need all the more salient. The changing nature of sexual violence, with new forms such as human trafficking gaining more recognition in the public sphere in recent years, combined with the evolving gender and cultural make-up of clients accessing RCCs, also present new challenges to the original framework. Centres are thus continually learning how best to support survivors, seeking to better understand the ways in which they address their clients’ needs.

My motivation to undertake this study is also grounded in personal reasons. As a research and policy intern for the Rape Crisis Network Ireland (RCNI), I designed best practice guidelines for the newly developed quality assurance framework, to which member RCCs can be held accountable. These guidelines represent survivor-centred and trauma-based best practice and incorporate RCC experience and expertise, in addition to national and international standards. The areas researched include governance, direct service provision and social change work. This role provided me with an insight into the nature of support services provided by RCCs in Ireland, their importance to those who have experienced sexual violence fostering my interest to explore this area further. The rapport and trust established via this working relationship proved invaluable to my contact with the RCNI in their capacity as supporters of the thesis and as primary gatekeepers of the target population. Given the sensitive nature of the study, the safety and confidentiality of those accessing RCC services was of utmost importance and the trust established to date highlighted my suitability to carry out this research independently, ethically and
Introduction

responsibly. Both the RCNI and RCCs were keenly aware that I was not merely intellectually curious, but that I also had an insight into the area under investigation.

My work with RCNI led to a further internship with the Rape Crisis and Sexual Abuse Counselling Centre, Sligo, Leitrim and West Cavan (SRCC), where I completed a study entitled *Addressing the Needs of Young People: A Broader View of Sexual Health*. This research sought to develop in-depth, detailed understandings of how we can better address the sexual health needs of young people. By means of focus groups and interviews, I assisted the SRCC to create a partnership with youth and community organisations, health services and young people in the Sligo and Leitrim areas. Knowledge was thus shared and means of enhancing this knowledge identified. As author of the published report, I made a number of recommendations based on the findings of this study and these are currently being implemented via this partnership. Of particular significance was the development of a module entitled *Sex and the Law* for inclusion in the Foróige Real U official best practice manual, for which Foróige partnered with the RCNI in order to secure funding from Cosc (The National Office for the Prevention of Domestic, Sexual and Gender-based Violence). I was employed as a research consultant and co-designer of this national RCNI sexual violence prevention and awareness-raising module. From this work, I gained a more in-depth understanding of sexual violence in Ireland and the ways in which RCCs address this serious and widespread problem, further igniting my passion to make a contribution to the knowledge base and to practice in this area.

1.2 Research Question

The thesis is a study of the nature and effectiveness of RCC counselling in order to develop an in-depth understanding of the factors that influence recovery from sexual violence and the responses required. As a social category and analytical lens, gender functions as a central and cross-cutting concept across four specific objectives. In order to lay the groundwork, I first seek to examine the conceptual framework underpinning the RCC response to rape, sexual assault and sexual abuse. Sexual violence, trauma, recovery and gender are historically contested concepts, defined variously between and within different scholarly traditions. Therefore, I am specifically interested in the RCC understanding of these concepts and how this conceptualisation informs and influences their counselling approach. By gaining an understanding of the underlying dynamics that guide this work, I
Introduction

locate the RCC conceptual framework within the wider sexual violence discourse and I identify the components that inform measurable outcomes. Given that RCC counselling was designed to treat women, I also seek to explore if RCC training has been adapted to reflect the evolving gender make-up of their clients.

My second objective is to assess the outcomes of the counselling services provided from the perspective of survivors accessing these services. As such, I seek to establish to what extent their needs are being met and what difference this makes to their lives. I thus ascertain whether survivors find the counselling they participate in helpful and also what benefits they may report. I also seek to determine if the outcomes of RCC counselling differ according to gender. In addition to documenting the impact of RCC counselling, I aim to show how such outcomes are achieved. Therefore, my third objective is to ascertain what role RCC counselling plays in the recovery process from the perspectives of both survivors and counsellors. In this regard, the thesis explores the connections between the training provided and counselling in practice, in addition to providing important insights into the implementation of the RCC approach. It also examines how the counsellors view recovery and the ways in which they facilitate survivors in their healing process. More importantly, this line of investigation provides an understanding of what recovery means for the survivors and how they view the role RCC counselling plays in their lives. I also seek to determine the importance of gender among the factors that influence the recovery process. My fourth, and final, objective is to establish the key factors for improving service provision, with a specific focus on gender.

1.3 Research Design and Methodology

Just as an organisation’s worldview influences their approach to addressing social issues, a researcher’s epistemology dictates the manner in which they choose to carry out their enquiry. I view theories of knowledge production as a spectrum representing a range of paradigms that reflect differing degrees of an individual’s leaning towards objectivity or subjectivity (Crotty 1998). Questioning the alleged objectivity and value-free neutrality of scientific discovery characterised by positivism, I view knowledge as socially constructed, thereby placing an emphasis on negotiations of meaning via social processes and interaction. As a social constructionist, I seek to discover and interpret the subjective
meanings individuals attribute to their behaviour and environments as they reflect upon their world (Blaikie 1993, Crotty 1998, Miller et al 2010). I, nonetheless, acknowledge the benefits of post-positivism as a certain level of measurement may highlight emerging trends. The establishment of RCC counselling outcomes provides a base from which to explore the role these services play in the recovery process and the meaning participants attach to healing in this context. As an exploratory study that poses research questions of a multi-layered nature, the thesis employs a multi-stage and mixed-strategy design in order to combine the best of both quantitative and qualitative approaches. Although contrasting epistemological commitments are generally assigned to these approaches, I concur with scholars such as Fonow and Cook (2005), who highlight how quantitative methods, such as surveys, can be designed to quantify in a way that is sensitive to participants’ experience. Despite the historical mistrust of quantitative research by feminist scholars, which has not fully subsided, it is frequently feminists who challenge this binary by continually searching for more inclusive and nuanced ways to measure complex social phenomenon. My use of both qualitative and quantitative methods is thus informed by my epistemological beliefs.

Once I had my conceptual and methodological frameworks in place, I commenced my fieldwork. RCNI’s former services support coordinator, Susan Miner, assisted me in the recruitment of RCCs by sending an email to each of the centres within their umbrella organisation outlining and endorsing my research. Six small, medium-sized and large RCCs from the west, east and south of the country agreed to participate in the study. In order to answer the research questions posed, I first examined the 2003 and 2006 RCC training manuals for counsellors using content analysis. To establish the RCC approach to counselling survivors, in addition to contextualising the experiences of RCC counsellors, I sought to understand what their training involves and its meaning within the wider sexual violence discourse. I specifically coded the manuals for their conceptualisation of sexual violence, trauma, recovery and gender, in addition to the elements that comprise the RCC approach. To answer my second research objective, I then drafted and piloted a self-completion questionnaire aimed at assessing survivors’ self-reported outcomes of RCC counselling. In keeping with the values inherent in feminist theories of recovery from sexual violence, the questionnaire is informed by outcome evaluation. As recovery is not a linear process, measuring a change in survivors’ behavioural and psychological symptoms through pre and post-testing may distort an understanding of the outcomes of the services
provided (Sullivan & Coats 2000). As such, the most appropriate comparison is between anticipated outcomes and those achieved (Schalock 2000). Susan Miner and a number of counsellors from the six participating centres also provided their input into the design of the questionnaire. The pilot proved invaluable in ascertaining approximately how long the questionnaire would take to complete and how emotionally difficult the participants may find it. It also helped me to amend the questionnaire in terms of its content and structure.

Subsequently, I visited each of the 6 participating centres in order to discuss the study and what their participation would involve, in addition to providing managers and counsellors with the opportunity to pose any questions they may have had. Counsellors distributed the questionnaire to all survivors that fit the inclusion criteria in the hope that I would select a sample that is representative of the ratios regarding the following variables: gender, age group, type of sexual violence experienced, whether the sexual violence took place in childhood or adulthood, and length of time participating in RCC counselling. However, out of a target sample of 155, I received 43 completed questionnaires, 39 from women and 4 from men. I, therefore, could not conduct an in-depth statistical analysis that would enable me to establish if there were relationships between the key stratifying variables and the outcomes reported. While awaiting the return of the questionnaires, I conducted semi-structured, in-depth interviews with 12 counsellors, 9 women and 3 men from the six participating centres who provide a range of counselling approaches between them. I also conducted 14 interviews with survivors of sexual violence in childhood and/or adulthood, 10 women and 4 men from across these centres.

1.4 Thesis Contribution
The focus of the thesis is on RCC counselling and its role in the recovery process for survivors of sexual violence and it centralises the perspectives of survivors who access these services and the women and men who provide them. The thesis is groundbreaking in a number of respects. It is the first comprehensive study of RCCs both nationally and, indeed, internationally. While the genesis and ethos of RCCs has been documented, a thorough examination of the framework underpinning their approach has not previously been undertaken (Matthews 1994, Mahon 1995, Smyth 1988). There are also a growing number of studies seeking to evaluate the effectiveness of services provided to survivors of
Introduction

sexual and domestic violence. Indeed, a small body of this research has examined the outcomes of RCCs in the US and the UK (Wasco et al 2004, Henderson 2012, Westmarland & Alderson 2013). The findings from the thesis provide further support for the efficacy of RCC counselling services in terms of assisting survivors in their healing process in line with their humanistic ethos. However, the way in which the impact on survivors’ lives was influenced by the underlying dynamics of the approach of these services was not explored. The thesis contributes to this literature by providing valuable insights into the strengths and weaknesses of the RCC approach, in addition to establishing RCC outcomes in the Irish context. As there is a dearth of evidence regarding the needs and experiences of survivors participating in counselling, the qualitative aspect of this research advances our understanding of the support that is required.

The findings also provide important insights into the factors that influence the recovery process, in addition to highlighting a number of suggestions for service enhancement. Given that studies focused on recovery have predominantly emphasised the experiences of women, an exploration of how gender influences this process has enabled a deeper understanding of this facet of sexual violence. Moreover, a national assessment of RCCs, within the umbrella organisation of the RCNI, is significant at the local, national and international levels, seeking to achieve the multiple objectives of informing practice and policy, targeting funding, and raising community awareness of this serious and widespread problem. It is thus envisaged that the study will contribute to a better understanding of contemporary Ireland, prompting future research on other aspects of the response to sexual violence.

By producing a framework that accounts for women and men as victims and perpetrators of sexual violence, the thesis also contributes to a further refinement of traditional feminist analyses. To date, theorising in relation to sexual violence has predominantly been underpinned by a male perpetrator-female victim paradigm. Although advances have been made to understand the victimisation of boys and, more recently, the phenomenon of female perpetrators, men who experience sexual violence continue to be silenced by theory. This is particularly interesting as studies focused on understanding the experience of male survivors are gaining momentum within current feminist discourse. According to
Introduction

Davies and Rogers (2006), an extension of the traditional theoretical analysis of rape is reflected in its recognition that conventional gender stereotypes contribute to high levels of cultural and self-blame in men. However, child sexual abuse perpetrated by women has been described as the last taboo (Koonin 1995). It is evident that although there are still only a very small number of studies in this area, female-perpetrated rape and sexual assault of adult men are discussed even less. The thesis draws together the salient aspects of feminist theories of sexual violence, sexuality, masculinities and femininities in order to establish a theoretical framework that allows a more complete understanding of the complexity of sexual abuse, sexual assault and rape.

The thesis also underscores the importance of an integrated approach that recognises the multi-dimensional nature of healing in relation to sexual violence (Sgroi 1989, Harvey 1996, Herman 1997). In the mental health literature, recovery is variously understood as an outcome (Warner 2004), a process (Deegan 1988, 1996) or, indeed, an outcome and a process (Liberman & Kopelowitz 2005, Ramon et al 2007). The thesis speaks to the latter conceptualisation, both in its theoretical underpinnings and in its empirical findings. In so doing, it further extends this conceptualisation into the area of sexual violence. The thesis also enhances our understanding of recovery as a personal journey, involving both struggle and growth (Sgroi, Herman 1997, Tedeschi 1999). Moreover, the findings indicate that working with trauma that is held in the body is an integral aspect of the recovery process within the context of counselling (Rothschild 2000). Herman (1997) and Rothschild (2000) highlight the importance of recounting the entire details of the traumatic event(s) in order to integrate the experience into one’s life narrative. The thesis provides important insights into the relevance of focusing on the impact of the trauma, as opposed to the content of the story, in this regard. It also highlights the importance of the fact that RCC counselling is not goal-oriented or time-limited, as it allows survivors the time and space to acknowledge and understand the impact of the trauma and to address the issues that arise at their own pace.

The thesis thus provides support for the empowerment approach, while revealing the complexities involved, particularly in relation to this psycho-physiological work (Herman 1997). Moreover, it enhances our understanding of the therapeutic relationship. Building
Introduction

on research that highlights the alliance between the individual and their therapist in ensuring positive treatment outcomes (Horvath & Symonds 1991, Martin et al 2000, Saunders 2000), the findings provide valuable insights into the elements involved in the process of building trust. By emphasising the value of open communication when difficult issues arise, they also enhance our understanding of the complexities involved (Rogers 1961, Herman 1997, Rothschild 2000). It is evident that self-awareness around counsellors’ practice is a key component in ensuring that appropriate boundaries are in place. In keeping with the literature in the area of sexual violence and therapeutic practice more generally (Schauben & Frazier 1995, Pearlman & Mac Ian 1995, Cohen 1980), supervision and peer support emerged as crucial in terms of both counselling practice and counsellor well-being.

The empowerment approach is also reflected in the RCC use of the term ‘survivor’, rather than ‘victim’. As is the case in the thesis, this term is chosen as it recognises the strength and resiliency of those who experience sexual violence. However, by echoing the suggestion that survivors’ self-perception evolves as the recovery process unfolds (Bass & Davis 1997, Herman 1997, Philips & Daniluk 2004), the current findings contribute to a more nuanced understanding of the terminology we employ. Indeed, the thesis provides additional valuable insights into survivors’ sense of self in relation to their traumatic experience(s) and the recovery process. It also enhances our understanding of the factors that influence recovery. Therapists and theorists have highlighted the importance of establishing safety prior to beginning deep therapeutic work, in addition to the ongoing nature of healing (Sgroi 1989, Herman 1997). By placing an emphasis on an individual’s readiness as a determining factor in their decision to access counselling, in addition to the manifestation of issues when the time is right, I build upon this foundation. Although the thesis further highlights the importance of support from family and friends (Ullman 1999), it also provides insights into the difficulties involved. Furthermore, the findings contribute to our knowledge of additional forms of complementary support, such as group work (Greenberg & Westcott 1983), in addition to highlighting the intersections between this therapy and gender.
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By identifying gender as a salient factor influencing the recovery process, I verify previously established findings, in addition to revealing a deeper understanding of the various ways in which survivors ‘do’ and ‘undo’ gender in the context of sexual violence (West & Zimmerman 1987, Deutsch 2007). The thesis also contributes to the scant literature on men who experience rape and sexual assault in adulthood. The findings thus enhance our understanding of survivors who challenge gendered norms, particularly men who choose to adopt an alternative masculinity that promotes healthy behaviours (Lisak 1994, Bass & Davis 1997, Emslie et al 2006). Moreover, they provide significant insights into the gendered dynamics of the therapeutic relationship. For instance, the findings reveal that a man’s difficulties with emotional exploration and expression do not necessarily render it more difficult to build the therapeutic bond. By verifying that gender conditioning may affect the counsellor’s approach, the survivor’s preference for a counsellor of a particular gender and the survivor’s perception of the process, the thesis also contributes to the scant literature on the influence of the counsellor’s gender on the therapeutic relationship.

The thesis also makes a salient contribution to the methodology literature. It validates the importance of a mixed-methods research design for studies that seek to explore a multi-faceted research aim. The thesis also confirms the advantage of self-completion questionnaires in ensuring the inclusion of individuals who do not wish to be interviewed in sensitive research (Thorne & Varco 1998). Moreover, by placing a focus on the helpfulness of RCC counselling, the questionnaire design illuminates an important development of the outcome evaluation model developed by Sullivan and Coats (2000) and those employed by Wasco et al (2004) and Westmarland and Alderson (2013). I will now outline the structure of the thesis.

1.5 Thesis Structure

The thesis is comprised of twelve chapters. Chapter Two reviews the literature on sexual violence, establishing it as both a pervasive and complex social problem in Ireland and internationally. I problematise the key concepts of sexual violence, gender and sexuality in order to establish a feminist theoretical framework in which rape, sexual assault and sexual abuse are recognised as acts of violence involving abuse of power and control, predominantly, but not exclusively, gendered as a man’s violation of a woman. In order to
transcend an understanding of power as universal patriarchy, which posits a paradigm of male-perpetrator and female-victim, I draw upon theories of intersectionality, masculinities and femininities (Crenshaw 1997, Connell 1995, Schippers 2007). Viewing the intimately linked concepts of gender and sexuality as socially constructed, yet fluid, I argue that compliance, resistance and subversion of traditional gendered norms in relation to sexuality influence the perpetration of sexual violence. I also understand rape as a primarily violent act that is manifested sexually, rather than a sexual act manifested violently (Lim et al 2001), thereby allowing for an acknowledgement of the particular repercussions for an individual’s sexuality.

In order to build on this framework, in Chapter Three, I problematise the concepts of trauma and recovery within the context of sexual violence. Recognising the multi-dimensional nature of healing, I draw upon an integrated feminist approach that addresses the emotional and physiological consequences of trauma, in addition to recognising the social context within which recovery takes place (Sgroi 1989, Harvey 1996, Herman 1997). I understand recovery as both a process and an outcome, the features of which include strength, self-agency and hope, interdependency and giving, and systematic effort, which entails risk-taking (Liberman & Kopelowitz 2005, Ramon et al 2007). Highlighting the links between the trauma of sexual violence, gender and sexuality, I discuss the ways in which norms of femininity and masculinity influence survivors’ responses and their healing process. As powerlessness is a central experience of sexual violence trauma, I anchor my theoretical approach on conceptualisations of recovery that place empowerment at their core. I, thereby, produce a comprehensive theoretical framework grounded in my understanding of the inter-connections between the key concepts that underpin this research.

In Chapter Four, I establish the legal and political context within which I locate my study. I detail Ireland’s traditional, patriarchal, heteronormative society, in which women’s sexuality was denied and controlled (Joannou 2000, Ryan 2010). I also document the changes that have taken place within the context of the international movement to recognise women’s rights and how these changes have influenced Ireland’s response to sexual violence. In particular, I sketch out the emergence of Irish RCCs from the national
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feminist movement in order to provide support services to survivors and to function as a vehicle of change by means of campaigning work and by influencing policy making on their behalf. I also provide an overview of their influence on salient developments in both Irish law and policy in relation to sexual violence. I show that despite the effects of the shifting political context within which RCCs operate on their organisational structure and service provision, they have, with the help of the RCNI, remained true to their feminist principles.

In Chapter Five, I set out the research aim, objectives and research questions, outlining the research design, methods, target population and selection criteria. I then take the reader on a journey of my fieldwork, detailing how I accessed and recruited participants and the ways in which I overcame any difficulties that arose. In order to demonstrate how I established my findings, I discuss my analysis of the RCC training manuals for counsellors, the completed questionnaires and the interviews with both counsellors and survivors. I also reflect on the ethical considerations that I faced as a researcher exploring a sensitive topic in terms of ensuring the confidentiality and, in the case of survivors, the emotional well-being of the participants. Elaborating on my epistemological position, I reflect upon the implications and validity of my research design, in addition to acknowledging the limitations of the thesis.

As the first of the findings chapters, Chapter Six sets the scene and lays the groundwork for the chapters to follow. I first situate the RCC training manuals for counsellors within the broader context of RCC training, detailing its relevance for the thesis. In order to examine the framework underpinning the RCC response, I establish how the concepts of sexual violence, trauma, recovery and gender are understood. I also demonstrate how these understandings inform the RCC approach to counselling survivors. I then discuss the strengths, weaknesses and implications of the findings for practice, providing a valuable insight into how RCCs have adapted to the evolving gender make-up of their clients. I identify gender as a salient factor in this regard.

In order to provide context, in Chapter Seven, I first present an overview of the personal details of the 43 survivors who participated in the questionnaire phase of the research.
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Interweaving the findings from the open-ended questions and statements that allowed for further details to be provided, I then document survivors’ responses. I begin with their expectations of RCC counselling. This is followed by the findings from the process-oriented statements on the questionnaire involving the RCC approach in terms of validation, empowerment and counselling as a safe space. I next outline the three overlapping themes that emerged in relation to the recovery process, recovery as a personal journey, as a struggle and as acceptance. This is followed by a presentation of RCC counselling outcomes from the perspective of survivors. Finally, I report the obstacles the participants faced, whether and why they would recommend counselling and any suggestions they had for service enhancement, ending with a discussion of the findings. As I did not receive as many completed questionnaires as I had hoped, these findings are not as rich as those of the interviews. However, the findings informed the research methods that followed.

Building on the findings of the content analysis and the questionnaires, in Chapters Eight, Nine and Ten, I present the findings from the interviews with the survivors and counsellors. In order to ensure that each survivor’s narrative does not become lost in the combination of accounts, the first of these chapters is fore-grounded by an overview of their personal details, in addition to their decisions to access RCC counselling. I also introduce the counsellors in terms of the size of the RCC they work for, in addition to a combined account of the various counselling approaches they employ. The views of these participants are then interwoven with the personal accounts shared by survivors. In these chapters, I detail the three overlapping themes regarding the recovery process, namely recovery as a personal journey, as a struggle and as growth, acceptance representing an aspect of this latter theme. Next, I present the findings in relation to the RCC counselling process from the perspectives of both survivors and counsellors in terms of exploring further the RCC person-centered, empowerment approach, thus illuminating the role that counselling plays in the recovery process. I also identify the factors that influence the recovery process, with gender emerging as a critical variable. Finally, counsellors critique the RCC approach, in addition to suggesting ideas for service enhancement.

In Chapter Eleven, I discuss the interview findings in order to understand their meaning in relation to the theoretical framework underpinning the thesis. I explore the views and
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experiences of both survivors and counsellors in order to produce a narrative of the healing process in relation to the trauma of sexual violence in the context of Irish RCC counselling. Situating the study in the wider sexual violence and recovery literature, I discuss the importance of an understanding of recovery as a personal journey, upon which one struggles, yet also experiences growth (Sgroi 1989, Herman 1997, Tedeschi 1999). I build on the discussion of the content analysis and questionnaire findings by providing important insights into the importance of the RCC approach and the elements involved in its implementation. I also discuss the complexities and challenges posed by the empowerment approach and the therapeutic relationship. Finally, I explore how the gender identity of both survivors and counsellors influences the recovery process in the context of RCC counselling.

In Chapter Twelve, I summarise the central themes and conclusions of the thesis. I reflect upon how I have answered the research objectives in terms of the RCC framework, counselling outcomes, the role of RCC counselling in the recovery process from sexual violence and the ways in which these services may be improved. Providing an analysis of the recovery process for survivors of sexual violence within the context of Irish RCC counselling, I highlight the contribution of the thesis to theory and methodology in the areas of sexual violence, gender, trauma and recovery. I also provide an overview of the thesis’ significance for Irish society by offering recommendations for RCC practice and national policy. I conclude with a discussion of the study’s limitations, in addition to identifying areas for future research.

In this chapter, I introduce the basis of the research problem driving this thesis. I also outline the foundation of the theoretical framework underpinning my enquiry. I begin by examining the various definitions of sexual violence. Documenting prevalence studies conducted worldwide, in addition to exploring deeply entrenched rape myths, I next establish a context within which to understand the magnitude and complexity of sexual violence in Ireland. This is followed by a critique of conceptualisations of gender and sexuality within a broader discussion of the various theoretical approaches to sexual violence in order to distil the importance of power and cultural norms. As it is clear that gender identity plays a more complex role in the perpetration and experience of sexual violence than these understandings would suggest, I then explore alternative conceptualisations of masculinity and femininity. Finally, I interweave the theoretical and empirical research discussed in order to present a more comprehensive feminist framework for understanding sexual violence, which adequately addresses the complexities involved. I argue that it is the enactment of gendered norms in relation to sexuality that helps us to understand the dynamics of sexual violence.

2.1 Defining Sexual Violence

‘Naming involves making visible what was invisible, defining as unacceptable what was acceptable and insisting that what was naturalized is problematic’ (Kelly 1988, p. 139). A vital part of feminist work has involved naming women’s experience. The term ‘sexual violence’ was introduced into our language approximately four decades ago, with feminists challenging common sense definitions that limit the range of men’s behaviour that is deemed unacceptable to the most extreme and public forms. Formulated by men, definitions of sexual violence that are limited in nature can be located in both legal codes and legal practice. Reinforcing particular world views, ‘law has the power to silence alternative meanings – to suppress other stories’ (Finley 1989, p. 888). Though they are often contentious, definitions encoded in law, nonetheless, carry a certain authority because of their status. This is problematic as, for instance, marital rape was only recognised as a crime in Irish law as recently as 1990. Klein (1981, p. 40 in Kelly 1988)
therefore maintains that a feminist definition of sexual violence must distance itself from legal codes that obscure ‘the subtler and more pervasive forms of abuse of women that are woven into the fabric of our society’. The legal recognition of sexual harassment, marital rape, date rape and human trafficking has resulted from such resistance, in addition to tireless feminist activism. However, a gender bias, which unusually discounts men’s experiences, is evident in many legal definitions of sexual violence.

According to Walby (1990), social science researchers may choose to define sexual violence in accordance with the law, women’s understandings of the term or the acts that they, as social scientists, deem relevant. To begin with, an in-depth look at the legal definitions under Irish law is important as these have significant implications for the policy framework under which RCCs are funded and, therefore, operate. Irish law recognises a number of specific forms of sexual violence that are relevant to this study. Common Law Rape, as defined under the 1981 Criminal Law (Rape) Act (as amended), involves penile penetration of the vagina, without consent. While this offence can only be perpetrated by a man against a woman, later offences are gender-neutral and have, therefore, broadened the legal understanding of sexual violence. Section 4 of the Criminal Law (Rape) (Amendment) Act 1990 defines rape as a sexual assault that includes penetration (however slight) of the anus or mouth by the penis (known as Section 4(a) rape), or penetration (however slight) of the vagina by an object held or manipulated by another person (known as Section 4(b) rape). Section 4(a) rape can only be committed by a man against either a man or a woman, while Section 4(b) rape can only be committed against a woman by either a man or woman. These definitions of rape remain limited as women are not legally recognised as perpetrators of the rape of men. Furthermore, penetration of the mouth or anus by an object held or manipulated by another person is not recognised under Irish law.

Aggravated sexual assault is defined in section 3 of the Criminal Law (Rape) (Amendment) Act, 1990 as sexual assault involving serious violence or the threat of serious violence or sexual assault that causes injury or extreme humiliation or degradation. While there is no statutory definition of sexual assault, according to section 2 of the aforementioned act, it encompasses offences that were formerly known as indecent assault. Sexual assault includes conduct ranging from a brief, non-accidental brush against the genitals or breasts
through the clothes to a deliberate and prolonged sexual attack involving attempts at penetration. However, it does not involve additional violence or the threat of additional violence. This offence can be committed by both men and women against a man or a woman. With regard to underage sexual offences, the age of consent for both heterosexual and homosexual sex in Ireland is seventeen. Under the Criminal Law (Sexual Offences) Act 2006, it is an offence to engage or attempt to engage in sexual activity with any individual under the age of seventeen. While consent to sex of a girl or boy under the age of seventeen is not deemed a defence, the defendant can argue that they honestly believed the individual was over the age of consent. This is clearly a contentious issue as such testimony would be difficult to disprove. Under the Punishment of Incest Act 1908, as amended by the Criminal Law (Incest Proceedings) Act 1995, a man or woman who has sexual intercourse with a grandchild, child, sibling or parent is guilty of incest and consent is deemed irrelevant. The preceding gender-neutral offences carry the same penalty regardless of the gender of the perpetrator. However, once again reflecting the gender bias evident within the law regarding sexual offences perpetrated by women, the maximum penalty for incest is life imprisonment for a man, compared to seven years for a woman. Furthermore, only girls under the age of seventeen cannot be prosecuted for incest.

Reflecting feminist concerns regarding the contentious nature of legal definitions of sexual violence, a number of social science and health researchers have chosen to formulate operational definitions. Designed to capture the range and extent of women’s experiences, in addition to recognising the common dynamic that underlies them, Stanko (1985) and Kelly (1988) propose the concept of a continuum of sexual violence. In her attempt to adequately reflect these considerations, Kelly (1988, p. 41) defines sexual violence as including ‘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’. While this definition provides a better understanding of the range of violence perpetrated against women, conceptualising ‘male violence’ as a continuum obscures the differences between men who perpetrate sexual violence and those who do not, the various types of violent men, the different forms of violent acts, and their meanings (Segal 1990). It also excludes men as victims and women as perpetrators.
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The gender-neutral definition of sexual violence developed by Jewkes et al (2002, p. 149) describes it as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality, using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work’. It is noted that coercion can cover a spectrum of degrees of force, including physical force, psychological intimidation, blackmail or other threats, and can also occur when the person is unable to give consent due to, for instance, intoxication. By placing the abuse of power at the centre of its perpetration, this definition highlights the various coercive circumstances in which rape, sexual assault and child sexual abuse occur. According to Haugaard (2000), the term child sexual abuse has never been unequivocally defined and individual researchers continue to employ different definitions.

Broadly speaking, child sexual abuse can be operationalised as falling into two categories, namely contact and non-contact abuse. The former encompasses fondling and attempted or completed vaginal, oral or anal sex, while the latter includes exposure of the genitals and solicitations to engage in sexual activity (Wyatt & Doyle Peters 1986). Defining sexual abuse within the broader context of child abuse, the World Health Organization (WHO) Consultation on Child Abuse Prevention specify all forms of sexual abuse ‘resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power’ (Krug et al 2002, p. 59). While legal definitions help us to categorise the acts that constitute sexual violence, operational definitions capture the dynamics involved.

2.2 Sexual Violence as a Widespread and Complex Problem: Prevalence and Social Perception

This definitional ambiguity has serious implications for our efforts to gain an understanding of the magnitude of the problem of sexual violence perpetrated against both women and men, nonetheless. While there have been considerable advances in this area, the definitions employed have varied considerably across studies conducted internationally, thereby resulting in a large variability in the prevalence rates documented (Jewkes et al 2002). Furthermore, traditionally, quantitative research in the form of population-based surveys has been employed worldwide, yet many of these studies have involved selected groups of women (Tavara 2006). While there is a growing consensus on gold standard methods to estimate the prevalence of any form of violence, including direct questions
regarding individual’s experiences of behaviourally specific acts, a variety of factors affect data collection (WHO 2013). These include the fact that many surveys designed to measure non-partner sexual violence employ less sophisticated methods than those used in recording violence perpetrated by an intimate partner. Understanding the prevalence of sexual violence continues to be problematic, thereby requiring a commonly accepted definition and methodological frameworks designed to capture its complex nature. For instance, prevalence studies require both quantitative and qualitative research, the former employing representative samples. However, a number of important studies conducted worldwide provide us with an insight into the serious and widespread nature of the problem of sexual violence.

Violence affects the lives of millions of women worldwide, cutting across cultural and religious barriers. The adoption of a resolution declaring violence a leading worldwide public health problem, by the 49th World Health Assembly in 1996, has placed this issue firmly on the international agenda. However, while it has been recognised that most acts of sexual violence are predominantly experienced by women and girls and perpetrated by men, sexual abuse, sexual assault and rape of men and boys by men has also been highlighted as a significant problem (Krug et al 2002). Initially, in countries such as the US and the UK, an understanding of the endemic nature of sexual violence was confined to community-based RCCs, which responded to women who were coming forward to access their services. However, a number of landmark studies documenting prevalence rates slowly began to emerge around the world. Over time, numerous independent research teams have revealed that rape is not a rare occurrence, but rather a violent crime perpetrated against millions of women by men they know and trust (Campbell & Wasco 2005). Expanding our knowledge in this area, studies that highlighted the problem of sexual violence perpetrated against boys, and to a lesser extent against men and by women, began to emerge. International research suggests that approximately one in three women have been the victim of some form of sexual violence during their lifetime (Heise et al 1999, Krug et al 2002). More recent international and European Union studies have also revealed that approximately the same number of women reported sexual and/or physical violence since the age of fifteen (WHO 2013, European Union Agency for Fundamental Rights 2014). Although there is currently no comparative research in relation to men, a number of studies indicate that prevalence rates are higher than initially thought,
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predominantly in relation to child sexual abuse (Coxell et al 1999, Romano & De Luca 2001, Davies 2002, Carpenter 2006, Jones 2006, Bourke 2007, Light & Monk-Turner 2009). It is evident that boy’s vulnerability significantly decreases as they reach adulthood, while girls largely remain vulnerable throughout their lifetime. However, studies in contexts such as prison and the military highlight an additional layer of complexity that will be discussed in greater detail later in this chapter.

As noted by Rape Crisis Network Ireland (RCNI) director Fiona Neary, it is relatively recently that Ireland has come to recognise the reality of sexual violence (Hanly et al 2009). Shattering decades of silence and a systematic cover-up by the Catholic Church, the 1990s heralded a number of high profile sexual abuse revelations, such as the 1995 McColgan case, involving family abuse, and the Catholic priest Brendan Smyth case, involving a lifetime legacy of abuse. Following the public acknowledgement in 1999 of the endemic sexual abuse of young children, particularly boys, in Irish industrial schools, orphanages and residential laundries, the first national study of Irish prevalence rates was published in 2002. In this study, McGee et al (2002) employed sexual violence as an inclusive term to describe all sexual offences, be they perpetrated against adults or children. As the terms rape, abuse and assault hold different meanings for different individuals, behaviourally specific definitions were provided to the women and men who participated in this study. This research established that 42 per cent of women and 28 per cent of men reported some form of sexual abuse or assault in their lifetime. Mirroring international trends, the perpetrators were predominantly men and the vast majority (89 per cent) of sexual violence perpetrated against men occurred in childhood. For both women and men, the perpetrator was a known individual in the majority of cases. Prior to this research, the only figures available regarding sexual violence in Ireland were from those seeking counselling or reporting to An Garda Síochána, the Irish police force, and service providers were aware that these individuals represented a minority of survivors. Adding to these findings, the recent European Union study suggests that 26 per cent of women have experienced sexual and/or physical violence since the age of fifteen (European Union Agency for Fundamental Rights 2014).
While knowledge of the prevalence of sexual violence provides an insight into the depth of this problem, it fails to capture a broader understanding regarding individual’s perceptions. Such estimates, which are based on self-reporting, are known to be influenced by features of the crime and underlying cultural perceptions of its meaning. A number of misconceptions continue to permeate contemporary society, particularly in the form of stereotypes regarding ‘victims’ and ‘perpetrators’ (La Fontaine 1990, Struckman-Johnson & Struckman-Johnson 1992, Kelleher & McGilloway 2009). For instance, the public perception of ‘safe families’ and ‘dangerous streets’ is encouraged by the tendency of the media to overemphasise stranger abuse (La Fontaine 1990, Saraga 2001). The ‘real rape’ myth that has become deeply entrenched in our cultural assumptions regarding sexual violence reinforces notions of who can be regarded as a ‘genuine victim’ (Estrich 1987, Williams 1984). ‘Rape mythology characterizes rape as an act of violent, forceful penetration committed by a stranger during a blitz attack in a public, deserted place (Du Mont et al 2003, p. 469). An opinion poll commissioned by the Irish Examiner, a national broadsheet, found astonishingly high rates of rape myth acceptance in Ireland (Ryan 2008). For instance, one third of respondents ascribed partial responsibility to a woman if she wore revealing clothing or was raped while walking in a deserted area. One in twelve respondents blamed a woman completely if she was drunk or had consumed illegal drugs. These latter findings are particularly worrying given the cultural acceptance of alcohol abuse in Ireland. In addition, recent research conducted with university students in Ireland has revealed that alcohol consumption is understood to be a facilitator of the majority of sexual encounters and consent is understood to be predominantly unspoken (MacNeela et al 2014). Moreover, 70 per cent of participants in the Rape and Justice in Ireland study conducted in 2009 had been drinking at the time of the incident (Hanly et al 2009). There has been no study, to date, in Ireland that explores victim blaming in relation to men.

2.3 Theoretical Understandings of Sexual Violence: Gender and Sexuality

Such complexities warrant an exploration of theoretical understandings of sexual violence, at the heart of which lie the intimately linked and historically contested concepts of gender and sexuality. As such, I will outline the various theoretical approaches to these concepts in order to foreground their significance for sexual violence frameworks that seek to capture the dynamics involved. Given its gender-based nature, a number of theories have been developed to explain the sexual violence perpetrated by men against women and children.
While theorising has since been extended to account for the sexual violence perpetrated by women against children, theories aiming to explain sexual violence perpetrated against men remain absent from the literature.

A somewhat enduring perspective on gender in Western societies conceptualises women and men as naturally and unequivocally defined categories, embodying fundamentally different characteristics (Garfinkel 1967). ‘In its most common usage, then, the term ‘gender’ means the cultural difference of women from men, based on the biological division between male and female’ (Connell 2009, p. 9). This understanding of gender is exemplified by theorists such as Geddes and Thompson who, writing in 1889, argued that social, psychological and behavioural traits are innate (Hawkes 1996). Differentiated by gender in this manner, women were characterised as passive, conservative and sluggish, while men were viewed as eager, energetic and passionate. In line with this thinking, proponents of the science of sexology such as Krafft-Ebing and Ellis view sexuality as biologically determined, thereby emphasising its physiological aspects (Hawkes 1996). Such theories of sexuality and gender have been criticised for their emphasis on reproduction, heteronormativity and the central belief that sexuality is part of the genetic makeup of all individuals. ‘Compulsory heterosexuality and hegemonic constructions of sexuality as natural or grounded in biology establish the “naturalness” of the complementary and hierarchical relationship between masculinity and femininity’ (Schippers 2007, p. 91).

While Freud’s psychoanalytic theory of sexuality retained this biological basis, it challenged the belief that the sexual instinct is reproductive and naturally heterosexual (Horrocks 1997, Seidman 2003), instead characterising it as pleasure-oriented. Demonstrating a deeper understanding of sexuality, Freud believed that the drive for sexual pleasure places the individual in conflict with social norms of respectability and self-control, thereby paving the way to the conceptualisation of sexuality as a primarily psychosocial reality.

Favouring an essentialist approach, a number of theories of sexual violence perpetrated by men place an emphasis on psychological processes. According to evolutionary psychology, an irresistible force that predisposes all men to seek reproductive success compels certain men to commit rape (Allison & Wrightsman 1993, Hyde & DeLamater 2006, Bourke 2007). Positing an ‘insecure’ or ‘impaired’ masculinity as central to rape perpetration, the more
conventional analysis characterises violent men as abnormal and, in general, psychologically disturbed (Walby 1990). A number of criticisms have been levelled at these theories, including a distinct lack of empirical evidence to support their claims (Hyde & DeLamater 2006, Bourke 2007). As can be seen from the international studies documenting prevalence rates, sexual violence is far more common than this approach would suggest. Furthermore, a US study of 646 convicted rapists found that they were no more psychologically disturbed than those who committed robberies or assaults (Amir 1971). Within this theoretical field, the need for affection and intimacy has been posited as the motivation of men who perpetrate child sexual abuse (Groth & Burgess 1977, Loss & Glancy 1983), while explanations for women who are sexually abusive tend to rely upon the same controversial notions of psychological derangement or ‘cycle of abuse’ arguments. The latter theory was influential ‘partly because it conformed to assumptions about passive femininity and women’s pervasive victimization’ (Bourke 2007, p. 228). A common limitation of the theories within the psychopathological framework is a failure to address the social context within which sexual violence occurs and the power relations involved.

‘One of Karl Marx’s great insights was that human nature is shaped by society and changes historically’ (Seidman 2003, p. 13). Understood in this light, the social organisation of modern sexuality mirrors the development of capitalism, its value originally determined by marriage and family. However, the pleasure-oriented sexual culture of corporate capitalism marked a shift from an emphasis on privacy and self-control to a commercialisation of sex that results in the diminishment of its tender, intimate and caring qualities (Seidman 2003). Socialist feminists, such as Tolson (2004), focus not only on the manner in which patriarchy benefits all men, but also on inequalities among men. Placing an emphasis on the social conditions that shape sexual violence, class analysis locates its perpetration in the frustration experienced by men of the lower social strata as a result of their circumstances (Walby 1990, Bourke 2007). The sub-cultural model of this theoretical approach suggests that men who find themselves alienated from the dominant culture develop a different set of values, attaching importance to machismo and physical superiority (Amir 1971). Rape is thus viewed as merely one form of violence among many. According to La Fontaine (1990, p. 103), early popular theories of child sexual abuse also located its perpetration in the ‘lower classes’. Presenting evidence on the socio-economic and racial composition of sexual offenders as reported to institutions such as the police,
class analysis discounts the fact that the majority of sexual offences are un-reported. Indeed, studies have shown that perpetrators of sexual violence are drawn from all social strata (Walby 1990, Bourke 2007, Jewkes et al 2010). Furthermore, this approach ignores the gendered nature of sexual violence, a failing that feminist theorising has addressed.

In order to counter biological determinism, many feminists have distinguished between ‘sex’, denoting human females and males depending on biological features and ‘gender’, denoting women and men depending on social factors. Feminists view gender as a social identity and a set of norms that are constructed to guide behaviour. ‘We are not born men or women; we acquire these gender identities through a social process of learning and sometimes coercion’ (Seidman 2003, p. 18). Accordingly, our sexual desires and preferences are impressed upon us by our gender identity, which is believed to develop as a result of these social processes. The relationship between gender and sexuality is, nonetheless, problematic and viewed differently by a diverse range of feminist writers.

Endorsing an inextricable link between these two concepts, second-wave feminists Rich (1980) and Mackinnon (1989a, 1989b) contend that individuals are taught and coerced into adopting conventional gender identities, with sexuality defined by a given culture or subculture within society. According to Rich, ideologies that purport the naturalness of heterosexuality obscure the social pressures that create a gender-divided, compulsory heterosexual order. She highlights the fact that there are variations within and across societies, thus defining patriarchal relations in terms of gender and age relations based on power and masculininity. Characterising sex as fundamentally social and political in nature and the means by which men control women, Mackinnon (1989a, 1989b) views sexuality as a product of men’s power. Therefore, in patriarchal societies, the male domination of women is articulated through sexual practices and beliefs regarding sexuality. Rather than constituting innate characteristics, she believes that masculinity is socially determined as dominance and femininity as sexual submissiveness. The very use of the terms active and passive to denote sexual behaviour highlights for Reynaud (2004) how sexuality is viewed as a struggle. Contesting the belief that male dominance is a result of social learning, these theorists view gender as constructed in terms of social power.
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As a critique of psychopathological arguments, the feminist analysis of sexual violence thus places power at the core of its approach. Reflecting the nature of the problem as it emerged in the community, radical feminist writers (Russell 1975, Brownmiller 1976, Mackinnon 1991) sought to place the use of force and violence within a broader discussion of patriarchy as a social and political system in which men control, and have power over, women. As patriarchy ensures that society’s central norms and values are associated with manhood and masculinity, in turn defined as dominance and control (Johnson 2005), gender inequality at the societal level is posited as the root cause of violence against women. According to Walby (1990), although men’s violence is a form of power over women in its own right, it is shaped by patriarchal control over women in other areas. Viewing the family as a microcosm of patriarchy, the feminist perspective considers the sexual abuse of children to be a manifestation of this oppression of women and also of children (Finkelhor 1982, Rush 1974). As radical feminists believe that social control is the purpose, and may also be the outcome, of gendered social relations, sexual violence is conceptualised as arising from patriarchal constructions of gender and sexuality within the context of broader systems of male power.

The power men hold thus denotes a complex and multi-levelled process that is located both in interpersonal relationships and the structure of society. The basis of control in patriarchal societies, as in all political systems, is that of force. For writers such as Brownmiller (1976) and Seifert (1996), rape is therefore not viewed as a sexual crime but rather a violent, political act, the threat of which creates a climate of fear that affects all women. However, as highlighted by MacKinnon (1989a, b), recognising the sexual nature of rape is central to understanding the cultural and political meaning of sex in patriarchal societies. While Finkelhor (1984) also discusses the sexual nature of child sexual abuse, it is in a very different light. He suggests that one of the preconditions of abuse is sexual feelings towards a child, feelings that must not be blocked by internal or external inhibitions or the resistance of the child. The redefinition of sexual violence as an abuse of power rather than a sexual crime is significant in terms of understanding the motivation of the perpetrator. However, a potential problem is a lack of attention to its implications for an individual’s sexuality.
Believing that all power resides in the use of force, the link between patriarchy and male-dominated sexuality is also central to the understanding of rape formulated by radical feminist Kate Millett (1971). However, she conceptualises gender as the ‘sum total of the parents’, the peers’, and the culture’s notions of what is appropriate to each gender by way of temperament, character, interests, status, worth, gesture, and expression’ (Millett 1971, p. 31). As highlighted by Kimmel (2004), although the nature of our socialisation has changed since the emergence of second-wave feminism, girls and boys are still encouraged to endorse gender-specific behaviours and characteristics. For those who draw upon a social learning approach, sexuality is also a learned form of social practice. According to Jackson (1978, p. 30), ‘it is gender identity which provides the framework within which sexuality is learnt and through which erotic self-identity is created’. Although social learning theory also places an emphasis on gendered norms, specific cultural traditions that are directly tied to interpersonal aggression and sexuality such as pornography are viewed as the underlying causes of sexual violence. Rape is therefore viewed by social learning theorists as a learned behaviour that results from the joint influences of cultural and experiential factors that are mediated and reinforced by rape myths, sexual role scripts and other thought processes connecting physical aggression and sexuality in the minds of men (Allison & Wrightsman 1993, Gagnon 2004). Proponents of this theory are more inclined to conceive of rape as sexually motivated.

Feminist writer Stevi Jackson (1978) also draws upon the concept of sexual scripts in order to understand the social context of rape. ‘Sexual scripting’ theory is the brainchild of Gagnon and Simon who, rejecting essentialist theories of sexuality, sought to develop a more comprehensive social and cultural understanding of this concept (Gagnon & Simon 1974, Simon & Gagnon 1986, Gagnon 2004). ‘Scripts are involved in learning the meaning of internal states, organizing the sequences of specifically sexual acts, decoding novel situations, setting the limits on sexual responses, and linking meanings from nonsexual aspects of life to specifically sexual experience’ (Gagnon & Simon 1974, p. 19). Providing individuals with the meaning to be ascribed to sexual events, scripts connect feelings of desire, pleasure or disgust with the somatic actions associated with physical touching and physical signs of arousal. Originally conceived as a social learning approach to sexuality, sexual scripting theory has evolved into a social constructionist framework under the influence of emerging feminist perspectives among others (Simon & Gagnon 2003).
Existing as part of the social structure, scripts are believed to operate on three levels, namely the intrapsychic, the interpersonal and the cultural scenario. The cultural level involves the collective norms and values that provide guidelines for what constitutes appropriate sexual behaviour. While these cultural instructions are embedded in social institutions such as the family, the law and the church, an ongoing struggle occurs between groups and individuals seeking to develop their own scenarios. ‘Interpersonal scripts operate at the level of social interaction and the acceptance and use of such scripts are the basis for continued patterns of structured social behavior’ (Gagnon 2004, p. 140). The interpersonal level involves the improvisation of cultural scenarios and personal fantasies in the accomplishment of physical activities during a sexual encounter. Helping individuals ascertain what is or is not a sexual situation, intrapsychic scripts pertain broadly to plans for the future, guides to current action and schemes for remembering. They also define the sequence of actions that should occur in any given sexual encounter and what feelings and motives are appropriate to the experience. It is in the intrapsychic domain that fantasies and desires are connected to social meanings and actions. While these scripts are influenced by cultural scenarios and the demands of interaction, they are also independent of them. Individuals assess and adapt cultural level scripts according to their personal beliefs and perceptions.

Gagnon and Simon view these three levels of scripting as dynamically interactive. According to Gagnon (2004, p. 142), ‘we are socialized first as audiences to or learners of cultural scenarios, but as we are required to enact these scripts, we must modify them to meet the demands of the concrete situations in which we find ourselves, including the requirements of the other persons in that situation and our other relationships to them’. As such, the relationship between cultural scenarios, interpersonal scripts and intrapsychic scripts is complex and differs across cultures, eras and individuals within cultures and subcultures. Acknowledging the critical influence of gender norms on the construction of sexual identities, Gagnon and Simon characterise the traditional sexual script as involving an active male subject and a passive female object. As such, men are expected to initiate and direct sexual encounters, while women react or gate keep. ‘It is the sociocultural that gives sex its meaning and it is the myths of the society that give it its power’ (Gagnon 2004, p. 108). MacNeela et al’s (2014) study involving university students in Ireland revealed that
consent to sexual activity is expected to follow this highly gendered, traditional sexual script.

Jackson (1978) utilises sexual scripting theory as a framework for conceptualising rape as an extreme manifestation of our culturally accepted norms of sexuality. She believes that sexual scripts are closely connected with norms of femininity and masculinity, with women and men learning to express their sexuality in different ways. As such, men are not only expected to take the lead in sexual encounters but to also establish dominance over women. According to Jackson (1978, p. 37), ‘sexual relationships are built around sexual inequalities, are scripted for actors whose roles have been predefined as subordinate and superordinate, and hence involve the exercise of power that may be manifested in the sexual act itself, as well as in other aspects of the relationship’. Believing that sexuality is a means of validating men’s masculinity, she contends that if rape is to be understood, it must be placed within the context of the modes of sexual expression typical of our society. Jackson (1978) thus views rape as both a sexual act and an act of aggression. However, it is the link between sexuality and power that is believed to form the motivational and interactional basis of rape. According to Jackson (1978, p. 36), ‘if men regard women as somehow less than human, believing the while in their own superiority and are trapped in the assumption of the irresistibility of their sexual urges, it is only to be expected that an explosive alliance between sex and violence should exist within our culture and find its outlet in rape’. Gagnon (2004) believes that the radical feminist analysis of sexual violence can also be understood as a theory at the level of cultural scenarios for gender. While the individual script may vary depending on the types of encounter involved, the patriarchal cultural scenario is believed to underpin all acts of rape, sexual assault and sexual abuse.

Feminist writers Judith Herman & Lisa Hirschman (1981) also posit a theoretical approach that locates men’s perpetration of sexual violence within the structure of patriarchy. In their exploration of father-daughter incest, they propose that the incest taboo may be understood as a biological law that prevents inbreeding, as a psychological law that creates the family, as a social law that creates kinship or as the sum of all three of these theories. Regardless of how it is conceptualised, Herman and Hirschman believe that ‘it is the refraction of the incest taboo through the institutions of male supremacy and the sexual
division of labour which results in the asymmetrical application of the taboo to men and women’ (Herman & Hirschman 1981, p. 62). They note that it is only in patriarchal families, in which mothers alone take care of the children, that this asymmetry makes sense. Drawing on psychoanalytic feminist writers such as Chodorow (1978), they discuss the formation of gender identity and sexuality of children as a result of the sexual division of labour. It is believed that the discovery of the meaning of gender creates a crisis for girls and boys, which Freud named the Electra and Oedipus complexes respectively, in which they must come to terms with the fact that the object of their first love is socially regarded as inferior. In order to gain access to the privileged masculine world, boys learn to suppress those characteristics, such as nurturance, that are considered feminine and this generally leads to the development of a contemptuous attitude towards women. By contrast, girls learn that they are like their mothers, thus commonly developing a capacity for nurturance, intimacy and an affectionate identification with children. Where boys learn that as an adult they will inherit many privileges, such as the sexual rights to women who are younger and weaker, girls learn to seek validation via sexual relationships with men who are older and more powerful. Herman and Hirschman believe that this results in a reproduction of a male psychology of domination and a female psychology of victimisation. ‘The tendency in men toward sexually exploitative behaviour of all sorts, including rape, child molestation, and incest, thus becomes comprehensible as a consequence of male socialization within the patriarchal family’ (Herman & Hirschman 1981, p. 56).

Although each of the feminist theories of sexual violence are conceptualised differently, men’s abuse of power and control represents a common thread. Research on men who have been convicted of rape has highlighted perceived entitlement and the desire for power and dominance over women as important motivational factors (Karpman 1959, Groth 1979, Scully 1994, Lea & Auburn 2001). A number of researchers also report anger towards, and punishment of, women as motivations for rape perpetration (West et al 1978, Levine & Koenig 1980, Jewkes et al 2010). Studies likewise indicate that the need to dominate and control others is one factor common to child sexual abuse offenders (Finkelhor 1982, Redding 1988). Similarly, Herman and Hirschman (1981) identified a tendency to dominate their families by the use of force as one of the most significant distinguishing attributes of the incestuous fathers of forty women who shared their stories with them. While the emphasis placed on power and its manifestation in gender relations
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is, therefore, a key contribution of feminist approaches to understanding the dynamics of sexual violence, a number of questions remain unanswered. The analyses discussed fail to explain why the majority of men do not perpetrate sexual abuse, sexual assault or rape. Moreover, they fail to account for such crimes, though in the minority, perpetrated against men and by women.

As it evolves, in part, from women’s subordinate status in society, violence against women is often known as gender-based violence, which includes physical, sexual, psychological and economic abuse (Heise et al 1999). Despite the fact that violence against women is a subset of gender-based violence, the two terms are often conflated (Carpenter 2006). According to Gillian Mezey and Michael King (1989), the publicity that rape receives as a feminist issue has meant that men who experience sexual violence have been neglected by both researchers and society at large. Furthermore, the knowledge that the overwhelming majority of sexual violence is perpetrated by men has left the issue of female perpetrators largely unexamined (Koonin 1995, Denov 2003a, Turton 2008). Given the difficulty of placing gender and men’s power at the centre of an analysis of sexual violence, practitioners and theoreticians are understandably reluctant to focus any attention on these uncomfortable facts (Crisp 1991, Carpenter 2006, Turton 2008). However, as it has now become evident that gender identity plays a much more complex role than was originally realised, it is crucial that no survivor be silenced by ideology that denies this reality (Koonin 1995). This brings me to the more fundamental issue of the problematic ways in which these feminist approaches conceptualise gender and sexuality as socially constructed. By characterising each gender as an undifferentiated class, these analyses ignore the socio-cultural differences between women and between men, or indeed individual women’s and men’s negotiation with cultural norms. Moreover, I do not believe that sexuality is a direct expression of gender or the means by which men control women. I thus contend that a more nuanced exploration of power and its manifestation in gender relations between women and men helps us to better understand the dynamics involved.

2.4 Power, Masculinities and Femininities

This study is, therefore, underpinned by a feminist theoretical framework, in which rape, sexual assault and sexual abuse are recognised as acts of violence, predominantly but not
exclusively gendered as a man’s violation of a woman, involving abuse of power and control (Walby 1990). In order to transcend an understanding of power as universal patriarchy, which posits a paradigm of male-perpetrator and female-victim, I draw upon feminist theories of intersectionality, masculinities and femininities. Recognising that our lives are not shaped by gender alone, these theoretical approaches highlight the intersections of gender relations with class and race relations that enable an understanding of how both women and men can either be dominated or dominating. By highlighting the variable character of masculinity and femininity, a better understanding of men and women who perpetrate sexual violence is also provided. As noted by Messner (1998, p. 72), ‘although the universalising claims about ‘male power’ make for moving oratory that arouses a passion for justice among a few men who commit themselves to work to stop violence against women, a discourse that posits gender as the fundamental dividing line of power in the world does not accurately reflect the complexity of the real world’. I also draw upon a more nuanced understanding of Gagnon and Simon’s (Gagnon & Simon 1974, Simon & Gagnon 1986, Gagnon 2004) sexual scripting theory in order to provide a conceptual space for the differences among women’s and men’s expressions of sexuality.

While feminist theory has been influential with regard to its emphasis on the importance of gender status and the social character of sexuality, a common criticism of the writers who advocate the sex/gender distinction is that women as a group are assumed to share some common condition that defines their gender (Mikkola 2008). Although women’s subordination has been a feature of the majority of past societies and exists across different cultures and socio-economic systems today (Walby 1990), this understanding fails to account for the differences between women and it also posits a normative ideal of womanhood (Harris 1993, Crenshaw 1997, Hooks 1984). By providing an analysis that considers the interplay of race and gender, Davis (1983), Hooks (1984) and Crenshaw (1997) provide a deeper understanding of the production and perpetration of oppression and domination. According to Spelman (1990), by presenting their particular view of gender as a ‘metaphysical truth’, white middle-class Western feminists privileged some women, while marginalising others. Highlighting the variable character of femininity, she believes that gender is conditioned differently in different societies, thereby creating particular categories of women. However, Mikkola (2006) argues that this perspective does
not render gender realism as invalid as it fails to rule out the possibility that some common condition still defines women’s gender.

Viewing both biological sex and gender as socially constructed, Butler (1999) proposes a performative theory of gender identity that contests the sex/gender distinction. She believes that significant social pressure is exerted on individuals to ‘perform’ the appropriate gender and sexual identity via a system of compulsory heterosexuality. While I believe that the sociocultural is of paramount importance, biological capacities cannot be discounted. Furthermore, whether we like it or not, categorisation is a significant part of our day to day living. I therefore draw upon West & Zimmerman’s (1987) theory of gender as performance in which they distinguish between sex, sex category and gender. Sex is believed to be determined by biological criteria, with sex category placement being achieved through application of the sex criteria, ‘but in everyday life, categorization is established and sustained by the socially required identificatory displays that proclaim one’s membership in one or the other category’ (West & Zimmerman 1987, p. 127). While one’s sex category thus presumes one’s sex, it is possible to claim membership in a sex category without the corresponding prerequisite sex criteria. For instance, an individual who has female genitalia may identify as a man, rather than as a woman. Gender is conceived as the expression of the normatively appropriate behaviours and characteristics that are prescribed to individuals based on their sex category. According to West & Zimmerman (1987, p. 127), ‘a person’s gender is not simply an aspect of what one is, but, more fundamentally, it is something that one does, and does recurrently, in interaction with others’. While West and Zimmerman (1987) conceptualise ‘doing gender’ as involving both conformity and resistance, Deutsch (2007) highlights how the overwhelming majority of studies conducted in 2005 employ this theory in terms of acting in accordance to gender norms. As such, she proposes the term ‘undoing gender’ to refer to social interactions that reduce gender difference. Connell’s (1995) theory of masculinity speaks to the idea of both doing and undoing gender in this sense.

Challenging the longstanding view of men as the cultural ‘norm’, theorising in relation to masculinity is gaining momentum within the academic discourse on gender. At the forefront is Connell, whose incisive theory overcomes the biological determinism of socio-
biology and the social determinism of sex role theory, both of which treat particular attributes as fixed elements. Although Connell (1995) acknowledges that one of the defining features of masculinity is that men are, in general, advantaged by the subordination of women, she contends that patriarchal power further fractures these categories of gender. This conceptualisation of masculinity ‘provides a critical feminist analysis of historically specific masculinities whilst at the same time acknowledging the varying degrees to which individual men play in the reproduction of dominant forms of masculinity’ (Wedgwood 2009, p. 330). A crucial aspect of this theory is the focus on gender relations among men, which establishes a hierarchy of masculinities that are always contestable, rather than fixed character types. ‘Masculinities are constructed, over time, in young people’s encounters with a system of gender relations’ (Connell 2005, p. 13).

Understood as the site of relations of dominance and subordination, the gender order promotes struggles for hegemony and practices of resistance. While, it is suggested that there is a crucial division between hegemonic masculinity and various subordinated masculinities, it is recognised that power relations are not the sole social force by which masculinities are constructed. Both psychological and institutional (collective practice) in nature, masculinities are as much defined by the division of labour and patterns of emotional attachment. Masculine ideals become institutionalised in the childhood family, the adult workplace, sexual relationships and schooling as dominant patterns are engaged with and contested (Connell 1989, Mac an Ghaill 1994, Messerschmidt 1999).

Guaranteeing the dominant position of men and the subordination of women, hegemonic masculinity can be defined as the current configuration of gender practice that legitimates patriarchy (Connell 1995). Hegemonic masculinity exists in the diverse forms of power ideally possessed by men, such as the power to dominate women and other men (Segal 1990, Donaldson 1993, Cheng 1999). A gender hierarchy is created among men, in which particular groups inhabit positions of power and wealth, while others, such as homosexual men, occupy a position of subordination. ‘Heterosexuality is learnt, and the learning, for boys, is an important site of the construction of masculinity’ (Connell 2005, p. 15). While white, middle-class, heterosexual men set the standard for other men, status aside, being a man means not being like women (Kimmel 1994). Subordinate men are characterised as effeminate and characteristics such as sensitivity, expressiveness and caring are viewed as unmanly. According to Segal (1990), by preserving men’s power over women and over men.
who deviate from masculine ideals, the persecution of homosexual men is the forced repression of the ‘feminine’ in all men and it is a way of keeping women subordinate to men. While the number of men who rigorously adhere to the hegemonic model may be quite small, the majority of men benefit from the overall subordination of women. Another relationship among groups of men is, therefore, that of complicity with hegemony. ‘Masculinities constructed in ways that realize the patriarchal dividend, without the tensions or risks of being the frontline troops of patriarchy, are complicit in this sense’ (Connell 1995, p. 79).

While hegemony, subordination and complicity are relations within the gender order, the interplay of gender with class and race relations creates further relationships between masculinities. At all times relative to the authorisation of the hegemonic masculinity of the dominant group, marginalization is the term used by Connell (1995) to refer to the relations between the masculinities in dominant and subordinated classes or ethnic groups. As the relation of marginalization and authorization may also exist between subordinated masculinities, Connell (1995) further identifies the concept of protest masculinity. ‘Marginalised men may also attempt to compensate for their subordinated status by defying hegemonic masculinity and constructing alternative forms of masculinity’ (Connell 2000b, p. 1391). Not merely an adherence to a stereotyped male role, protest masculinity can be accompanied by respect for women and egalitarian views regarding the sexes. ‘Protest masculinity is a marginalized masculinity, which picks up themes of hegemonic masculinity in the society at large but reworks them in a context of poverty’ (Connell 1995, p. 114).

While such hyper-masculinities may aspire to, or be complicit in, the reconstruction of an idealised form of masculinity, the claim to power critical in hegemonic masculinity is, nonetheless, regularly negated by economic and cultural weakness. It is believed that poverty and an environment of violence combine to influence these young men to address their powerlessness by making an exaggerated claim to the ‘potency’ attached to this idealised norm (Majors & Billson 1992, Pyke 1996, Messerschmidt 1999). ‘Most men necessarily demonstrate alternative masculinities in relation to hegemonic masculinity that variously aspire to, conspire with or attempt to resist, diminish or otherwise undermine
hegemonic masculinity’ (Connell 2000b, p. 1393). Gay men who identify as ‘radical fairies’ and men who choose passivity are further examples of active resistance to hegemonic masculinity, ones that construct an alternate, yet still authoritative form. Connell (1995) draws upon case studies to highlight how certain men, partly influenced by feminist criticism, subvert masculine convention and come to value ‘feminine’ traits such as sensitivity, expressiveness and caring, while renouncing masculine ideals such as dominance. As noted by Segal (1990), not all men find it desirable to participate in the social relations that generate dominance.

In countries where the status of women is low, prevalence of violence against them tends to be higher (Yodanis 2004). ‘It is, overwhelmingly, the dominant gender who hold and use the means of violence’ (Connell 1995, p. 83). Connell identifies two patterns of violence employed by men, violence against women and violence against other men. Reflecting the radical feminist emphasis on power, men’s violence against women is located in the aim to sustain their dominance, with the ideology of supremacy providing justification for the minority of men who perpetrate such violence. Employed as a means of exclusion, violence among men, by contrast, is characterised as a way of asserting masculinity in group struggles. ‘The youth gang violence of inner-city streets is a striking example of the assertion of marginalized masculinities against other men, continuous with the assertion of masculinity in sexual violence against women’ (Connell 1995, p. 83). Offering a critique of writers such as Reynaud (2004), Carrigan et al (2004) thus contend that the violence in gender relations cannot be reduced to the essence of masculinity, thereby highlighting the struggle involved in re-constituting these relations as a system within which dominance is generated. Reducing men’s sexual violence to their oppression of women borders on a categorical essentialism, which relies on a falsely universalised definition of ‘men’ (Messner 1998). Hegemonic masculinity is a cultural norm that most men do not live up to; instead they enact multiple, competing and at times contradictory masculinities in their day to day living. Drawing on Connell’s theory, Ferguson (1995, 2001) indentifies heterosexuality, strength, control and self-sufficiency as features of hegemonic masculinity in Ireland. According to Hogan (2009), alcohol, sex and violence are three of its key indicators. For instance, research highlights evidence of misogynistic attitudes towards women that are largely learned ways of proving one’s manhood and power over women and children (Ferguson & Hogan 2007).
While not explicitly stated, the hierarchies based on factors such as physical stature or strength as highlighted in Connell’s (1995) theory also provide an understanding of how men can be victims of sexual violence. ‘The very sources of power for men contained in the prevalent model of masculinity are also the roots of their vulnerability, generating the possibility of any man being both a perpetrator and a victim of violence’ (Dolan 2003, p. 13). Providing an analysis of interactions between individual men, the costs of traditional masculinity are discussed by Stoltenberg (1998) in terms of manhood being something that one feels compelled to prove by doing. Based on a transactional model, Stoltenberg (1998) explains the interrelation between relative social powerlessness and chosen acts of power, locating gender identity in the latter. There is thus a fundamental dichotomy between manhood and selfhood. Be it disparagingly or violently, in order for manhood status to be realised effectively, Stoltenberg (1998) believes that another woman or man must be treated unjustly. Violence committed by men against both women and men is considered to be one of the unambiguous expressions of the manhood act in which men seek to prove their manhood to other men. ‘For every young man who recreates traditional and sometimes violent versions of manhood, there is another young man who lives in fear of this violence’ (Barker 2005, p. 6).

A number of writers have levelled criticism at Connell’s (1995) theory of masculinities. For instance, it has been claimed that evolving gender relations negate the concept of hegemony (Jefferson 2002, Hall 2002). Highlighting the fact that men as a group continue to exert control over the dominant institutions of capitalism, Connell (2002) argues that local upheavals merely challenge the contemporary configuration of hegemonic masculinity. Hall (2002) also refutes the connection between hegemonic masculinity and violence. Seemingly oblivious to gender inequality, while also excluding rape, sexual assault and sexual abuse, he denies that working-class men’s violence is associated with patriarchy. Contesting that violence is always and only a direct expression of power, Connell (2002), nonetheless, believes that it is very often a means of claiming or defending privilege, asserting superiority or taking an advantage. This argument is borne out in Messerschmidt’s (1999) life histories of two working-class adolescent male offenders and will be elaborated further below. Collier’s (1998) criticism that the use of hegemonic masculinity in accounting for violence reifies the concept as a negative type excludes its idealised positive actions, such as bringing home a wage (Connell 2005). He also fails to
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acknowledge the fact that it is the practical relationships of men and boys to these exalted ideals of manhood that is central to understanding the gendered consequences of violence (Connell 2005). ‘The relationship of men to hegemonic masculinity is often fraught, the enactment partial, contested and capable of shifting into violence’ (Connell 2002, p. 94). Jefferson’s (2002) assertion that the perpetration of violence is not publicly condoned fails to acknowledge the implicit acceptance of a controlled use of force against women, children and other men (Connell 2002). Finally, while his suggestion that we understand masculinities and femininities as discursive strategies or performances allows us to recognise different approaches undertaken by an individual in diverse contexts, embodiment is essential to comprehending violence (Connell 2002).

It has also been suggested that Connell’s theory produces a static typology or a single, coherent pattern, whereby men’s ‘stable’ gender identity can be mapped on a ‘distinct’ and ‘legible’ hierarchy of masculinities (Demetriou 2001, Hearn 2004, Moller 2007). Given Connell’s (1995) emphasis on historical specificity and the contestable nature of masculinities, I believe that this amounts to a misunderstanding of the complexity of her work. The idea that the concept of masculinity ignores the plurality of masculine experiences and feelings by characterising men as solely concerned with following a pattern ignores Connell’s (1995) assertion that bodies are both objects and agents of practice, rather than blank pages on which cultural messages are written (Wedgwood 2009). These misunderstandings deflect attention from forms of resistance and subversion. ‘The concept of hegemonic masculinity is not intended as a catchall nor as a prime cause; it is a means of grasping a certain dynamic within the social process’ (Connell 2005, p. 841). Bordo (1994) challenges the emphasis on power in understanding masculinities. However, it cannot be denied that the existing gender order promotes struggles for hegemony and practices of resistance. In this context, men’s vulnerability is addressed via the conceptualisation of subordinated and marginalized masculinities, particularly the concept of protest masculinity, which aims to compensate for a subordinated status. However, while the concept of ‘emphasized femininity’ remains highly relevant in its compliance to patriarchy, Connell (2005) acknowledges the need to recognise the agency of women and their effect on gender hierarchies.
Although, according to Connell (1987), there is no hegemonic femininity, the global subordination of women to men provides a crucial basis for differentiation. Emphasized femininity, which involves compliance with patriarchy, is thus believed to be the pattern currently receiving the most cultural and ideological support. In their adaptation to men’s power, characteristics such as nurturance and empathy represent feminine ideals. Other forms of femininity are understood as defined by strategies of resistance, non-compliance or complex combinations of compliance, resistance and cooperation. However, as noted by Connell & Messerschmidt (2005), the ways in which gender configurations are impacted by women’s identity and practice requires further exploration. Addressing this deficiency, Schippers (2007) builds on Connell’s framework in order to develop a theory of the relations between different femininities. Schippers (2007, p. 94) argues that although the relationship between hegemonic masculinity and hegemonic femininity is one of ascendancy for the masculine and for men, there is ‘an ascendancy of hegemonic femininity over other femininities to serve the interests of the gender order and male domination’. She believes that configurations of gender characteristics are constructed against the idealised relationship between masculinity and femininity, rather than in their difference from, and inferiority to, hegemonic masculinity.

Focusing on discursive processes, Schippers (2007), in agreement with writers such as Halberstam (1998), notes that it is only by reducing femininity to the practices of women and masculinity to those of men that Connell’s theory enables us to distinguish femininity from subordinate masculinities. As such, she differentiates between ‘contextually and culturally specific sets of meanings for what women and men are and should be (masculinity and femininity) and the mechanism (social practice) by which those meanings come to shape, influence, and transform social structure’ (Schippers 2007, p. 92). Schippers identifies pariah femininities as those that embody characteristics such as aggressiveness. Such femininities are not considered inferior, but rather as contaminating to both the woman and the relationship between masculinity and femininity. As she believes that masculinity always maintains its dominance over femininity, Schippers argues that there are no inferior or pariah masculinities. In her framework, Connell’s subordinate masculinities are thus conceptualised as hegemonic femininity embodied or enacted by men. In contrast to Halbertsam (1998), however, Schippers contends that because male femininities threaten the hegemonic relationship between masculinity and femininity, they
feminise and stigmatise the men who embody them. Finally, she frames differences in
gendered practice across various races, classes and contexts as hegemonic masculinity and
femininity refracted through race and class difference.

Schippers’ (2007) emphasis on the relationship between masculinity and femininity
resulting in the identification of pariah femininities is an important contribution to our
understanding of gender relations among women. However, I contest her assertion that
Connell’s concept of emphasised femininity as unable to establish hegemony over other
kinds of femininity is only valid if femininity and masculinity are theorised in isolation from
one another. It is my understanding that, while this area is not fully developed, Connell’s
theory is not solely concerned with difference, but also with gender relations between
women and men. Also, the idea that pariah femininities are not subordinate to the
idealised form of femininity suggests to me that Connell’s concept of emphasised femininity
holds. Moreover, subordinate masculinities and pariah femininities can still be understood
as contaminating the relationship between masculinity and femininity. Adherence or
resistance to idealised gender norms is the means by which individuals ‘do’ or ‘undo’
gender. However, I believe that one’s sex category is fundamental to understanding the
embodiment of gendered norms, precisely because of our identification with this category.
Therefore, when characteristics such as empathy are enacted by men, I believe this
represents a subordinate masculinity. It is also precisely because the men who enact
protest masculinity are considered inferior that they make an exaggerated claim to
hegemonic ideals. Furthermore, I believe that Connell’s (1995) theorising of gender’s
intersections with race and class sufficiently addresses the differences in what
characteristics are considered to be hegemonic across cultures, in addition to allowing for
hierarchies within subordinate masculinities such as men identifying as either ‘straight gays’
versus effeminate gay men. While I do not accept Schipper’s (2007) alternative conceptual
framework in its entirety, I draw upon an understanding of pariah femininity in order to
explain women’s perpetration of sexual violence.

Gagnon and Simon’s (Gagnon & Simon 1974, Simon & Gagnon 1986, Gagnon 2004) sexual
scripting theory also enables an understanding of how individuals ‘do’ and ‘undo’ gender in
relation to sexuality. Gendered cultural scripts provide an important insight into how men
and women learn the ways in which they are expected to behave sexually in terms of active and passive roles. However, as highlighted by Rubin (1984), while gender influences patterns of sexuality, the organisation and dynamics involved cannot be grasped through this lens alone. Indeed, sexuality is conceptualised by Gagnon and Simon as a scripted practice that involves the internal negotiation of an array of cultural norms. Furthermore, as the three levels of sexual scripting discussed earlier operate simultaneously, cultural scenarios are not simply internalised and seamlessly translated into practice. Individuals negotiate cultural norms, adapting traditional sexual scripts to reflect personal beliefs, preferences and the intricacies of the sexual encounters they experience. As such, gendered sexual scripts are adapted in ways that comply, resist or subvert normative expectations. It is this negotiation of cultural norms of gender and sexuality that influences the perpetration of sexual violence by both men and women.

2.5 Sexual Violence: An Integrated Approach

It is the traditional form of masculinity that promotes a domineering and, at times, violent sexuality. However, an important question posed by Walby (1990) is whether men’s violence towards women is a consequence of their power over women, or in order to gain power over them. As asserted by Connell (2002), both of these factors are at play and this is evidenced in the research discussed earlier highlighting both a sense of entitlement and a desire to punish women as men’s motivations to commit rape. Sexual violence is thus a means of maintaining power and a means of compensating for an inability to perform masculine ideals. Renowned experts on crimes of a sexual nature, Wyre et al (2000) identify four distinct typologies in order to categorise perpetrators of sexual violence according to motivation, namely angry, sexual, sociopath and fixated paedophile. While power and control are intrinsic to each of these categories, they provide a further understanding of the dynamics involved. For instance, the sociopath seeks to get what he wants regardless of the cost, highlighting the sense of entitlement involved. Alternatively, while angry rapists are depicted as becoming enraged when their masculinity is threatened, sexual rapists are understood to experience inadequacy in achieving a consenting adult relationship. Perpetrators target vulnerable individuals and factors such as previous trauma or emotional deprivation can render these individuals, particularly children, isolated and emotionally needy.
Building on these findings in light of Connell’s (1987) theory of masculinity, a number of studies reveal that the perpetration of sexual and domestic violence is more common among men who adhere to hegemonic notions of masculinity such as male superiority, male entitlement and restricted emotionality (Sanday 1981, Hamburger et al 1996, Totten 2000, Jewkes et al 2010). According to Rao Gupta (2000), such norms emphasise sexual domination over women as a defining characteristic of manhood, whereby violence is often used to prove or defend one’s masculinity, particularly in the context of gang rape (Cheng 1999, Courtenay 2000a, Bourke 2007). Men who have internalised a hyper-masculine, macho script view violence as acceptable and even preferable (Mosher & Sirkin 1984). Rape is thus conceptualised as a primarily violent act that is manifested sexually, rather than a sexual act manifested violently (Lim et al 2001).

A closer look at institutional power in the prison context also highlights how sexual violence is a consequence of men’s power. In this sense, rape and sexual assault are manifested in the abuse of prison officers’ hegemonic position (Bourke 2007). The fact that rape perpetrated against both women and men is employed as a strategy of war provides further evidence still (Brownmiller 1993, Strickland & Duvvury 2003, Jones 2006). As the penis symbolises power (Reynaud 2004), studies focused on sexual violence experienced by men in conflict highlight how acts such as rape and sexual mutilation are employed in order to feminise and, thereby, humiliate and demoralise conquered men (Sivakumaran, 2005, Lentin 1997 in Carpenter 2006, Loncar et al 2010). To further this aim, such atrocities are often employed in conjunction with the ‘strategic rape’ of women (Lentin 1997 in Carpenter 2006). According to Kwon et al (2007), this feminisation is twofold, namely being reduced to a sexual object and being the powerless victim of violence. In an analysis of literature and research on masculinity, rape perpetration and military socialisation, Zurbriggen (2010) supports a theoretical model positing that rape and war are correlated because hegemonic masculinity underlies and is a cause of both. As military training prioritises aggressiveness, restricted emotionality and anti-femininity, men tend to self-identify with masculine stereotypes more strongly during an armed conflict (Sivakumaran, 2007). As highlighted by Carpenter (2006), sexual assault is used against men and women to undermine and invert gendered constructions of protector/protected roles, thereby terrorising entire societies. ‘The heterosexual male is considered the all-powerful; rape and
other forms of sexual violence against men and against women serve to reinforce this status’ (Sivakumaran 2007, p. 275).

In the military, sexual violence is also perpetrated amongst soldiers. Throughout the world, this institution places an emphasis on hierarchy as a fundamental organisational principle (Fogarty 2000, Kwon et al 2007). As indicated by a South Korean study of sexual violence among men in this context, a unique feature is the large proportion of perpetrators who had previously experienced victimisation as lower ranking soldiers (Kwon et al 2010). Emphasising power dynamics, this research revealed that the vast majority of perpetrators of sexual violence occupied higher-ranking positions. Furthermore, interviews conducted with perpetrators revealed that sexual violence was employed as a means to exercise control over the body, a mechanism that Scarce (1997) characterises as useful for the reinforcement of hierarchical order within the military. ‘Violence against the body, then, brings the victim to submission by forcing him to confront his powerlessness and demonstrates that the victim is powerless, and unworthy of respect’ (Kwon et al 2007, p. 1035). Sexual violence thus also reproduces powerful masculinities in the military (Kwon et al 2007). According to Dolan (2003), the selective manner in which soldiers who perpetrate acts of violence against civilians are disciplined suggests that playing on soldiers’ sense of masculinity is employed to both reward and control them.

The link between institutional power and sexual violence is also evident in the context of Irish industrial schools and Magdalen laundries. ‘After the Irish famine, the Catholic Church emerged as a powerful force in Ireland and it has continued to exert tremendous influence in Irish politics and society’ (Savage & Smith 2003, p. 1). Once regarded as ‘all-powerful’ and ‘untouchable’, Irish Catholic religious orders took advantage of their hegemonic position of power over the women and children that were entrusted to their care. However, the concept of the ‘paedophile priest’ deflects attention from the fact that child sexual abuse is perpetrated by men from all social backgrounds. Indeed, Ferguson (1995) argues that clerical abuse must be viewed within the broader context of constructions of masculinity and sexuality in society in general.
Despite the flaws inherent in psychopathological and class analyses, the link between the perpetration of sexual violence and hegemonic masculinity was fore-grounded, nonetheless. The notions of impaired masculinity and alienation from the dominant culture resulting in the attachment of value to machismo provide an important basis for furthering our understanding of this connection. Seymour (1998) posits the need for a sense of self-worth as underlying the two seemingly incompatible themes that have dominated the literature on child sexual abuse regarding the motivations of men who perpetrate such crimes. Boys and men are socialised to believe that power, dominance and control are measures of their success and self-worth. When they are denied access to the social power and resources necessary to achieve these ideals of hegemonic masculinity, they are compelled to employ alternative resources (Messerschmidt 1993, Campbell 1993, Luckenbill & Doyle 1989). ‘Male socialization does not easily allow males to express their feelings directly in order to confirm their sense of self-worth in a constructive and cathartic manner’ (Seymour 1998, p. 421). Men who feel inadequate or insecure about their masculinity may therefore compensate for these feelings by acting in an excessively masculine manner (Segal 1990, Seymour 1998).

For some men, sexuality is a means of validating their masculinity, of demonstrating dominance and superiority over women (Seymour 1998, Messerschmidt 1999, Reynaud 2004). A number of studies have thus shown how some men who occupy a subordinate position in society attempt to overcome their feelings of masculine inadequacy and powerlessness via the perpetration of sexual violence (West et al 1978, Levine & Koenig 1980, Messerschmidt 1999). ‘Rape is seen, at times, as an appropriate means of expression of gender power among men who have fantasies of status and power, but who lack sufficient education or earning ability to be able to enjoy most of the benefits of a higher social position’ (Jewkes et al 2010, p. 29).

Denial of non-sexual means of proving masculinity such as job success resulting in some cases in the perpetration of sexual violence is evident most clearly in the prison context (Bourke 2007, Segal 1990). As the prison rapist is regarded as the epitome of manliness, a number of prisoners react to their sense of powerlessness by exaggeratedly asserting their sexual potency (Davis in Bourke 2007). Sexual violence is therefore a means of establishing
dominance over fellow prisoners. For example, men who are regarded as smaller, weaker or ‘effeminate’ are perceived as inviting rape (Bourke 2007). This thesis is also borne out by the effect of conflict on civilian men. ‘It is clear that in a context of protracted conflict non-combatant men’s ability to achieve some of the key elements in the normative model of masculinity into which they have been socialised is severely reduced’ (Dolan 2003, p. 7). The tension between men’s lived experiences and their lived expectations of hegemonic masculinity thus produces feelings of disempowerment and resentment, which are often manifested in violence towards women and men (Foreman in Dolan 2003, Dolan 2003). As, in the context of conflict, an increased heterogeneity of experience accompanies a further homogenisation of expectations, the opportunity for alternative masculinities to emerge disintegrates (Dolan 2003).

By contrast, it is in non-compliance to idealised norms of femininity that we can locate women’s perpetration of sexual violence. As importance is placed on nurturance and empathy, women are sensitised to condemn female aggressiveness and to be habitually aware of the restrictions on the expression of their sexuality (Segal 1990, Schippers 2007). It has, however, been suggested that women’s attempts to suppress feelings of frustration and anger result in such feelings being turned against their children (Segal 1990). As children represent the only group over which women have socially legitimated control, it is posited that they become their most likely victims (Koonin, 1995). Understood as acting out against traditional norms of femininity, women, within the limited power they have, can also be abusive, cruel, aggressive and violent (Koonin 1995, Connell 2005). It is this challenge to social perceptions of femininity as nurturing, protective, caring and non-aggressive that renders sexual abuse of children by women difficult to accept. It is therefore believed that lack of recognition results, in part, from traditional sexual scripts that characterise women as incapable of committing sexual offences (Denov 2001, Denov 2003a). However, in order to fully understand the complexity of sexual violence, a thorough exploration of all its forms must be undertaken (Denov 2003a). That women do not simply adopt the characteristics idealised by emphasized femininity provides an insight into their ability to perpetrate sexual violence against children and adult women and men. Acknowledging these realities does not, however, render the problem of sexual violence gender-neutral.
2.6 Conclusion

A central tenet of feminist theory is that all voices must be valued (Worell & Johnson in Lew 1993). The emphasis must remain on gender, yet ‘gender must be defined inclusively so as not to remain synonymous only with women’ (Carpenter 2006, p. 99). Recognising the gender-based nature of sexual violence, I have presented here a theoretical framework that transcends the traditional male perpetrator-female victim paradigm. As we can see, the interlinked and multidimensional concepts of gender and sexuality are central elements of our conceptualisation of sexual violence, understandings of which speak to the very nature of how we, as humans, exist in the world, both as individuals and in interaction with others. Whether viewed as biologically determined or socially constructed, fundamentally different characteristics and behaviours have been recognised by theorists as defining femininity and masculinity in the Western world. I understand gender in terms of gender relations, as a fluid identity that is continually established and performed via negotiation of social and cultural ideals. ‘It refers to the widely shared expectations and norms within a society about appropriate male and female behaviour, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other’ (Rao Gupta 2000, p. 1-2). These norms are not simply adopted and internalised, rather individuals ‘do’ and ‘undo’ gender in their day to day living (West & Zimmerman 1987, Deutsch 2007). I argue that as power is recognised as fundamental to both gender and sexuality, sexual scripts are influenced by contemporary gender roles. It is this enactment of gendered norms in relation to sexuality that helps us to understand the dynamics of sexual violence.

‘Instead of seeing a collection of sick individuals, sociologists look at how ordinary, how normal, rapists can be-and then at the culture that legitimates their behaviors’ (Kimmel 2004, p. 112). One can understand how it would be easier to believe that men who perpetrate sexual violence are psychologically disturbed, as proposed by evolutionary psychologists. However, it is very clear that this is not the case. ‘Rape is a crime that combines sex and violence, that makes sex the weapon in an act of violence’ (Kimmel 2004, p.280). This understanding enables the focus to be placed on power, while allowing conceptual space for the acknowledgement of the particular repercussions for an individual’s sexuality. Compliance, resistance and subversion of gendered norms in relation to sexuality provide an insight into the ways in which masculinity and femininity influence
the perpetration and experience of sexual violence, thus enabling me to employ gender as a lens that accounts for both women’s and men’s lived experiences (Anderson 1995). In the case of male perpetrators, the power inherent in traditional sexual scripts is imbued with violence as dominance and control are sustained and established in the form of rape, sexual assault and sexual abuse. Female perpetrators, by contrast, establish their power by transgressing these normative scripts. This theoretical basis informs, and is developed in, the following chapter, which discusses the trauma of sexual violence, in addition to the recovery process for survivors.
Chapter 3. An Integrated Feminist Approach to Understanding Recovery

As was highlighted in the previous chapter, sexual violence is both a pervasive and complex social problem in Ireland and internationally. In order to fully understand the consequences of sexual violence for survivors, in addition to their pathways to recovery, I established a theoretical framework that addresses the complex dynamics involved. In this chapter, I develop this framework and locate my research questions within the wider literature. I begin with a discussion of key analytical concepts, namely trauma and recovery, within the context of sexual violence. Critiquing these theoretical understandings, I contrast a traditional clinical model with that of an integrated approach. I also establish links between gender norms and rape myths, highlighting their influence on survivors’ responses to victimisation, their help-seeking behaviour and their opportunities for recovery. I next propose an integrated feminist analysis as the lens through which to explore the recovery process. I also draw upon mental health recovery literature in order to situate this thesis within a broader discussion on recovery. Finally, I highlight the key elements of an integrated framework and discuss a number of studies that seek to examine the efficacy of the various therapeutic approaches within the areas of sexual and domestic violence.

3.1 Traumatic Impact of Sexual Violence

Research indicates that sexual violence has an equally profound impact on the physical and mental health of survivors, regardless of gender or age, resulting in a number of short and long-term consequences (Browne & Finkelhor 1986, Davies 2002, McGee et al 2002). Deterioration in interpersonal functioning, anxiety, depression, distrust of one’s own reality, unworthiness of the self and difficulties with sexual intimacy may all characterise this impact. A wide variety of post-traumatic response and recovery patterns have been identified, the most recognised among them being Post Traumatic Stress Disorder (PTSD). Many clinicians conceptualise these variations solely or primarily in terms of victim characteristics prior to the traumatic experience. However, approaches focused solely on syndromes and disorders prove inadequate in encompassing the complexity of sexual violence trauma and its multi-layered consequences. ‘To study psychological trauma is to
come face to face with human vulnerability in the natural world and with the capacity for evil in human nature’ (Herman 1997, p. 7). Following examinations of hysteria and combat neurosis, sexual and domestic violence represent the most recent types of trauma to enter public consciousness, with our contemporary understanding comprising a synthesis of each of these lines of inquiry. In this integrated model, traumatic events are believed to overwhelm the natural systems of care that provide individuals with a sense of control, connection and meaning (Herman 1997).

Encompassing both body and mind, the natural human response to danger is a complex, integrated system of reactions (Harvey 1996, Herman 1997, Rothschild 2000). When an individual is faced with a traumatic threat, the limbic system releases hormones that prepare the body for defensive action. When neither resistance nor escape is possible, the body will freeze. It is possible that dissociation is the mind’s attempt to flee when physical flight is not feasible (Lowenstein 1993). ‘Dissociation appears to be an available psychological defense for abused children whose limited coping capacities are overwhelmed by extremely traumatic events’ (Chu 2011, p. 21). However, whether it is an attempt by body and mind to dampen the impact of trauma or a secondary result of trauma is unknown (Rothschild 2000). The question also remains as to whether it is a dissociative, rather than an anxiety, disorder. Rothschild (2000), nonetheless, highlights the similarities between dissociation and the freezing response in terms of characteristics such as an altered sense of time, reduced sensations of pain, and an absence of terror or horror. Discussing the phenomenon of tonic immobility (also known as freezing), Suarez and Gallup (1979) note that it is typical for rape victims to become literally unable to resist at some point during the attack and many survivors suffer from dreadful shame and guilt as a result.

Many studies indicate the likelihood that dissociation during a traumatic event predicts the eventual development of PTSD, of which traumatic dissociation and traumatic flashbacks are the two most salient features, often occurring in tandem (Rothschild 2000). ‘The process of dissociation involves a partial or total separation of aspects of the traumatic experience-both narrative components of facts and sequence and also physiological and psychological reactions’ (Rothschild 2000, p. 65). Traumatic experiences thus result in intense and lasting changes in physiological arousal, emotion, cognition and memory, often
severing their interconnections. Such fragmentation may involve intense emotion experienced without a clear memory of the event or the memory may be detailed, yet recalled without emotion. According to Sgroi (1989), where traumatic memories are not repressed, they are either recalled without emotion or attachment, or conceived of as non-abusive in nature, thereby producing self-blame. Rothschild (2000) distinguishes between implicit, and explicit memory. ‘When PTSD splits mind and body, implicitly remembered images, emotions, somatic sensations, and behaviors become disengaged from explicitly stored facts and meanings about the traumatic event(s)-whether they are consciously remembered or not’ (Rothschild 2000, p. 160-161).

PTSD can develop in individuals in response to incidents that are, or are perceived as, threatening to one’s life or bodily integrity (Rothschild, 2000). It can also develop in children who have experienced sexual molestation, even if it is not life-threatening. ‘Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force’ (Herman 1997, p. 33). According to Rothschild (2000), non-clinical factors that mediate traumatic stress appear to include successful fight or flight responses, belief system, internal resources and support. For those who suffer from PTSD, traumatic events are not remembered and placed in the past in the same way as other life events. Trauma continues to intrude with visual, auditory and/or other somatic reality on the lives of its victims. Hyperarousal, namely the persistent expectation of danger, intrusion, the indelible imprint of the traumatic moment, and constriction, characterised as the numbing response of surrender, are recognised as symptoms of PTSD. While the 1980 American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) recognises that such symptoms are normal in the immediate aftermath of a traumatic event, PTSD is diagnosed when they persist for more than one month and are combined with loss of function in areas such as one’s job or social relationships. Somatic disturbance is at the core of PTSD, as individuals who suffer from it are plagued by many of the same frightening body symptoms that are characteristic of hyperarousal experienced during a traumatic incident (Rothschild 2000).

Grief, fear, anger and shame are thus among a number of complex emotions that can be experienced by survivors, regardless of gender (Rothschild 2000). Grief, fear and anger are
viewed as inevitable. As trauma results in loss, the process of acknowledging the reality of the abuse and recalling the associated impact is naturally accompanied by grief. Grief, like fear, is often masked by anger. Always part of the healing process, anger, while viewed as a healthy reaction to sexual violence, can become chronic in the wake of trauma. However, anger is often buried and internalised, thereby manifesting in, for instance, denial, depression, addiction, or self-harm. Shame, identified as the most common and least understood experience in counselling, ruptures the survivor’s feelings of self-worth, thereby inducing self-blame, which is a common response. As children, for instance, are often dependent on their abuser for survival, the extreme betrayal of trust experienced results in the child inferring an attitude of shame. Sexuality may be viewed by survivors as the cause of the sexual violence and is often disowned, resulting in promiscuity or sexual withdrawal/problems, leading to further isolation and shame. As it reduces feelings of helplessness, taking responsibility for what happened provides the survivor with a sense of control, nonetheless. Browne and Finkelhor (1986) link the effects of child sexual abuse to its dynamics in four specific areas, namely sexualisation, stigmatisation, betrayal and powerlessness. The psychological impacts and behavioural manifestations identified highlight the additional layer of complexity in relation to this type of trauma. A myriad of additional consequences are identified, such as the confusion of sex with love, care giving and care getting.

Adult survivors of CSA are tormented by chronic anxiety, disturbed sleep, and irritability. They are subject to powerful impulses, many of which are destructive to themselves or others. They have explosive emotions that they cannot always control. They long for a sense of human connection but are profoundly alone, regarding other people with great mistrust and suspicion. They want to feel understood but cannot even begin to find the words to communicate with others about their most formative experiences. They wish for comfort and security but find themselves caught up in a world of struggle, hostility, disappointment, and abandonment that recapitulates their early lives (Chu 2011, p. 18).

While there is considerable agreement regarding the consequences and responses discussed, it has been acknowledged that there is no straightforward correspondence between the type of violence experienced by female survivors and particular impacts. ‘Impacts are connected to the meaning of victimization for the woman or girl and are
mediated by coping strategies and the possibilities for recognition and support’ (Dobash & Dobash 1998, p. 68). For example, self-blame stems from negative attributions made by survivors as they try to come to terms with the trauma. Koss & Burkhart (1989) further argue that trauma involves experiencing the world as unsafe, in addition to an awareness of a pervasive and malevolent social context. The responses of others can often confound these issues and if resources for resolution of these conflicts are few, individuals may internalise blame, suppress their emotions by minimising the incident or attempt to forget it. By exploring the attributions made by male survivors, in addition to the possible coping mechanisms employed, Davies (2002) highlights the fact that the meaning of victimisation is just as salient a factor for men as it is for women.

### 3.2 Responses to Sexual Violence: Gender and Help-Seeking

Although women and men who have survived sexual violence experience similar consequences, it is becoming increasingly evident that cultural constructions of masculinity and femininity play an important role in the manner in which the experience is processed and expressed. Since being a victim transgresses the traditional norms of masculinity that emphasise dominance and strength, sexual violence becomes a process of emasculation for men (Lew 1993, Sivakumaran 2005, Bourke 2007). This feminisation is twofold, namely being reduced to a sexual object and being the powerless victim of violence (Kwon et al 2007). ‘One of the most crucial aspects of the experience of abuse is a fundamental loss of control: over one’s physical being, one’s sense of self, one’s sense of agency and self-efficacy, and one’s fate’ (Lisak 1994, p. 533). Janoff-Bulman (1979) distinguishes between blame based on survivors’ behaviour and blame associated with an aspect of their character. Widespread cultural acceptance of traditionally demarcated gender behaviour dictates that men should be capable of fighting back or escaping a confrontational situation (Davies et al 2001). Women, by contrast, tend to be ascribed blame based on their character type or for being careless (Howard 1984a, Howard 1984b, Hastings 2002). For instance, it is commonly believed that rape is the response of a man’s uncontrollable passion, which a woman ‘invites’ by her ‘provocative’ clothing or behaviour. By taking the responsibility away from men who perpetrate sexual violence, women are thus viewed as the guardians of morality (Ward 1995). Culminating in feelings of shame, survivors of sexual violence often internalise such victim-blaming attitudes.
Undermining the reality of sexual violence, rape myths also serve to distort and govern male and female sexuality (Brownmiller 1976). As men are more likely to have been abused by same-sex perpetrators (Finkelhor et al 1990), they may question their sexuality and may become fearful that they will be identified by themselves or others as homosexual (Gilgun & Reiser 1990, Lew 1993, Dhaliwal et al 1996). Men who experience sexual violence in adulthood may also respond in this way (Peel et al 2000, Sivakumaran 2005, Kwon et al 2007). However, as it is commonly believed that ‘real men’ actively pursue sex, if the perpetrator is a woman, survivors tend to be assessed more negatively than those assaulted by other men (Smith et al 1988). Furthermore, as the very notion decrices norms of femininity (Bourke 2007), it is a common cultural belief that women cannot perpetrate sexual violence. Children who have experienced sexual abuse by both men and women appear to characterise the latter as more shameful as a result (Kendall-Tackett & Simon 1987, Sgroi & Sargent 1993, Denov 2003b). The experience of shame and self-blame are also influenced by the social stereotype of a ‘real’ rape or culturally defined rape script, in addition to the extent to which the survivor fits the image of an ‘ideal victim’ (Williams 1984, Koss 1985, Pino & Meier 1999).

This deeply entrenched rape ideology contributes to a climate in which it is extremely difficult for survivors to tell their stories. Feelings of shame, guilt and a fear of negative consequences or retaliation render non-disclosure or significant delays in disclosure common among children and adults who have experienced sexual violence (Arata 1998, Hastings 2002, McGee et al 2002). Where child sexual abuse is intra-familial in nature, children may experience considerable emotional conflict regarding the impact of such disclosure on caretakers or family members (Lawson & Chaffin 1992). Furthermore, as children appear to view the abuse perpetrated by women as the most shameful and damaging from of victimisation experienced, it has been reported that they found disclosure of such offences more difficult than their experiences of abuse perpetrated by men (Kendall-Tackett & Simon 1987, Sgroi & Sargent 1993, Denov 2003b). ‘These studies are particularly important as they highlight that while all disclosures of sexual abuse are inherently difficult, disclosures of female-perpetrated sexual abuse may have an added complexity given that these cases transgress the norm and defy traditional sexual scripts’
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(Denov 2003a, p. 311). The negative feelings elicited by the experience of sexual violence also act as barriers to reporting and help-seeking (Romano & De Luca 2001, O’Sullivan & Carlton 2001, Shanks et al 2001, McGee et al 2002). It is widely acknowledged that rape and sexual assault are among the most under-reported of all crimes (Russell 1984, Crowell & Burgess 1996, Central Statistics Office 2004). ‘Of all the factors which influence a victim’s decision to report, the relationship between the victim and the rapist appears to be the most important’ (Williams 1984, p. 464). As the majority of perpetrators of sexual violence are known to the survivor (Wilson 1978, Herman 1997, RCNI 2011), most of these perpetrators go unpunished and many survivors do not seek the help they need to recover (Davies 2002, McGee et al 2002). Also, a large proportion of those who decide to participate in RCC counselling, for instance, do so only after a significant delay (RCNI 2009, RCNI 2012, RCNI 2014).

Seeking support is frequently an important step in the resolution of problems (Addis & Mahalik 2003), yet cultural norms of masculinity also influence men’s help-seeking behaviour. These ideals emphasise independence and the minimisation of emotional pain over the acknowledgement of vulnerability and help-seeking (Stanko & Hobdell 1993, Boyd & Beail 1994, Holmes et al 1997). Conceiving of such treatment as un-masculine, men are less likely than women to seek professional help, such as counselling, for mental health and emotional problems (Canetto & Sakinofsky 1998, O’Neill et al 1985, Courtenay 2000b). As many men believe that they should be able to deal with the problem on their own, seeking help is viewed as a sign of weakness. Indeed, McGee et al (2002) found that men were less likely than women to rate the overall effects of their experiences of sexual violence as serious. In a qualitative study involving autobiographical interviews with men who have survived child sexual abuse, Lisak (1994) found that helplessness was one of the most profoundly felt, yet difficult to articulate, aspects of their abuse experience. As hegemonic norms of masculinity denounce the powerlessness that lies at the root of sexual violence, these men discussed their struggle to reconcile their experience of victimisation with cultural demands. The descriptions provided of the emotional consequences of being disempowered in this way highlighted the participants’ need for regaining a sense of control.

1 See the previous chapter for a detailed discussion of sexual scripting theory.
The idea of losing control by seeking help is supported by reactance theory, which suggests that traumatic events lead people to engage in behaviours that restore a sense of freedom (Brehm 1966, Wicklund 1974, Addis & Mahalik 2003). According to Addis & Mahalik (2003), this theory may also account for feelings of loss of control in decision-making by men who are less likely to seek help when encouraged by others. A further compounding factor is that counselling, for example, may be perceived as a feminine space and is, therefore, often held in low regard by many men (White 2009). ‘Male socialization does not easily allow males to express their feelings directly in order to confirm their sense of self-worth in a constructive and cathartic manner’ (Seymour 1998, p. 421). While a minority of survivors access counselling (McGee et al 2002), there can therefore be a greater resistance among men. Men who survive sexual violence are thus more likely to experience greater difficulties coping and to have less success in resolving the trauma (Hunter 1991, Rew et al 1991, Orbuch et al 1994). Research also suggests that female survivors of child sexual abuse more frequently report body disturbance problems and internalising symptoms, such as eating disorders and PTSD (Hunter 1991, Chandy et al 1996, Feiring et al 1999). By contrast, the literature indicates that male survivors of child sexual abuse may be at a higher risk of negative externalising behaviours such as aggressiveness and sexual risk taking (Gomes-Schwartz et al 1990, Chandy et al 1996, Garnefski & Arends 1998). In order to reaffirm their masculinity, some men adopt hyper-masculine attributes, expressing their overwhelming rage in violent behaviour or seeking to prove their heterosexual virility (Lew 1993). The latter also often represents the only way that men have learned to express affection and gain intimacy (Jackson 1978). According to Lew (1993), this type of anger is most likely a self-protective mask employed to hide fear or sorrow. However, many men in Lisak’s (1994) study reported being afraid of their anger or feeling confused about how and when to express it appropriately, some actively suppressing it as a result. Moreover, Bass and Davis (1997) note that, while many women who have survived child sexual abuse suppress their anger, many others turn their anger towards partners, friends and children.

A qualitative study conducted with men self-identifying as having suffered from depression revealed that reconstructing a valued sense of self and of their masculinity was of great importance (Emslie et al 2006). As feelings of isolation and difference were compounded by being labelled as weak, the incorporation of values associated with hegemonic masculinity, such as independence and control, into life narratives represented the most
common strategy employed by these men. ‘While the support of partners and feelings of responsibility to relatives could help respondents recover from depression and resist suicidal urges, pressures associated with gendered social roles could work in the opposite manner to complicate, delay or prevent recovery’ (Emslie et al 2006, p. 2253). In a rare study comparing women with men, Orbuch et al (1994) found that men engaged in fewer recovery strategies than women who manage to make sense of their abuse by talking about it with someone close to them. In the Western hemisphere, suicide is much more common among men and this is a trend that has been apparent in Ireland since the 1970s (WHO 2001a, NOSP 2011). In fact, men in Ireland are almost four times more likely than women to take their own lives. Both nationally and internationally, higher suicide rates among men have been associated with an adherence to traditional norms of masculinity (Payne et al 2008, Murphy 1998, Cleary 2012). In a qualitative Irish study aimed at exploring young men’s suicidal behaviour, Cleary (2012) found that the participants shared values reflective of hegemonic masculinity that prevented them from seeking help. Although it appears that a greater number of women actually attempt suicide, many more men are successful because they tend to choose more violent methods that are congruent with masculine norms such as aggression (Swami et al 2008).

‘Seeking help of any sort is difficult for most men, at odds with prevailing ideas of masculine self-reliance and avoidance of feelings, or any form of self-exposure’ (Segal 1990, p. 219). The decision whether or not to seek help is, however, a complex one. Challenging the essentialism of sex difference and gender role socialization theories, in addition to the limited nature of the person-situation analysis approach, Addis & Mahalik (2003) characterise potential help-seeking situations as contexts in which various meanings of masculinity are actively constructed. These researchers draw on evidence from analogue and experimental studies suggesting that people are least likely to seek help for problems perceived to reflect an attribute central to identity in order to highlight the variable nature of help-seeking behaviours. As an example, a man who conforms, in general, to emotional stoicism is likely to believe that seeking help for depression poses a threat to his self-esteem. ‘However, if the same man is unable to solve the problem on his own, he may choose to see a counselor and characterize his choice as one of taking control or not letting the problem beat him’ (Addis & Mahalik 2003, p. 10). A small number of men also choose to adopt alternative masculinities that promote healthy behaviours (O’Brien et al 2005,
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Oliffe 2005, Swami et al 2008). One participant of Emslie et al’s (2006) study described how his gender identity underwent a transformation through depression and therapy by being able to acknowledge his vulnerability, while also retaining a valued sense of masculinity. It is important to note that some women experiencing depression also employ the same strategies as men (Schreiber 1996, Maxwell 2005). ‘However, the meanings of aligning oneself with, or distancing oneself from, culturally dominant forms of gender are likely to be very different for women and men’ (Emslie et al 2006, p. 2255). The context-dependent nature of help-seeking speaks to the ways in which women and men ‘do’ and ‘undo’ gender, nonetheless (West & Zimmerman 1987, Deutsch 2007).

As reciprocity has been highlighted as an important factor (Greenberg & Westcott 1983, Willis 1992 in Addis & Mahalik 2003), men’s groups frequently emphasise this aspect of therapeutic work. ‘Any strategy that increases the perception of normativeness for particular problems should be effective in facilitating help seeking’ (Addis & Mahalik 2003, p. 12). For instance, a study found that a counselling pamphlet highlighting self-help, technical competence and an achievement orientation, rather than the traditional description focused on the expression of feelings, was preferred by undergraduate male students (Robertson & Fitzgerald 1992). Therapists, therefore, need to be cognisant of the barriers men face in accessing help in order to address these effectively in their therapeutic practice (Addis & Mahalik 2003, Mahalik et al 2003). Kilmartin (2005) recommends that health professionals highlight the importance of gender to men experiencing depression in order to help them resist destructive masculine ideals. He suggests building on positive masculine attributes such as courage and leadership, in addition to being aware of the problems and benefits of discourses that emphasise control and strength. Counselling is one option available to survivors of sexual violence who wish to embark on the recovery process. Indeed, recovery itself is a complex concept that is understood differently by various writers.

3.3 Recovery from Sexual Violence

In analysing the findings from 85 outcome studies of schizophrenia treatment conducted worldwide between 1919 and 1994, Warner (2004) employed the term ‘complete recovery’
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in order to assess, what he defined as, loss of psychotic symptoms and return to pre-illness level of functioning. ‘These findings rely on a particular view of recovery, one which is grounded in outcome measures derived from clinical notions of illness and health’ (Ramon et al 2007, p. 113). Deegan (1988, 1996), by contrast, conceptualises recovery as a process, a journey of the heart, rather than returning to a pre-illness state. This recovery/rehabilitation model has its origins in the civil rights movement and Alcoholics Anonymous in the US (Davidson et al 2005). As individuals with addictions are considered to have a life-long vulnerability to relapse, recovery is viewed as a process involving the reclamation of control over one’s life. According to Repper & Perkins (2003), each individual’s journey is a deeply personal process, unfolding within the context of their community and the wider society. Hope, supportive relationships, empowerment and inclusion, the development of coping strategies, and finding meaning and overall purpose are thus core elements. The importance of an understanding of recovery as an ongoing experience or journey is gaining ground in the field of mental health (Secker et al 2002). Criticisms of this broader understanding of recovery include suggestions that it is neither reimbursable nor evidence-based. However, the Irish Mental Health Commission confirms that they remain committed to placing service users at the centre of mental health care and promoting a recovery ethos within Irish mental health services (Mental Health Commission 2013). Liberman and Kopelowitz (2005) view recovery from schizophrenia as both an outcome and a process, thereby expanding its conceptualisation to include both symptom remission and the idea of finding a new way of living. Signalling a potentially fundamental change in psychiatry, the use of medication would thus only be a part of the strategies available to clients. In keeping with this conceptualisation, Ramon et al (2007, p. 119) state that:

Recovery is not about going back to a pre-illness state, and means something very different from the ‘old’ emphasis on controlling symptoms or cure. Rather, it is a complex and multifaceted concept, both a process and an outcome, the features of which include strength, self-agency and hope, interdependency and giving, and systematic effort, which entails risk-taking.

Given its focus on the intrusive symptoms characteristic of PTSD, a common clinical approach equates trauma recovery with an absence of flashbacks or traumatic nightmares, for instance. While this understanding provides specific foci for interventions regarding
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symptom relief, it discounts factors such as feelings of shame, self-blame, isolation and mistrust that often persist (Janoff-Bulman 1985). It also fails to recognise the fact that the journey of recovery in the context of psychotherapy may involve periods where symptoms are intensified (Briere 1989). An additional problem highlighted by Bazzano (2011) is that diagnostic labels affirm the unquestionable power and authority of the expert, while disregarding the complexity of the psyche and an individual’s capacity for growth. Another common clinical approach conceives of recovery from psychological trauma in global terms. As such, recovery is linked to the completion of psychotherapy that enables the resolution of psychological conflicts that may or may not have their source in traumatic exposure. According to Harvey (1996), this analysis fails to enhance our understanding of psychological trauma as distinguishable from general mental health. She also believes that it is unhelpful in influencing the design of effective interventions or much needed treatment outcome research. These frameworks thus prove inadequate in encompassing the range of victimisation and its many negative consequences (Dobash & Dobash 1998).

As traumatic events affect the systems of attachment and meaning that link individual and community, in addition to psychological structures of the self, ecological models of trauma recovery highlight a number of interconnected factors that influence an individual’s post-traumatic response. ‘Among these are some variables that clinicians routinely attend to in their assessment of client needs and others they too often neglect or ignore’ (Harvey 1996, p. 7). According to Harvey (1996), personal attributes that often figure significantly in diagnostic determinations include initial distress level, age, pre-traumatic coping capabilities and the relationship between survivor and offender. She identifies additional variables specific to the individual, namely the survivor’s culturally-based understanding of the experience of victimisation, their comfort and familiarity with various kinds of care, and the modelling of hope, tenacity and resilience that may or may not have been received from family, friends or significant others. ‘These are the person and person attributes that help to define the victim’s ecological relationship with his or her communities of reference’ (Harvey 1996, p. 8). In her framework, event factors relate to the salient features of the traumatic incident(s). While they commonly include the frequency, severity and duration of trauma, in addition to the degree of physical violence and bodily violation involved, equally relevant in an ecological understanding of trauma is the meaning an individual ascribes to their unique experience. Environmental factors that also play a role in the
recovery process include salient attributes of the individual’s natural support system and its ability to foster adaptive coping strategies. Harvey further identifies the particular importance of factors such as prevailing community attitudes and values, constructions of race and gender, and the quality, quantity, accessibility and cultural relevance of the larger community’s survivor care and advocacy resources.

In their development of an ecological model of the impact of sexual assault on women’s mental health, Campbell et al (2009) examined the multi-levelled factors that affect trauma recovery. While there were mixed findings on the relevance of socio-demographic variables, assault characteristics and biological features (cortisol levels), it is evident that factors such as victim-blaming, self-blame, coping strategies, and reactions from individuals, support services and society predict post-assault well-being. In contrast to a similar framework formulated by Neville and Heppner (1999), Campbell et al conceptualise self-blame as a meta-construct that develops from and is shaped by multiple levels in the ecological system. A number of writers have discussed the positive or detrimental influence support seeking can have on the healing process (Ullman 1999, Davies & Rogers 2006, Macy 2007). There is a growing body of literature on the importance of treatment seeking in the recovery from and moderation of sexual violence. As social beings, support is vital to healing and while repairing the damage caused is a complex process and unique for each individual, it can be conceptualised as developing healthy coping mechanisms in order to rebuild and regain a sense of control over one’s life (Kelly 1988, Herman 1997, Ullman & Townsend 2008). According to Dobash and Dobash (1998), much of the work on the consequences of sexual violence victimisation has been directed towards developing more appropriate and effective interventions for survivors. The limited, and frequently behavioural, focus has resulted in an understanding of responses as dysfunctions, which intervention is designed to correct. However, a framework that has at its basis recognition of coping and survival strategies makes a significant difference to interventions.

Coping can be described as incorporating actions taken to avoid or control distress, and the response of any particular individual will depend upon the context in which the experience occurs and the resources available. ‘They serve important physical and psychological survival functions for individuals and are resistant to simplistic behavioural, medical, and
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crisis intervention approaches’ (Dobash & Dobash 1998, p. 69). While some coping strategies can be classified as maladaptive, such as substance abuse or eating disorders, they are often a necessary means of coming to terms with the immediate trauma of sexual violence. Eating disorders also ‘represent a tenuous feeling of control, which has been achieved through the body...Disordered eating patterns are, in part, attempts to resist with the body and to define, establish, or restore a sense of self’ (Schwartz & Cohn 1996, p. 113). According to Kelly (1988), the many forms of coping with victimisation should be viewed as active responses requiring strength and determination. Through treatment seeking, survivors learn how to develop adaptive responses and these healthier coping strategies foster the recovery process. For Koss & Burkhart (1989), resolution involves a process of reinterpretation and integration of the traumatic event into one’s life history. Spirituality has also been identified as a factor influencing the recovery process (Lew 1993, Bass & Davis 1997, Knapik et al 2011).

As they recognise the multi-dimensional nature of healing, feminist theories of recovery from sexual violence will inform the framework underpinning this thesis. Drawing on their expertise and experiences of working with women and/or men who have survived sexual violence in a therapeutic capacity, Sgroi (1989) and Herman (1997) have developed integrated frameworks for understanding recovery from the cumulative effects of trauma. Conceptualised as unfolding in stages, recovery is thus a journey involving a continual revisiting of issues on a higher level of integration (Sgroi 1989). ‘The course of recovery does not follow a simple progression but often detours and doubles back, reviewing issues that have already been addressed many times in order to deepen and expand the survivor’s integration of the meaning of her experience’ (Herman 1997, p. 213). While the multifaceted nature of this process is delineated differently, the stages outlined prioritise the reactions of both body and mind, while also recognising the social context within which recovery takes place. In addition, there is an explicit understanding that comprehensive treatment must address the biological, psychological and social components of the trauma response. With an emphasis on coping strategies designed to facilitate the integration of the experience of sexual violence into one’s life narrative, reconnection with ordinary life represents a common thread in these theories of recovery.
As a therapist and theorist, Herman (1997) conceptualises empowerment as being at the core of sexual violence therapy. ‘Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor’ (Herman 1997, p. 159). Safety, remembrance and mourning, and reconnection with ordinary life represent the three stages identified by Herman and these are mirrored in the theory endorsed by Sgroi (1989). Conceived of as a spiral, the recovery process is understood as flowing from one stage to another. According to Turning Point’s Sexual Assault Program staff in the US, ‘safety is the first essential element for healing’ (Sullivan & Coats 2000, p. 22). Taking precedence over all other tasks, establishing safety involves survivors regaining a sense of power and control, initially over their bodies, and subsequently over their lives. As self-care is often severely disrupted, the task of establishing safety can be particularly complex for survivors of chronic childhood sexual abuse (Herman 1997). Safety is first established in the counselling process and then in the survivors’ environment through active listening, equalisation of power, maintenance of professional boundaries and following the survivor’s lead (Sullivan and Coats 2000). Turning Point counsellors maintain that in order to acknowledge the social and cultural influences that lead to victimisation and affect recovery, it is essential that survivors’ understandings of the trauma of sexual violence and why it happened are examined. ‘Counsellors explore with survivors their view of power, their perception of victimization, their gender role socialization, the role of women in their family, their relationship with men and women in their lives, and their view of institutional power’ (Sullivan & Coats 2000, p. 22). By exploring survivors’ beliefs about rape, counsellors often confront cultural myths and provide education regarding their origins.

The transition from the first stage into the next is gradual, yet is reflected in the survivor no longer feeling completely vulnerable or isolated (Herman 1997). As trauma survivors often suffer from intrusive memories, a recognisable theme of recovery involves the ability to call upon and review a ‘relatively complete and continuous life narrative’ (Harvey 1996, p. 12). According to Herman (1997), in order to integrate the traumatic memory into their life story, the survivor reconstructs the trauma narrative, entirely, in depth and in detail in this second stage of recovery. ‘The therapist plays the role of a witness and ally, in whose presence the survivor can speak of the unspeakable’ (Herman 1997, p. 175). Encouraged to explore and discuss their life prior to the trauma, the survivor establishes a context within
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which to understand its meaning. For survivors of prolonged and repeated abuse, reconstructing the story of the trauma is a more complicated process, particularly for those who suffer from gaps in memory. Herman recommends the careful monitoring of a survivor’s intrusive symptoms in order to ensure their safety during this difficult process. According to Rothschild (2000), when a survivor recounts the circumstances of a traumatic event, the greater the amount of detail used results in a greater risk of hyperarousal. As such, she recommends using braking techniques as this strategy provides survivors with a sense of control over their memories that was not previously possible. ‘Finally, when the client is ready—which could be immediately or only after many years—the client narrates each incident in detail while both she and the therapist monitor her level of hyperarousal’ (Rothschild 2000, p. 115). As discussed earlier, dissociation is a likely indicator of the eventual development of PTSD and hyperarousal is one of its symptoms.

Dissociative coping strategies enable children who experience sexual abuse to distance themselves from the powerful emotions of fear, shame, or anger or from a sense of being completely overwhelmed by physiological responses to the sexual stimulation component of the traumatic experience (Sgroi 1989). As a form of self-protection, survivors, particularly those who have experienced sexual violence as children, often experience the denial of abuse that manifests itself in a number of ways. For instance, memories produce waves of terror, anxiety or rage in response to particular stimuli, without drawing meaningful associations to past or present precipitants (Sgroi 1989, Harvey 1996, Rothschild 2000). Learning to overcome ‘protective denial’, recovery enables the integration of memory and effect so that past experiences are now recalled with emotion that does not elicit defensive numbing or dissociation. According to Rothschild (2000), the body remembers traumatic events through the encoding in the brain of sensations, movements, and emotions that are associated with the trauma (Rothschild 2000). As such, healing trauma involves uniting implicit and explicit memories into a comprehensive narrative, in addition to placing them in their proper place in the survivor’s past.

‘Making sense of implicitly encoded sensations, emotions, and behaviors in the context of the traumatic memory is a crucial part of the process’ (Rothschild 2000, p. 161). Body awareness prevents an individual’s level of arousal from climbing to the point of
dissociation or freezing or becoming overwhelming. Each basic emotion, such as fear or anger, has an accompanying set of discrete body sensations that are stimulated by patterned activity in the brain. Typically, individuals with PTSD are missing the explicit information necessary to make sense of their distressing body sensations, many of which are implicit memories of trauma. As such, one of the goals of trauma therapy is to help survivors to feel and identify these sensations and then to name and describe them in order to understand their meaning for the individual in the present moment. ‘Awareness of body sensations can be a superhighway to the past, a tool for helping the client connect not only with forgotten traumatic memories but also with forgotten resources’ (Rothschild 2000, p. 118). Body awareness makes it possible to gauge, slow down and halt traumatic hyperarousal, in addition to separating the past from the present. As trauma inevitably results in loss, the process of acknowledging the reality of the abuse and recalling the associated trauma is naturally accompanied by grief. Fearing that the task is insurmountable, there is considerable resistance to this process, particularly for survivors of childhood sexual abuse who also mourn what was never theirs to lose, childhood (Herman 1997).

The major work of the second stage is accomplished when the survivor reclaims their own history and feels renewed hope and energy for engagement with life (Herman 1997). The trauma of sexual violence profoundly wounds the survivor’s sense of self and self-worth, leaving many with feelings of shame, isolation, vulnerability, self-doubt and a pervasive sense of damage. Though often necessary for survival, the isolation experienced by survivors of sexual violence results from their loss of safety and power. As survivors’ sense of safety and power increases, so does their self-belief that, in turn, fosters trust in coping skills and judgment. ‘Resolving trauma implies releasing the defenses that have helped to contain it’ (Rothschild 2000, p. 87). In this stage, survivors learn to adopt positive coping behaviours by replacing maladaptive coping mechanisms with ones that are adaptive in nature. ‘In recovery, self-injurious behaviors and impulses are replaced by healthful, self-caring routines, inner fragmentation by a more coherent and consistent experience of self. Feelings of guilt, shame and self-blame are relinquished in favor of a new or newly restored sense of self-worth’ (Harvey 1996, p. 13).
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Through mourning of the old identity that trauma has destroyed, survivors are enabled to develop a new sense of self and to reconstruct meaning in their life. Where helplessness and isolation are conceptualised as the central consequences of trauma, empowerment and reconnection are the core experiences of recovery as reflected in the final stage of this journey (Herman 1997). In the process of building a new identity, the capacity for establishing appropriate trust and intimacy is developed. Impacting on survivors’ relational capacities, trauma often results in self-imposed isolation and a heightened vulnerability to re-victimisation. Recovery then entails the development or restoration of trust and attachment, enabling survivors to negotiate and maintain physical and emotional safety in relationships. This is conceptualised as a deepening of bonds with the individuals one chooses to have in their lives, thus reflecting connectedness and autonomy in relationships with peers and sexual partners. As a deeply personal process, the survivor finally discards their sense of a damaged self and mourns their traumatic past, imbuing their experience with meaning that is both life-affirming and self-affirming. As highlighted by Tedeschi (1999) and Tedeschi and Calhoun (1995), violence, including sexual violation, can be a catalyst for post-traumatic growth in survivors. As individuals often recognise that existing beliefs, goals and behaviours no longer make sense for them following a traumatic event, their struggle with its consequences places them on a path to change. ‘A personal narrative is then produced that incorporates life before the trauma, the struggle with the ensuing changes, and the new way of living, and with this narrative comes changes in identity’ (Tedeschi 1999, p. 322). Strength, wisdom, hopefulness and an appreciation for life are characteristic of this type of post-traumatic growth.

It is evident that the path to healing is common to survivors regardless of age, gender or type of sexual violence experienced. As trauma results in a number of overwhelming emotions, such as fear, guilt, shame and rage, recovery means that an individual’s life is no longer dominated by the incident and they are thus enabled to envision a future, set goals and work to achieve them (Herman, 1997). It is evident that within the field of sexual violence, two distinct terms are employed, that of ‘victim’ or that of ‘survivor’. As highlighted by Herman (1997), the language one uses has an important impact on one’s world-view and sense of self. According to cultural understandings, a victim is an individual who is adversely affected by harm that is inflicted upon them by another person. A survivor, on the other hand, is defined as someone who, despite their suffering, continues
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to live. Whereas with the term ‘victim’, the focus is on the traumatic event, the essence of the term ‘survivor’ encompasses the individual’s resilience in coping with the traumatic experience. As individuals begin to heal from child sexual abuse, acknowledging the sole responsibility of the perpetrator and their strength in coping, they no longer view themselves as victims but as survivors. However, for writers such as Herman (1997), Sgroi (1989) and Bass and Davis (1997), recovery involves the eventual relinquishing of this survivor identity in order to view oneself as a multidimensional human being. Phillips & Daniluk (2004) conducted in-depth interviews with adult women who participated in counselling to deal with child sexual abuse in order to explore how they experienced their sense of self at the end of the therapeutic process. These women reported that they valued the survivor identity in the early stages of recovery both as a source of strength and as a first step in the transition from their self-perception as victims. However, the later stages of the healing process involved moving beyond this identity in order to allow other characteristics to emerge. Indeed, while Lew (1993) prefers the term ‘survivor’ to that of ‘victim’, he believes that as it obscures the reality that recovery involves more than merely surviving, we need to be cognisant that it also refers to a temporary state. Furthermore, he highlights the limitations of the term ‘survivor’ in relation to its connotations of individuals hanging from a cliff edge.

Herman (1997) has found that the women who discover some meaning in their experience that transcends the boundaries of personal misfortune are those who recover most successfully. However, she believes that while the recovery process enables resolution of trauma, it is never final. According to this theorist and practitioner, the sole purpose of the therapeutic relationship is to foster this healing journey. Underpinned by trust, the alliance between the individual and their therapist must be collaboratively built with great care and effort. Research indicates that a strong emotional bond between the client and therapist has been consistently reported to predict positive treatment outcomes (Horvath & Symonds 1991, Martin et al 2000, Saunders 2000). However, as trauma impairs a survivor’s ability to form trusting relationships, the therapist must be conscious of the difficulties that may arise in relation to transference (projection of survivor issues onto the counsellor) and countertransference (feelings the counsellor has towards the survivor) (Rogers 1961, Herman 1997, Rothschild 2000). Furthermore, male therapists working with men frequently report their clients’ difficulties with emotional exploration or expression (Scher
According to Scher (1981), this is somewhat disheartening because of the importance of intimacy in the therapeutic relationship. One recommendation to overcome these difficulties is the use of Cognitive Behavioural Therapy (CBT) aimed at challenging negative beliefs regarding the expression of feelings (Mahalik 1999). Suggesting that counsellors may also benefit from reconsidering the modes of emotional expression considered healthy and appropriate for men, Robertson et al (2001) recommend placing the focus on non-verbal means, such as charting emotional intensity on a visual scale. However, Scher (1981) believes that patience, respect and support are central to helping men to overcome the difficulties they often experience.

This raises the question of whether the gender of both the individual and their therapist influences the process and outcome of therapy. While a review of research in this area deemed the findings inconclusive (Flaskerud 1990), individual studies provide important insights into the dynamics involved. For instance, Fenton et al (1987) found that women prefer female psychiatrists and that, regardless of gender, individuals agreed that female therapists formed a more effective therapeutic relationship than their male counterparts. They also report that women and men predominantly participate in therapy with psychiatrists of the same gender. According to Felton (1986), factors such as gender identity and gender role can create obstacles to the therapeutic process. For instance, she found that a therapist’s perception of power and dominance can affect both their practice and the responses of their clients. Furthermore, in a study exploring individuals’ therapeutic experiences with both women and men, female therapists were described as more feeling-focused, while male therapists were generally characterised as more problem-oriented (Gehart and Lyle 2001). However, it is unclear as to whether these differences were reflective of an adherence to, or a projection of, gender norms, or indeed if they were co-created in the therapeutic relationship. Wisch and Mahalik (1999) also found that experienced male therapists’ beliefs regarding gender norms influenced their attitude towards their male clients who enacted traditional or non-traditional gender roles. While many of these studies have been conducted with white, middle-class individuals, they highlight the need for closer attention to be paid to the possible impact of gender on the therapeutic process. Zlotnick et al (1998) believe that the gender of the therapist may play a role when women have experienced male-perpetrated interpersonal violence. Obviously, this also applies to male survivors and incidents involving female-perpetrated violence.
3.4 Sexual Violence Therapeutic Approaches

As we can see, the integrative frameworks of trauma recovery discussed above have two significant features. Firstly, they are reflective of Rogers’ (1961) person-centered approach to therapy, wherein the focus is placed on the empowerment of the individual. Moreover, in contrast to traditional psychotherapeutic approaches such as CBT, they emphasise the importance of working with both the body and the mind in order to address the cumulative impact of trauma. CBT primarily comprises various cognitive techniques such as exposure treatment aimed at systematically managing the trauma memory and reinterpreting it to reduce the immediate symptoms of fear and anxiety (Campbell 2001, WHO 2007). As such, it generally neglects survivors’ more long-term feelings of guilt, shame and self-blame (Campbell 2001) and may not resolve the physiological aspects of trauma (Putnam & Trickett 1997, Courtois & Ford 2009). There is, therefore, a growing recognition of integrative approaches to trauma recovery that emphasise working with the body in order to release trapped emotions or blocked energy, which, in turn, affects emotion, cognition and behaviour (Boyesen in Saint Arnault 2014, van der Kolk 1994, Levine 2010). For instance, the Eye Movement Desensitisation and Reprocessing (EMDR) method combines body-focused and cognitive-behavioural techniques aimed at helping individuals to access, process and resolve traumatic memories (Shapiro 2001). However, it has been recognised that as EMDR requires the individual to recall painful memories of the trauma, it is crucial that psychotherapists assess its appropriateness for survivors of sexual violence, in addition to their readiness for such treatment (Shapiro 2001). Saint Arnault (2014) also notes that it could be overwhelming for survivors of repeated interpersonal violence within their living situations. Biodynamic therapy (BDT), by contrast, ‘combines psychodrama, specialised massage techniques, and bodywork to dislodge trapped fluids in the tissues, which can enable natural biological processes to complete emotional healing and restore homeostasis and organic equilibrium’ (Saint Arnault 2014, p.13). BDT therapists work with the body and the psychological content that arises to promote energy discharge and resolution.

Research seeking to establish the efficacy of various therapeutic approaches is gaining momentum in the area of sexual and domestic violence. A number of studies have evaluated treatment outcomes that have their basis in clinical concepts of mental health. In order to examine the effectiveness of interventions aimed at mediating PTSD, for example, such research within the field of psychology routinely seeks to measure changes
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in the behavioural and psychological symptoms of sexual violence survivors. While, in comparative studies, supportive counselling produced significant pre-post improvement in PTSD, anxiety and fear, it was found that cognitive behavioural treatments were generally more effective (Resick et al 1988, Foa et al 1991, 2006). However, study designs do not allow for a direct comparison to rates of natural recovery and only women are included as participants (Vickerman & Margolin 2009). Furthermore, echoing the sentiments of Saint Arnault (2014), a number of concerns regarding exposure therapy have been voiced by clinicians. These include beliefs that such interventions will re-traumatise the survivor, take autonomy away by ‘forcing’ the survivor to recall the trauma and prevent them from recovering at their own pace (Cook et al 2004).

As recovery is not a linear process, measuring a change in survivors’ behavioural and psychological symptoms through pre and post-testing may also distort an understanding of the outcomes of the services provided (Sullivan & Coats 2000). While some studies involving services adhering to the integrated understanding of recovery have assessed such changes, they have taken a very different approach. Underpinned by a participatory design, evaluation research regarding counselling services provided to survivors of sexual violence has explored the impact of these services on individuals’ well-being and coping. For instance, Westmarland and Alderson (2013) and Wasco et al (2004) employed a pre-post framework in order to document changes over time. In keeping with the ‘empowerment’ approach endorsed by Herman (1997), Westmarland and Alderson (2013) found that the most significant change that occurred since participants began UK RCC counselling was in relation to feeling empowered and in control of their lives. They also noted a significant decrease in the number of participants who reported experiencing flashbacks over the course of the study. In a state-wide evaluation of services provided by community-based organisations in Illinois, Wasco et al (2004) similarly reported that, overall, RCC counselling seemed to have increased survivors’ knowledge and to have helped them to understand their options and, thereby, make their own decisions. As these studies did not include a control group, the changes that were documented may be attributable to other factors in participants’ lives.
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Employing a cross-sectional design, McGee et al (2003) and Henderson (2012) found that counselling, generally, helped to increase participants’ self-confidence and improved their ability to make life choices. The majority of survivors reported that these services also helped them to develop positive coping strategies. Henderson (2012, p. 59), who assessed the effectiveness of rape crisis support services in Scotland, found that RCCs ‘excel in the nature and type of support they give to those needing help and they provide a service which is not provided by any other agencies’. Suggestions made by both survivors and managers/coordinators for improving the services provided included the availability of group support, links with organisations that provide spiritual assistance and increased funding. The findings from this evaluation research bode well for counselling services that adhere to an integrated understanding of recovery. However, the way in which the impact on survivors’ lives is influenced by the underlying dynamics of the approach of these services was not explored.

According to Campbell et al (2001, p. 1240), ‘when rape victims’ needs are not addressed by the very organizations they turn to for assistance, the effects can be quite devastating’. It has been found that a minority of survivors of sexual violence seek support through an RCC (Kaukinen 2002, McGee et al 2002). However, the importance of RCC services is underscored in both national and international studies highlighting their helpfulness (Ullman 1999, Campbell et al 2001, McGee et al 2002). While participants reported negative responses from the legal and medical professions, both the tangible and emotional support received from rape crisis services was generally perceived as beneficial. However, a predominant limitation of much of this research is that the services assessed address the needs of women only. Saint Arnault (2014) also employed a participatory design to examine how women receiving domestic violence services in Ireland responded to biodynamic therapies. In keeping with the understanding of recovery as both an outcome and a process (Liberman & Kopelowtiz 2005, Ramon et al 2007), she found that biodynamic treatment may be useful as a short-term holistic intervention that promotes health, reduces symptoms and improves quality of life.

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3 The methodologies of each of the evaluation studies involving services adhering to the integrated understanding of recovery are discussed in more detail in chapter five.
3.5 Conclusion

Recognising the multi-dimensional nature of healing, this thesis draws upon an integrated feminist approach that addresses the emotional and physiological consequences of trauma, in addition to recognising the social context within which recovery takes place. Locating myself in the wider mental health discourse, I argue that recovery is both a process and an outcome. It is a personal journey, upon which survivors experience discernible changes, such as no longer blaming oneself and learning to develop adaptive coping strategies. As coping is context-dependent, it speaks to the fluid nature of the recovery process, the intricacies of which I reveal in later chapters. Although the integrated theories of sexual violence do not specifically frame recovery as both a process and an outcome, it is evident that they reflect this understanding. Building on the feminist conceptualisation of sexual violence discussed in the previous chapter, it is evident that powerlessness is a central experience of this type of trauma. As such, I draw upon theories of recovery that place empowerment at their core. I also recognise the implications of sexual violence for an individual’s sexuality and the ways in which norms of masculinity add a further layer of complexity for men. Indeed, while there are commonalities between the experiences and responses of female and male survivors, it is evident that gender is an important factor that influences the recovery process. The tendencies arising from individuals’ negotiations of norms of hegemonic masculinity and emphasized femininity highlight the various ways in which survivors ‘do’ and ‘undo’ gender in the context of sexual violence. Seeking support is an important pathway to recovery and the helpfulness of RCC counselling has been underscored in a small number of studies conducted both nationally and internationally. However, a number of questions remain unanswered, particularly in relation to men’s experiences. Through empirical discussions in subsequent chapters, the thesis addresses these gaps by exploring the counselling services provided by Irish RCCs in terms of their approach and outcomes. I discover naturally arising meanings of recovery among participants, in addition to establishing the factors that influence the process, thereby contributing to an enhanced understanding of this facet of sexual violence. In the next chapter, I first establish the legal and political context within which RCCs operate and, therefore, within which this thesis is situated.
Chapter 4. Legal and Political Context

The thesis has, thus far, detailed the social context in which survivors experience sexual violence, its traumatic consequences and the recovery process, in addition to foregrounding the counselling services provided by RCCs. In this chapter, I further explore the lived reality of these concepts in Irish society in order to situate the study in the wider legal and political context. I begin by describing Ireland’s traditional, patriarchal society, which is characterised by heteronormativity and control of women’s sexuality. I then take the reader through the changes that have taken place within the context of the international movement to recognise women’s rights. In particular, I detail the emergence of Irish RCCs in a state that implicitly endorsed silence regarding sexual violence at both a governmental and local level through a recognisable lack of public policy or services. I also outline their ethos and main aims, in addition to providing an overview of the RCC influence on salient developments in both Irish law and policy in relation to sexual violence within a broader discussion of the international anti-rape movement. Finally, I document the changing face of RCCs as a result of seismic advances at both the state and societal levels.

4.1 Traditional Irish Society

Prior to colonisation by the British, Ireland’s ancient laws were ‘remarkably liberal in their attitude to women’ (Kiberd 1995, p. 215). However, the demands of a post-Famine subsistence and agricultural economy gave rise to increasingly conservative mores which served to ignore, or even, deny women’s sexuality (Joannou 2000, Ryan 2010). For centuries, Ireland’s traditional, patriarchal society was created and maintained by the Catholic Church, the Irish state, the economic structure, and the social and cultural construction of heterosexuality (Mahon 1994, O’Connor 1998, O’Connor 1999). As the twentieth century progressed, a series of laws were imposed by the state and the church that served to confine Irish women to the private domain (Ryan, 2010). The ‘marriage bar’ is one such example, a legal requirement that forced women to resign from work upon matrimony from 1956 until 1973. With women’s political involvement limited to a secondary role prior to 1960, ‘legislation passed under the once male-dominated parliament ignored the needs and interests of women’ (Patterson 2001, p. 5). Reduced to symbols of the nation, namely Virgin Mary and Mother Ireland, women were severely
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limited by state and social control of their sexuality and reproduction (Meaney 1994, Moloney & Thompson 2003). For instance, Section 17 of the 1935 Criminal Law Amendment Act prohibited the import, advertisement, sale or distribution of contraceptives. Commenting on post-colonial times, Corcoran (1994) asserted that Irish social values and legislation have never incorporated principles or behaviours that respect women’s sexual rights.

‘The dominant Catholic ideology of the newly established Irish Free State in the 1920s and 1930s in a sense desexualised women to such an extent that even sex within marriage was considered too risqué for public and often even private discussion’ (Hayes & Urquhart 2001, p. 79). However, the characterisation of chastity, modesty, temperance and self-control as central features of sexuality was not unique to Ireland as other Western countries such as England and France also shared this ethos (Inglis 1998a). While, in other societies, the feminist movement and the ‘permissive society’ of the 1960s brought sexuality into the open, Irish society resisted these influences. According to Inglis (1998a), the Catholic Church continued to be the authority on sexuality and their teachings forged a lasting legacy that only began to dissipate in the 1980s. As sexuality was based on men’s experiences, desires and definitions (Corcoran 1994), the idealised view of Irish women, perpetuated by the church-state bond, was linked to notions of passivity. Women were thus perceived as either angelic or deviant, depending on society’s interpretation of their behaviour. Those who adhered to the traditional, subservient norm were considered angelic, while women who refused to conform were ostracised for their ‘deviant’ behaviour (O’Faolain 2006, Ryan 2010). Characterising women’s social subordination as ‘natural’ and indeed ‘what women want’ (O’Connor 1999), the ideology propagated by the repressive forces of the church and state obscured the reality of women’s experiences and the extent of their oppression (O’Dowd 1987).

According to Power (2007), critical legal studies’ writers view the law as possessing an ideological nature that mirrors and supports many aspects of the dominant culture. ‘Women suffered so much in the private domain largely because there were very few laws in Ireland which protected them in the home, and, indeed, within society in general’ (Scannell 2001, p. 73). Inherent to this legal system, which has historically been male-
oriented and predominantly shaped by the perspectives of men, is a pervasive distrust of women regarding rape allegations. Under the Offences Against the Person Act, 1861, rape was specified as a felony. However, as hierarchy represented the natural order and male hegemony the social norm, all women were treated as second-class citizens and with suspicion (Power 2007). Rape law was ruthless, requiring women to prove that they resisted to the utmost of their ability, thereby viewing this crime from the perspective of the perpetrator. This approach was of course not peculiar to Ireland as it represented the hegemonic view of rape throughout the Western world. ‘For radical change to take place in rape law, these changes must first be realized in the family spectrum. Only when there is equality at a private level can change happen in the law of rape’ (Power 2007, p. 97).

However, at this time, a narrow definition of rape existed, one which excluded, for instance, attempted rape and marital rape. A husband was assumed to have the right to have sex with his wife and consent was not, in the eyes of the law, an issue. Furthermore, mirroring the rape myths discussed in the previous chapters, legislation implied that men could not be victims and women could not be perpetrators of sexual violence. Finally, no national policy regarding sexual or domestic violence existed at this time, and the discourse regarding sexual violence was very limited.

As women’s issues were generally silenced and hidden from public knowledge prior to the 1970s, discussion of sexuality among Irish feminists did not enter the public domain (Viney 1994). Furthermore, the sanctity of marriage and the home in Irish society meant that domestic violence, though serious and widespread, was considered an issue to be discussed privately. The prevailing attitudes discounting the seriousness of marital violence, rape, sexual assault and child sexual abuse thereby served to erode ‘women’s sense of their own bodily integrity and ultimately their sense of their own value’ (O'Connor 1998, p. 14). According to Joannou (2000), as women habitually internalised their misery, quiet dissatisfaction was more common than open dissent. However, ‘if one had been a mite more sensitive, it would have been possible to recognize the anger that was mounting under the surface as the decade (1960s) went on. It was female anger, subtle, veiled, but there...I had looked with sympathy upon the oppression of the Red Indian, the American black, the Northern Ireland Catholic. Now here in Ireland I began to feel terribly, terribly angry’ (Levine 2009, p. 30).
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4.2 Emergence of RCCs: Influences and Social Change

While this mounting anger was harnessed by the collective rejection of the patriarchal ideology of rural Ireland encapsulated in the Irish Women’s Liberation Movement (IWLM) founded in 1970, the weakening of the church-state bond also provided an impetus for change. Religion, morality and the law have gradually separated into distinct social fields. The 1960s and 1970s marked the beginning of Ireland’s economic development, gradually industrialising the country and contributing to the introduction of gender equality policies. ‘With a change in Ireland’s economic structure, many women developed more positive attitudes towards political activism’ (Patterson 2001, p. 5). Following the employment of a 1967 United Nations’ (UN) directive, ten traditional women’s organisations, including the Irish Housewives Association, began to campaign politically for women’s rights by forming an ad hoc committee to investigate discrimination against Irish women. These organisations were successful in persuading then Taoiseach (Prime Minister) Jack Lynch to establish the first national Commission on the Status of Women in 1970, which was chaired by Dr. Thekla Beere, the first woman to become secretary of an Irish governmental department. Finding that women were subject to much inequality, they put forward a total of 49 recommendations in their report issued to the government in 1972 on a variety of issues, including women and the law, and women at home. Several, but by no means all, of these recommendations were implemented in the following years. In the meantime, as the Catholic Church lagged behind the ensuing changes, their influence on Irish society began to wane. These changes ‘provided women with a new sense of social confidence’ (Patterson 2001, p. 14).

A number of global movements and protests were also influential in generating a climate of change and protest in Ireland, not least among them the Women’s Movement. ‘The impact and example of the Women’s Liberation Movement in America and Europe was strong, in an Ireland becoming rapidly less insular and parochial, and reinforced Irish women’s sense of unrest – Betty Friedan’s “strange stirring”’ (Smyth 1988, p. 332). When it was established in 1970, the IWLM distinguished itself from the ad hoc committee by promoting

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5 In 1967, the UN Commission on the Status of Women issued a directive to the International Alliance of Women’s Groups asking member governments to examine the status of women in their countries. For further details, see Levine, J., 2002. The women’s movement in the Republic of Ireland, 1968-80. In A. Bourke, ed. The field day anthology of Irish writing, volume 5: Irish women’s writing and traditions. New York: New York University Press.
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itself as leftist and radical, as opposed to reformist. Despite their differences, these two ends of the feminist spectrum have frequently campaigned for the same issue from the beginning, with this blurring of the boundaries characterised as unique in the Irish context (Smyth 1988). According to Dahlerup (in Smyth 1988), the aim of the Women’s Movement was to change individual’s attitudes and behaviours, as opposed to affecting political reform. However, in Ireland, ‘while radical feminists have used mainly direct action tactics, and developed alternative, non-traditional strategies which effectively by-pass the state apparatus, there has also been a willingness from the very beginning to use state machinery, especially the legal process, to achieve radical change’ (Smyth 1988, p. 333).

Individual consciousness-raising and cultural transformation have been broadly perceived as reflecting and reinforcing the impact of the women’s movement in countries such as Ireland (O’Connor 1999). Among the main aims of the IWLM was the recognition of contraception as a human right; their manifesto Chains or Change? The Civil Wrongs of Irish Women, was perceived as ‘radical, challenging and deeply subversive of the status quo’ (Smyth 1988, p. 335). Although the movement lacked an analysis of sexuality, it stimulated discussion and action on taboo topics relating to sexual matters and social conditioning. ‘Women’s silence would never be quite as absolute as it had been’ (Smyth 1988, p. 335). The 1971 ‘contraception train’ forced an open discussion of women’s sexual and political rights onto a predominantly unwilling and disapproving Irish society. In tackling this issue, the movement challenged notions of sexuality and power, thereby foregrounding the concept of a woman’s right to bodily integrity. The new generation of radical feminists, who surfaced in 1974 and became known as Irishwomen United (IU), specifically called for the right of all women to a self-determined sexuality. Although their charter did not provide a discussion of this concept, contraception featured as the issue most fundamental for Irish women at this time. ‘Just as the fight to legalise contraception is part of the struggle for woman’s right to choose, that fight is also part of a wider struggle to re-define what sort of lives women are able to lead’ (Murray 2008, p. 5).

As it soon became evident that, far from being a sanctuary, the home was a place of struggle for many women, their lived experiences were brought to public attention by the tireless work of feminist activists and eventually Irish laws began to reflect this emerging
discourse. ‘Most controversially, Irish feminism shattered the view of the “idyllic” Irish family, and proved that the family could potentially be a dangerous and damaging place’ (Ryan 2010, p. 98). Via the medium of television and radio programmes, Irish women successfully challenged the dominant discourses of the time by exposing issues such as men’s domestic power and violence. Providing an inspirational context, Irish-American journalist Mary Maher discussed American feminist theories and activities in her column in the women’s page of the Irish Times national newspaper. Reflecting the fact that violence against women was the major mobilising issue of this period, in October of 1978, a dramatic, 6,000-strong torch-lit procession took to the streets of Dublin, demanding greater protection for women experiencing violence in the face of state and legal complacency and, indeed, complicity. Achieving social and political recognition of the nature and prevalence of violence perpetrated against women and children was difficult and lengthy (Connolly & O’Toole 2005). However, important services were established in the process. ‘Much of this change was driven by the Irish women’s movement while being directly and indirectly facilitated by international structures and processes’ (O’Connor 1999, p. 3). In the context of RCCs, the radical feminist anti-rape movements of the US and the UK represented a pivotal influence.

RCCs emerged from these radical movements in the 1970s in order to provide support services to women and to create social change. As the most vocal and active of the groups expressing an increased concern about this serious issue, radical feminists made a significant contribution to the definition of rape as a social problem. With an overall aim of eliminating rape, the movement’s two main goals were to substantially revise rape laws and to achieve a concomitant change in traditional attitudes and assumptions regarding rape, which are both reflected and reinforced by such laws (McNickle Rose 1977). During the late 1960s, women in the collectivist strand of the anti-rape movement, particularly radical feminists, were the first to address violence against women via consciousness-raising groups in which survivors began to publicly share their personal experiences of sexual violence. From the number of women coming forward to disclose rape, child sexual abuse and, later, incest, it soon became clear that these were not individual phenomena, but more common than previously thought. Once women began to detect a social pattern to their stories, a commitment to collectively challenge the conditions of their lives quickly emerged. Conferences, work-shops and ‘speak-outs’, featuring public testimony by
survivors, ‘provided a means of spreading the feminist ideology, including, for example, the legitimacy of questioning traditional assumptions about rape’ (McNickle Rose 1977, p. 76).

The anti-rape movement mobilised activists by arguing that the root cause of violence against women was unequal power relations between men and women and by protesting the treatment of rape victims by society and the criminal justice, legal and medical systems. Activists advocated changes in the manner in which institutions, such as the police and hospitals, responded to survivors of sexual violence. Characterising the treatment experienced by women reporting to the police as the ‘second rape’, they demanded a greater sensitivity in the handling of such disclosures. In order to challenge the rape myths and prevailing views of rape outlined in the previous chapter, in addition to changing public attitudes towards rape, feminist activists sought to redefine the experience of rape from the perspective of the survivor. At the practical level, it was advocated that women coming forward to disclose sexual violence be believed and that their needs take precedence over those of the perpetrator, the police and the courts. At the intellectual level, the crime of rape was being redefined as a problem of men’s dominance, as discussed in the previous chapter. Writing two decades ago, Matthews (1994, p. 14) noted that ‘developing a feminist theory of rape and a coherent political perspective about it occurred through discussion, argument, and critique among feminists of various stripes, a process that continues twenty years later’. Focusing on the violence of rape, while down-playing the role of sexuality, feminists attempted to challenge victim-blaming attitudes and this work continues today. While RCCs in the UK have historically provided services to women only, they have undergone a change in recent times. Some centres in England and Wales currently provide support services to men and boys who have experienced sexual violence. All RCCs in Scotland have recently begun providing an initial service to men and boys. ‘For some centres, this involves initial signposting to other support services. Others provide ongoing support to both women and men’ (Rape Crisis Scotland 2014). While I do not have access to similar information in relation to centres in the US, it is evident that a number of these services currently provide services to men.

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7 See http://www.rapecrisisscotland.org.uk/about/local-centres/ for further details.
8 See www.centers.rainn.org for further details.
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As a response to the absence of any state provision of support services for survivors of sexual violence in Ireland, the first RCCs were founded between the late 1970s and mid-1980s in Dublin, Galway and Cork by women within the feminist movement (Connolly 1995, Mahon 1995, Smyth 1988). Social denial of the reality and extent of sexual violence resulted in a climate in which it was very difficult for survivors to tell their stories. However, from 1979, when the first centre opened its doors to the public in Dublin, campaigning for improvements in rape legislation was initiated. As was the case in the US and the UK, RCCs started out on an entirely voluntary basis, only later seeking funding from public entities, and, in contrast to many centres in the US, continue to be independent, autonomous organisations. Each RCC in Ireland provides a range of free support services, including helplines, face-to-face support and individual counselling, and they rely heavily on fundraising in order to sustain and develop these services. Since its inception, the Dublin RCC has provided a free, national 24-hour crisis telephone service for women and men who have been sexually assaulted, sexually harassed or sexually abused at any time in their lives. They also take calls from any person who wishes to talk about the effects of sexual violence.

Irish RCC counselling offers survivors a space in which to be listened to and an opportunity to examine their feelings in relation to the traumatic experience of rape and sexual assault (RCNI 2006). Various counselling approaches are employed, all of which are survivor-centred. Finding the feminist theory of sexual violence to be useful in the Irish context, RCCs place power at the core of their response. ‘Both ideology and practice were adopted, and then adapted to suit the Irish social context, with the result that there was relatively little theorizing around their areas of concern’ (Smyth 1988, p. 337). The basic ethos of service provision was to listen to women coming forward to disclose sexual violence and to believe their stories. By the early 1990s, it became apparent to RCCs that quite a number of men have also experienced sexual violence and currently all but one RCC provide direct services to male survivors. A separate service for men, named Male Abuse Survivors Centre (MASC), was established in 2001 in Galway city but this service has since been integrated into the Galway RCC. While the vast majority of RCC counsellors continue to be women, a small number of men currently provide counselling in a number of centres.
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In line with international practice, the aims of centres are twofold, namely to provide support services to survivors and to function as a vehicle of change by means of campaign work, and by influencing policy making on behalf of survivors. In order to ensure that the provision of support services to survivors is the main focus of RCCs, a specialist information and resource centre on sexual violence was set up to provide leadership and progress legal and political reform via policy submissions, research and advocacy. Established in 1985, the RCNI is the national representative body of fifteen community based Irish RCCs that respond to the needs of those who have experienced sexual violence. They have successfully lobbied for, and informed, legislative improvement, in addition to significantly influencing the development of a national policy on gender-based violence. This umbrella organisation operated on an entirely voluntary basis until it secured funding from the then Department of Health and Children for the first time in 1999. Given the adverse effects of the recession on Ireland’s economy, this funding has become increasingly precarious. For the RCNI, annual budgetary cuts represent financial threats to their existence, while individual centres find it increasingly difficult to provide adequate services. As the only specialist service for survivors of sexual violence, which is a pervasive problem in Irish society, this situation is unacceptable.

4.3 The Anti-Rape Movement, Legal and Political Reform

4.3.1 Influence of Anti-Rape Movement on Legal Reform

Although often reluctantly granted, the anti-rape movement gradually began to receive support from government officials, the police and citizens’ groups. ‘Nevertheless, the knowledge and expertise gained at the local level has served as a basis for activism in legislative and judicial arenas’ (McNickle Rose 1977, p. 79). The criminal law is characterised as having a distinctly social basis in that it both shapes and is shaped by the society in which it operates (Cormack & Brickley in Denov 2003a). There is an identifiable trend in the US toward re-examination and revision of legislation regarding the crime of rape and the anti-rape movement has been a major contributor in effecting these changes (McNickle Rose 1977, Searles & Berger 1987, Berger et al 1988). ‘Much of the credit for these legal reforms goes to the grassroots organizing efforts of RCCs’ (Campbell & Yancey Martin 2002, p. 262). Feminists argued that US rape legislation was primarily based on rape

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9 See http://www.rcni.ie for further details.
myths arising from traditional norms regarding sex roles and sexual standards.\footnote{See LeGrand, C.E., 1973. Rape and rape laws: sexism in society and law. California Law Review, 61(3), p. 919-941 for a detailed discussion.} As rape was originally regarded as a property crime, penalties often involved compensation paid to a woman’s husband or father (Burgess-Jackson 1996). This helps to explain why the marital rape exemption in law survived for as long as it did in many countries, including Ireland. ‘Given this entrenched historical and cultural legacy, feminists’ redefinition of ‘rape’ as a crime against the woman herself is nothing short of revolutionary’ (Whisnant 2011, p. 1). The legal recognition of crimes such as marital and date rape, in addition to the fact that rape can be oral and anal, as well as vaginal, has resulted from tireless feminist activism. Feminists have also challenged the law’s explicit assumptions that a survivor’s character or their lack of physical resistance has a bearing on consent to sexual intercourse. While US sexual violence law has undergone additional changes, these have not been uniform across the states. However, in a number of states, a survivor’s prior sexual history has been rendered inadmissible in court, the requirement for corroboration has been repealed and the requirement that a survivor must have physically resisted an attack in order to prosecute has been eliminated\footnote{See http://www.impowr.org/content/law-reform-efforts-rape-and-sexual-assault-united-states-america#sthash.g7dLVhR.dpuf for further details.}. A corroboration requirement provides that the jury be given a warning about the danger of convicting the defendant on the uncorroborated evidence of the plaintiff.

Towards the end of the twentieth century, Irish rape law also underwent substantial development that has greatly improved the situation for survivors. The Criminal Law (Rape) Act, 1981 brought attempted rape and aiding and abetting, in addition to counselling and procuring rape, under the offence. The RCNI campaigned for reform of this Act from 1986 and the majority of their recommendations put forward to the Oireachtas Joint Committee on Women’s Rights were included in the new legislation, which came into force in 1990. Under Section 4 of the Criminal Law (Rape) (Amendment) Act, 1990, marital rape and incitement to rape were legally recognised and the resistance requirement was abolished. However, a number of problems persist. For instance, the 1990 Act provides for corroboration warnings at the discretion of the judge and prior sexual history can be raised with their leave also. A significant problem also relates to ‘consent’ as there is no statutory definition of this concept in the context of sexual contact. Viewing this situation as
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unacceptable, the RCNI have called for the replacement of the current subjective analysis of recklessness as to consent with an objectively reasonable test (RCNI 2005). The network has also been campaigning for Child Protection since 2006.

Furthermore, a gender bias, which unusually discounts the experiences of men, continues to be evident in many legal definitions of sexual violence. Mirroring the emphasis on violence against women as previously discussed, ‘the denial of women as potential sexual aggressors has not only been accepted and affirmed in the beliefs of the general population but has also been cemented in everyday practices of law’ (Denov 2003a, p. 309). Although recent legal amendments aimed at removing gender bias in sexual offence laws have been introduced in the US and the UK, many of these laws still fail to recognise women as potential perpetrators of sexual violence. This lack of legal consideration for women as sexual aggressors may influence prevalence rates and reporting of such offences. According to Denov (2003a), the continuing gender specificity evident in these laws highlights the ways in which the criminal law sustains and reinforces traditional sexual scripts. These norms also influence the legal recognition of men’s experiences of rape, as public reticence to discuss this problem is reflected in laws that ignore the fact that men’s bodies are as vulnerable as those of women (Bourke 2007).

Although the legal definition of rape has been broadened, evidence is mixed about how this is actually affecting prosecution. For instance, in the 24 years since the introduction of legislation criminalising marital rape in Ireland, there has only been one successful conviction. Furthermore, numerous studies continue to document low rates of reporting of sexual violence in the US and Ireland (Campbell et al 2001b, Mahoney 1999, McGee at al 2002), in addition to high rates of attrition (Frazier & Haney 1996, Harris & Grace 1999, Hanly et al 2009). It is evident that victim-blaming has not dissipated. ‘Although rape law in Ireland is straightforward on the books, it is left open to exploitation by the legal system’ (Power 2007, p. 83). According to Power (2007), the social norms and deeply entrenched attitudes regarding women lead to judges manipulating the law as male hegemony seeps into the courtroom. Corroboration warnings, though discretionary, represent a continuing

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12 Sexual scripting theory was discussed in detail in chapter two.
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patriarchal distrust of women regarding rape allegations and this serves to undermine the value of a woman’s testimony in court. As there is also no benchmark sentence for rape in Ireland, the perception of ‘non-violent’ rapes that do not conform to the myth of the ‘real rape’ are perceived as ‘less serious’ and this is reflected in sentencing. An analysis of the sentences imposed for rape by Irish courts between 2007 and 2012 indicates that the cases that received longer sentences involved aggravating factors such as death threats and weapons of violence (Ó’Cathaoir 2012). Furthermore, the discretionary introduction of a woman’s sexual history reflects the perpetuation by the judiciary of the culturally-based, idealised view of women. However, the conduct of the victim was not found to be a mitigating factor in Ó’Cathaoir’s research.

‘Just as experience in local rape crisis groups provided an impetus for the challenge of many traditional rape laws, successful community and legislative experience furnished, in turn, a basis for critiques and demonstrations concerning court-related issues. Thus, the rapid success of the relatively young rape prevention movement has helped extend anti-rape movement critiques and activities into the judicial arena’ (McNickle Rose 1977, p. 83). For example, activists critiqued the fact that jury’s sympathies were frequently with the defendant, rather than the rape survivor (LeGrand 1973). RCNI commissioned research on rape and justice in Ireland challenged rape myths and identified the large significance of alcohol in relation to sexual violence and justice (Hanly et al 2009). Based on the study’s findings, a large number of recommendations were made for legal reform at the reporting and investigation stage, the prosecuting stage and the court proceedings stage. ‘For many women, their experience of the criminal justice system in such cases is difficult, often traumatic, and this situation is not helped by the general perception that sentencing in rape cases is both inconsistent and lenient’ (Office of the Tánaiste 1997, p. 83). Debate continues regarding the ability of attitude change to affect legislation or whether legal reforms can have an indirect impact on sexist attitudes. Nevertheless, changes in laws and procedures have been effected by the anti-rape movement, which made considerable progress in a short space of time. ‘While gains have been made in getting the state to respond to important feminist concerns, such as violence against women, the deeper feminist project of reconstituting society has lost ground’ (Matthews 1994, p. 127).

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However, Campbell et al (1998) argue that by providing support to individual women and raising community awareness about sexual violence, direct service ‘creates’ social change. ‘The enduring contribution of the anti-rape movement has been raising the collective consciousness of society to understand violence against women as a political issue in need of political action’ (Campbell & Yancey Martin 2002, p. 265). It has also had an important impact on political reform.

4.4 Influence of Anti-Rape Movement on Political Reform

4.4.1 International Recognition of Sexual Violence

The women’s movement was instrumental in shattering the silence and mobilising action to prevent sexual violence (Ilkkaracan & Jolly 2007). Decades of tireless campaigning succeeded in the international recognition of sexual violence as a serious and globally endemic violation of women’s human rights during the 1990’s. The development of international treaties is an important advancement in this area as they set standards for national legislation and enable local groups to lobby for legal reform (Jewkes et al 2002). As international recognition and knowledge regarding the nature and prevalence of this problem has increased, it has also been acknowledged as a pressing public health issue and a serious barrier to economic and social development. ‘More organizations, service providers, and policy makers are recognizing that violence against women has serious adverse consequences for women’s health and for society’ (Heise et al 1999, p. 3).

The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) represents the first time the UN applied an international rights framework to issues regarding sexuality. In 1992, its Committee adopted General Recommendation No. 19, recognising violence against women as a violation of human rights. Highlighting the traditional norms that perpetuate widespread practices such as sexual violence, this convention promotes awareness of the close connections between discrimination against women, gender-based violence, and violations of human rights and fundamental freedoms. Further endorsements followed in 1993 and 1994, when the U.N. General Assembly adopted a Declaration on the Elimination of Violence against Women and appointed a Special Rapporteur, respectively. The first two women appointed as rapporteurs, Radhika
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Coomaraswamy and Dr. Yakin Ertürk, highlighted the intersections between control of female sexuality and violence against women (UN 2010). Of significant importance is the fact that the feminist analysis of gender-based violence was accepted by the UN General Assembly in the formulation of this declaration.

As noted by Parker (1997), the 1993 International Conference on Human Rights in Vienna provided a unique opportunity to further the debate regarding the transformation of sexual rights into lived reality. With a focus on issues such as gender and power, it advanced the explicit recognition of sexual violence as a human rights violation. Following sustained lobbying efforts by a global group of feminist activists, the Vienna Declaration called on states to eliminate gender-based violence and all forms of sexual violence and exploitation, including trafficking in women, rape as a weapon of war and sexual slavery (UN 1993). The public recognition of gender-based violence has resulted in the elaboration of public policies that received international sanction during the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 4th World Conference on Women in Beijing (Tavara 2006). The former broke new ground in winning acceptance in the mainstream population policy discourse for a range of new concepts concerning women’s health, rights and empowerment. Recognising the interconnections between gender and sexuality, these conferences addressed sexual violence against women from lower socio-economic backgrounds who are more sexually vulnerable.

The Platform for Action adopted in Beijing also recognised rape in armed conflict as a war crime and, under certain circumstances, genocide. Furthermore, in 1998, the UN International Criminal Tribunal for Rwanda became the first international court to condemn sexual violence in war, qualifying rape as an act of genocide. The requirements outlined in the Cairo Programme and Beijing Platform were further clarified and strengthened at the Five Year Review of the Implementation of the Beijing Declaration and Platform for Action, Beijing plus 5, in 2000. Additional treaties that address sexual violence include the 2000 Convention against Transnational Organized Crime and its supplemental Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and the 1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. With regard to child sexual abuse, the 1989 UN Convention on the Rights of
the Child provides clear standards and obligations for all signatory nations for the
protection of children. The most widely ratified of all the international treaties and
conventions, it is guided by the principle that children are individuals with equal rights to
those of adults. As noted by Runyan et al (2002), its impact regarding the protection of
children from abuse has yet to be fully realised. However, despite such concentrated
international effort, sexual violence continues unabated worldwide (WHO 2013).

It is evident that an articulation of sexual rights in the global women’s movement and in the
gender and development field has highlighted sexual violence perpetrated against women.
According to Ilkkaracan and Jolly (2007), sexual rights enable an understanding that
transcends identity politics, where rights are associated with particular categories, such as
‘women’s rights’. ‘Sexual rights can instead be taken to mean that everyone should have
the right to personal fulfilment, and to freedom from coercion, discrimination and violence
around sexuality, whatever their sexual orientation or gender identity’ (Ilkkaracan & Jolly
2007, p. 10). This separation of rights from identities promotes a shift in focus from the
oppression of certain groups by others to identifying the underlying structures of
inequality. Accordingly, discussions of women’s rights can underline men’s oppression of
women through violence as a result of the existing structures of power regarding different
forms of sexuality and gender. In its original conception then, gender-based violence
implicitly assumed a male perpetrator-female victim paradigm. While the 2003 UN High
Commissioner for Refugees (UNHCR) recognised that girls and women are predominantly
the victims of sexual violence, he expanded the definition of gender-based violence to
include boys and men who experience rape, sexual assault and sexual abuse (UNHCR 2003).
As this definition is not widely used, however, the focus of the discourse remains on
women.

4.4.2 Irish Policy on Gender-Based Violence
‘Factors operating at a societal level that influence sexual violence include laws and
national policies relating to gender equality in general and to sexual violence more
specifically, as well as norms relating to the use of violence’ (Jewkes et al 2002, p. 161).
Countries vary considerably in their approach to sexual violence, from far-reaching
legislation and resource allocation to very weak responses. Over the last two decades, Irish
governmental policy has recognised violence against women as a serious crime. However, a succession of studies and reports, including the Women’s Aid (1995) study *Making the Links* and the *Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence against Women and Children* (National Women’s Council 1996), have highlighted the importance of a coordinated national strategy and multi-agency response. In acknowledgement of both international and national research, in addition to pressure from international human rights frameworks, the 1997 Irish *Report of the Taskforce on Violence against Women* explicitly called for a strategy founded on total condemnation of all violence against women, whether perpetrated by a stranger or someone known to the survivor (Office of the Tánaiste 1997). The international re-conceptualisation of violence against women/sexual violence as a crime against human rights and as a public matter requiring state intervention has thus helped to shape Ireland’s response throughout the 1990s. Established in 1996, the Task Force comprised Garda Síochána, health board and local authority representation, in addition to experts from the voluntary sector.

The Government Taskforce report outlined a number of salient recommendations regarding this need for a cohesive and women-centred national strategy for combating gender-based violence. However, many of these recommendations in all areas, including support services, were never implemented. In 2007, as part of the National Women’s Strategy, a number of aims were identified, including combating violence against women via improved services for survivors, and effective prevention and prosecution (Kearns et al 2008). Following on from this, the Irish government established Cosc in 2007. This executive office responsible for addressing gender-based violence in Irish society and co-ordinating initiatives to fulfil international obligations comes under the aegis of the Department of Equality, Justice and Law Reform. In recognition of the critical importance of an effective, co-ordinated, and multi-agency response to gender-based violence, Cosc aims to align Ireland with internationally accepted guidelines through the provision of integrated, comprehensive and consistent systemic assistance to survivors. Its current primary task is to ensure the implementation of the first National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014. Working closely with Non-Governmental Organisations (NGOs), such as the RCNI, Cosc addresses sexual violence perpetrated against women and men.
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Approved by the government on February 9th 2010, the national strategy was informed by national and international experts on sexual and domestic violence. It draws upon the expertise, experience and perspectives of the RCNI and survivors, in addition to Cosc’s review of available services and a review of national and international research. Setting out the general vision, objectives and actions to tackle these crimes, the overall aim of the strategy is to reduce prevalence rates and to ensure the effectiveness of a coordinated system of prevention and response. It also seeks to increase social acknowledgement and understanding of the problem of sexual violence, in addition to supporting survivors and ensuring offender accountability. It is recognised that a multi-agency approach is required, cutting across the justice, health, education, housing and non-governmental sectors. Cosc’s approach is to encourage policy and service development based on solid evidence and evaluated results to ensure best public value and best outcomes for all affected by domestic and sexual violence. Cosc also launched a public awareness campaign entitled Your Silence Feeds the Violence, aimed at raising community awareness regarding the key role they play in the continuation or cessation of domestic and sexual violence crimes, informing the community about how to take safe and appropriate action, and raising awareness of the availability of services. A number of media outlets were employed to promote this campaign, namely online, radio, billboards and posters displayed in public offices, NGOs and support services.

On foot of a recommendation of the Task Force Report, the government also established the National Steering Committee on Violence against Women (NSC). It was considered essential that this committee include representatives of the key national representative organisations in the sector, such as the RCNI. In a 2008 review of the remit and functioning of the NSC, Cosc devised an improved structure for partnership working that includes the NSC advising on the development and implementation of policies and services concerning sexual violence against women. The Report also recommended the establishment of Regional Planning Committees (RSCs) in each of the eight former health board regions in order to coordinate the services available to women. In 2009, these Committees were restructured by the Health Service Executive (HSE), namely Ireland’s health services, in conjunction with Cosc. They have thus evolved into Regional Advisory Committees (RACs), which are supported by the HSE to focus solely on the services and needs within their regions. These RACs feed information to and from their regions and local area networks.
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into the NSC and Cosc. Despite these promising developments, the Irish government has failed to meaningfully act on any of the recommendations made by the UN CEDAW Committee in 1999 for progressing women’s equality.

Following the recommendation of the Second Commission on the Status of Women, the Department of Health published A Plan for Women’s Health 1997-1999. This strategy, which was informed by consultation with women, resulted in violence against women being raised as a serious health problem. ‘The Department of Health has stated its commitment to playing a full role in relation to the co-ordination of Government Policy and in encouraging a co-ordinated response within the health and personal social services to women who are victims of violence’ (Office of the Tánaiste 1997, p. 75). Designed to dovetail with the National Strategy developed by Cosc, the HSE Policy on Domestic, Sexual and Gender Based Violence aims to prevent domestic and sexual violence, and to ensure that all survivors receive a comprehensive array of supports from both health and community service providers. Recognising the need for an interagency response to sexual violence, the HSE prioritise a close collaboration with statutory and voluntary agencies, in particular Cosc. As it highlights the basis of sexual violence in the gender inequality experienced by women, from the HSE perspective, an ecological model is very useful in understanding the context in which sexual violence occurs15. The HSE, therefore, works with Cosc to support multi-sectoral responses aimed at changing cultural norms. Additionally, the HSE has issued guidelines for the referral, forensic examination and support of survivors of alleged rape and sexual assault. ‘These guidelines were developed to facilitate a high-quality service provision and to enable the HSE and the criminal justice system to develop the infrastructure required for the delivery of an appropriate, integrated, inter-agency response and care at a local, regional and national level’ (Cosc 2010, p. 58). Furthermore, the Department of Children and Youth Affairs has developed Children First Guidelines that provide a set of principles and good practice guidelines for organisations that provide services to children, including procedures for reporting of child sexual abuse (Department of Children and Youth Affairs 2011).

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4.5 RCCs Today

4.5.1 RCCs and the State

It is evident that the anti-rape movement has been instrumental in achieving the recognition of rape as a social issue and thereby driving legal and political reform at both the national and international levels. However, RCCs have also been influenced by the contemporary context in which they operate. As outlined above, while the ultimate goal of RCCs was the elimination of rape, providing assistance to survivors and easing the trauma of the experience were also of paramount importance. However, the evolving relationship between the anti-rape movement and the state it held responsible for failing to address violence perpetrated by men has had a contradictory effect on their original collectivist framework. Increased reliance on state funding has both promoted the movement’s survival and contributed to its transformation from grassroots activism to professionalised social service provision. ‘State sponsorship of services and the related ascendancy of service-provision are a conservatizing influence on the movement because they shift the focus to therapeutically managing the aftermath of rape rather than to changing social relations in order to prevent rape’ (Matthews 1994, p. xiv). For that reason, although rape crisis work originated as an expression of the new feminist politics, it is also currently a manifestation of an individualistic therapeutic society. While the role of rape crisis services has, therefore, evolved considerably since their inception, their core activities have remained constant, namely the provision of direct services to women and consciousness-raising. According to Ullman & Townsend (2008), one of the unique features of RCCs may be their feminist or empowerment approach to working with survivors, where the survivor is an active agent in their own recovery.

Mirroring the developments in the US, over time, the original non-hierarchical, egalitarian structure of Irish RCCs was supplanted by a more conventional, bureaucratic organisational framework. Although this conservative social service approach has threatened to submerge the radical feminist political analysis that inspired rape crisis work, RCCs have, nonetheless, maintained their feminist goals (Simon 1982, Matthews 1994, Campbell &}

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Yancey Martin 2002). Furthermore, in a case study of a US RCC conducted by Simon (1982), government funding was characterised as providing both stability and security. In fact, it has been argued that bureaucracy and democracy are compatible and some feminist organisations speak of the positive effects (Cafferata 1982). However, cuts in funding make it difficult for US RCCs to hire an adequate number of paid workers to perform the various roles involved in the services provided (Maier 2011).

While the receipt of public funding has led to a marked decrease in the political activism of RCCs and an increase in collaboration with other organisations that respond to sexual violence, traditional activism has been replaced by public speaking engagements, education and the creation of community awareness. It is possible that the term “activism” has taken on a negative or radical connotation, and consequently has been replaced with more positive words such as “education” and “outreach” (Maier 2011 p. 15). Over time, Irish RCCs began to deliver a number of community education training workshops aimed at raising awareness of sexual violence and the specialist services available. They have also developed referral pathways and empowered organisations to respond effectively to disclosures of sexual violence to An Garda Síochána and frontline professionals, such as medical and community workers. In addition to providing education to professionals, Irish RCCs organise local awareness raising campaigns and provide training workshops to young people aimed at raising awareness of sexual violence and its effects, dispelling rape myths, increasing specialist service awareness and promoting prevention. ‘RCCs are locally based experts on sexual violence and are an exceptional resource to local communities as well as health, legal and community agencies’ (RCNI 2010, p. 5).

Research from the US has shown that increased collaboration with other agencies and institutions has resulted in an improvement of service provision to survivors (Campbell & Ahrens 1998, Zweig & Burt 2003). By advocating more comprehensive medical treatment for such individuals, US activists also encouraged more hospitals to treat rape as a public health problem. ‘In its relationship with hospitals the anti-rape movement has worked to

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improve the treatment of rape survivors and legitimize the kinds of services rape crisis counselors provide’ (Matthews 1994, p. 72). Some changes have also begun to appear in US law enforcement as a result of feminist activists’ criticisms and the educational and consciousness-raising efforts of anti-rape organisations, such as RCCs (Matthews 1994, McNickle Rose 1977, Campbell & Yancey Martin 2002). However, research conducted with six RCCs located in four East Coast states of the US suggests that these positive changes have come at a cost (Maier 2011). The following quote from a full-time RCC worker who participated in this study highlights how RCC advocates feel that they can no longer criticise community systems when they mistreat survivors:

*We’re not allowed to confront anyone like the police or the ER if they are being inappropriate. I wish that we would be less concerned with where the money is coming from and who we can’t piss off and more with helping people who are survivors. We are on the committee with the special victim’s unit head honcho and we don’t want to piss him off because that will get rid of the good partnership that we have. It’s just ridiculous* (Maier 2011, p. 1399).

In Ireland, the establishment by An Garda Síochána in 1993 of a Domestic Violence and Sexual Assault Investigation Unit represents a significant development. However, while it is evident that there have been improvements in the interviewing procedures of the police force, poor ongoing contact and unsupportive attitudes, particularly when cases do not correspond to the ‘real rape’ myth as discussed in the previous chapter, continued to be reported (McGee et al 2002, Hanly et al 2009). In 2010, An Garda Síochána published their 2010 Policy on the Investigation of Sexual Crime, Crimes Against Children and Child Welfare, which explicitly acknowledges this problem and sets out procedures to redress it (An Garda Síochána 2010). Since 2000, seven HSE Sexual Assault Treatment Units (SATUs) have also been established in various locations, predominantly in a clinical/hospital setting. Responding to the needs of any victim of an alleged rape or assault, a number of services are offered, including forensic medical examination of recent victims of sexual violence, treatment for sexually transmitted infections (STIs) where possible, and referral for STI screening and emergency contraception. There is also a part-time, partial sexual assault treatment service in Limerick which is run by Shannondoc, a co-operative established by General Practitioners (GPs) in partnership with the HSE, who provide the medical cover. The main sources of referral to SATUs are RCCs and An Garda Síochána. Specialist facilities
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for the treatment of child and adolescent survivors of rape and sexual assault are located in Dublin, Cork, Galway, Letterkenny, Mullingar and Waterford hospitals. There are also community-based assessment services in other HSE areas. Ireland still falls below EU standards, particularly in terms of the provision of services to children.\(^\text{18}\)

However, the efforts of the feminist movement to redefine and politicise rape were instrumental in putting sexual violence on the national agenda. As the representative organisation, the RCNI has successfully gained recognition and respect for the work of local RCCs and achieved commitments to statutory funding for these centres. An important aspect of the assistance provided to RCCs involves support in the achievement of the Quality Assurance Standards developed by RCNI, to which member centres can be held accountable. These Standards reflect survivor-centred and trauma-based best practice and incorporate RCC experience and expertise, and national and international standards. The areas covered include governance, direct service provision and social change work. While RCCs in the US have strived to resist the information-gathering function of state bureaucracies (Matthews 1994), the RCNI has pioneered a high quality data-gathering system aimed at raising awareness of the experiences of the women, men and children who access Rape Crisis services throughout Ireland. ‘Consistent and comparable data is essential in developing policy objectives and service responses and in determining the effects of reforms’ (RCNI 2009, p. ii). In order to address the scarcity of Irish-specific sexual violence data, RCNI have developed a secure online database, which is employed by member RCCs to record specific information on each service user. This data is then compiled in the annual National Rape Crisis Statistics Report. Ensuring that the expertise gained from working with survivors informs policy and practice, the RCNI also represent the rape crisis sector and the issues of sexual violence on committees and alliances such as the National Steering Committee on Violence Against Women and The Other Half, a new alliance of men's and women's organisations working together to end men's violence against women.\(^\text{19}\)

\(^\text{18}\) See McDonagh, M., 2010. Plugging the gaps in Ireland's sexual assault services http://www.medicalindependent.ie/922/plugging_the_gaps_in_irelands_sexual_assault_services for further details.

\(^\text{19}\) See their website http://www.theotherhalf.ie/who_we_are.aspx for further details.
4.6 Challenges Facing RCCs

Although RCCs have evolved considerably since their inception in order to adapt to the contemporary context in which they operate, a number of tensions remain. Given their emergence from an anti-rape movement aimed at highlighting sexual violence experienced by women, one of the greatest challenges facing RCCs is the provision of services to men who have been raped and sexually assaulted. I explore these challenges in chapter six. A significant reason for the decline in the influence of the Catholic Church during the 1990s was the sexual scandals that began to emerge involving the sexual abuse of young boys by priests. The most horrifying of the accounts that were brought to the attention of the public involved the endemic rape and sexual assault of young boys in Ireland’s industrial schools. This exposure culminated in a public apology by then head of state Taoiseach Bertie Ahern in 1999, the establishment of the Commission to Inquire into Child Abuse and the subsequent publication of the Ryan Report in 2009. Despite the fact that there was knowledge of this abuse in the community, a number of factors combined to deter intervention. The unquestioning of the absolute power held by the church at this time provided religious orders with a free reign to abuse their position of trust; yet, more disturbing is the fact that their disregard for disadvantaged children was generally shared by the wider Irish society. These factors combined to render these innocent, young boys helpless as they suffered in silence.

Given Ireland’s small population, the prevalence of sexual abuse perpetrated against young boys is of great significance to many Irish people. Despite their establishment as feminist organisations aimed at providing support and assistance to women who have experienced sexual violence, Irish RCCs could not ignore these levels of abuse. Since 2000, a free confidential counselling and psychotherapy service known as the National Counselling Service (NCS) has been available in all regions of the HSE for adults who experienced abuse in Irish institutional care. However, RCCs also provide counselling services to men who have survived sexual violence in other contexts. According to the 2010 National Rape Crisis Statistics, 89.4 per cent of men who access RCC services disclose child sexual abuse, compared to 59.7 per cent of women (RCNI 2011). It is reasonable to assume that the public apology has made it easier for men who have experienced child sexual abuse to seek

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help. Given the radical feminist analysis of sexual violence that underpins the work of Irish RCCs, the provision of services to men poses a significant challenge to counsellors. However, this is not the only issue RCCs face. The budgetary constraints currently affecting RCCs in this difficult economic climate represent a challenge to adequate service provision.

4.7 Conclusion

As we can see, Ireland has experienced significant social change since the 1970s and these developments have ensured that women’s voices are no longer silenced to the extent that they once were, particularly in relation to their sexuality. Although sexual violence continues to be stigmatised, the work done by RCCs in addressing its consequences for individuals and the wider society has been formally recognised by the state. Despite the changes to their organisational structure and service provision as a result of their reliance on state funding, they have, with the help of the RCNI, remained true to their feminist principles. Mirroring the wider international context, they have also proved instrumental in the legal and political changes that have taken place concerning sexual violence in Ireland. RCCs have been at the forefront of the Irish response since 1979, yet no systematic evaluation has been conducted of their services to date. Furthermore, the evolving gender make-up of their clients represents one of the greatest challenges they face. To date, research and support for survivors of sexual violence have been focused almost exclusively on women who are coming to terms with the devastating consequences of rape, sexual assault and sexual abuse. However, the emergence of sexual abuse of young boys as an important issue has broadened the discourse around sexual violence and gender identity, and this increased awareness is mirrored by the growing number of men accessing the counselling services of Irish RCCs. As such, the need for counsellors to have knowledge of gender relevant interventions with this population becomes vital. An investigation of how traditional norms of masculinity affect interventions developed to treat women is, however, lacking. This thesis addresses these gaps in the literature and in the next chapter I discuss the methodology I employed in order to do so.
Chapter 5. The Fieldwork Journey: Research Design in Practice

The need for a comprehensive exploration of the counselling services provided by Irish RCCs has been highlighted in the previous chapters discussing the social, political and legal context within which these organisations operate. In this chapter, I articulate my specific area of enquiry, translating the identified gaps in knowledge into analytical research objectives and questions. Next, I discuss my feminist, constructionist epistemological position in order to foreground the mixed-strategy research design underpinning this thesis. This is followed by a reflection on my methodological choices in terms of the suitability of the methods employed to answer the research questions posed. I then provide an overview of what I had intended to accomplish with this thesis in terms of my target population and selection criteria. Demonstrating how research on sensitive topics such as sexual violence can be both rigorous and ethical, I next guide the reader through the data collection process, detailing my experiences in the field, including the practicalities and challenges I faced. I also provide an overview of how I analysed the qualitative and quantitative data that I gathered. I conclude by reflecting on the research process, in addition to outlining the limitations of the research.

5.1 Exploring Sexual Violence and Support: Aim, Objectives and Central Research Questions

The overarching aim of this research is to investigate the nature and effectiveness of Irish Rape Crisis Centre counselling in order to develop in-depth understandings of the factors that influence recovery from sexual violence and the responses required. Gender functions as a central and cross-cutting concept underlying the following objectives:

- To examine the conceptual framework underpinning the RCC response to sexual violence
- To assess the outcomes of the counselling services provided
- To understand the role of RCC counselling services in the recovery process from sexual violence
- To identify the ways in which RCC counselling may be improved
In order to achieve the objectives outlined above, the following central research questions are analysed:

- How does the RCC understanding of sexual violence, trauma and recovery inform their approach to counselling survivors? How does gender influence this approach?
- What are the outcomes of RCC counselling from the perspective of survivors accessing these services? To what extent are survivors’ needs being met by these services? Do the outcomes of RCC counselling differ according to gender?
- What role does RCC counselling play in the recovery process from the perspectives of both survivors and counsellors? What are the factors that influence the recovery process? Among these factors, how important is gender?
- What are the key factors for improving service provision? Among the key factors, how critical is gender?

5.2 Research Design

Design is the ‘choreography’ that determines the ‘research dance’ (Janesick 1994). My epistemological standpoint not only determines the research questions I pose, but also the means by which I seek to answer them. ‘Theories about how to know social life relate to how we go about studying that life, and the techniques we use to elicit knowledge influence our own theories of how to know and understand social phenomena’ (Fonow & Cook 2005, p. 2214). I view epistemology as a continuum representing a range of paradigms that reflect differing degrees of one’s leaning towards objectivity or subjectivity (Crotty 1998). Rejecting the belief in the researcher as a detached observer, I question the alleged objectivity and value-free neutrality of scientific discovery characterised by positivism. I do not believe that knowledge is the product of straightforward experience, an authentic truth that can be interpreted by means of rational deduction. On the contrary, I view knowledge as socially constructed, thereby placing an emphasis on negotiations of meaning via social processes and interaction. As such, I distinguish my position from that of constructivism, which ‘focuses on meaning making and the constructing of the social and psychological worlds through individual, cognitive processes’ (Young & Collin 2004, p. 375). As I believe that external phenomena influence our interpretations, I also distance myself from the strong form of constructionism that claims that referents of knowledge themselves amount to nothing more than social constructions (Sayer 1997). ‘The construction process of reality is not a denial of the existence of an
external world but an establishing of relationships between connoisseur subject and the social external world that we capture as reality through language and communication’ (Sandu et al 2012, p. 62).

As a social constructionist, I do not embark on the research process with pre-suppositions or hypotheses, instead seeking to discover and interpret the subjective meanings individuals attribute to their behaviour and environments as they reflect upon their world (Blaikie 1993, Crotty 1998, Miller et al 2010). As asserted by LeCompte and Schensul (1999), what we know and believe to be true about the world is constructed as we interact with one another over time in specific social settings. Shared constructs and meanings are thus not fixed or immutable and are invariably influenced by contextual characteristics, such as gender. I, nonetheless, acknowledge the benefits of post-positivism, an epistemological position that accepts the limitations of objectivity by acknowledging the influence of an individual’s background and values on the topics they investigate (Mullen 1985, Fraser at al 1991, Robson 2002). As they believe in a single reality that the researcher seeks to discover, post-positivists retain objectivity as an ideal, nonetheless. They, therefore, seek to identify and remove sources of bias. While I do not share the same ideal, I believe that a certain level of measurement may highlight emerging trends. In order to gain an understanding of the ways in which the outcomes of RCC counselling are achieved, I first seek to establish what these outcomes are and the extent to which survivors’ needs are being met. This quantitative data provides a base from which to explore the meaning participants attach to the recovery process within the context of RCC counselling. This blend of knowledge positions underpins the mixed-strategy research design employed in this thesis, the elements of which will be discussed further in the following paragraphs.

‘To say that meaningful reality is socially constructed is not to say that it is not real’ (Crotty 1998, p. 63). Although critiques of constructionism characterise its vision of reality as a falsehood or illusion, I do not view the constructed world as intangible or untrustworthy (Burr 1998, Crotty 1998). However, a significant criticism of constructionism is that in its rejection of an ‘ultimate truth’, a relativist position is adopted, one which privileges diverse ways of knowing and alternative realities (Bernstein 1983, Burman 1990, Peile & Mcouat 1997). This stance poses a challenge for researchers wishing to advocate for social change.
and, as a feminist, I consider this to be an important aspect of my work. Nevertheless, while interpretivist approaches are not action oriented by definition, they do not prohibit applied researchers from designing inquiries that seek to discover insights that can foster change. According to Natasi and DeZolt (in Miller et al. 2010), the consensus that results from research based on co-constructed meanings can produce a deep sense of shared understanding of a particular social problem, in addition to a set of shared norms that lead to concrete directions for action. I agree that co-constructed meanings generated by the personal interactions between researchers and their participants provide valuable knowledge about issues such as sexual violence. However, the multi-strategy design underpinning this thesis centralises the perceptions and experiences of survivors and RCC counsellors in a way that produces a more comprehensive account of the recovery process within the context of RCC counselling. Drawing upon the tenets of constructionism and post-positivism, this design has enabled me to address the complexity of the overarching research aim, in addition to identifying the ways in which RCC counselling may be improved.

As a feminist social science researcher, I view women’s lived experiences as legitimate sources of knowledge (Campbell & Wasco 2000). However, in contrast to the androcentrism often evident in the social sciences (Anderson 1995), sexual violence is an area that has been viewed primarily from the perspective of women’s lives. As such, I deemed it important to include the perceptions and experiences of men who access RCC counselling. This enabled a more complete understanding of the topic under investigation, particularly in relation to the ways in which gender influences the recovery process. I also seek to understand the dynamics of power and the ways in which it is manifested in society. As discussed in chapter two, sexual violence is a complex and pervasive problem in Ireland, at the heart of which is an abuse of power and control. Given my previous work with survivors of sexual abuse, in addition to my research with the RCNI and SRCC, contributing to the knowledge base in this area is of great importance to me. In this study, I investigate the nature and effectiveness of RCC counselling via the perspectives of participants directly involved in the hope that the findings may also inform policy and practice. By seeking to highlight issues that can effect change, I not only assess worth and value but hopefully assist in the improvement of existing structures in the sexual violence services sector (Robson 2002). The study is exploratory in nature, investigating relationships and seeking
new insights in order to gain an enhanced understanding of the topic under investigation (Robson 2002). As there are multiple facets to the central research aim, I have chosen a multi-stage and mixed-strategy design in order to combine the best of both quantitative and qualitative approaches, thereby capturing the different layers of data required to answer the research objectives. Quantitative research generally uses structured designs to collect objective and reliable information from a large number of people, seeking representativeness of the population as a whole (Bryman 2004). Qualitative data, however, can provide rich insights into participants’ understandings and experiences of their social worlds and is rich in context (Bryman 2004, Burke Johnson & Onwuegbuzie 2004). The insights provided by qualitative research complement the data obtained via quantitative methods.

While multi-strategy research is by no means automatically superior to employing one research method, it is best suited to my central research question as it provides a fuller, more contextualised understanding of the nature and outcomes of RCC counselling and its complexities. As social experience and lived realities are multi-dimensional, we need to think creatively about research methods in order to ensure that we do not close ourselves off to diverse ways of knowing (Mason 2006). Aiming to reveal specific parts of the overall story, I employed the quantitative and qualitative aspects of this study with a view to achieving complementarity and expansion (Bryman 2006, Mason 2006, Johnson & Onwuegbuzie 2004). By seeking to explore and enhance the findings from the content analysis and questionnaires with those from the interviews, I believe that I have successfully extended the breadth and range of my enquiry (Greene et al 1989). The methods chosen will be discussed in greater detail below. While I did not specifically select a multi-strategy approach in order to triangulate my results from the quantitative and qualitative methods, this emerged as an outcome. Mixed methods research ‘provides such a wealth of data that researchers discover uses of the ensuing findings that they had not anticipated’ (Bryman 2006, p. 110).

A criticism of employing a mixed-strategy design is that research methods carry epistemological commitments as highlighted by the previous descriptions. However, as noted by Bryman (2004), while such commitments may be associated with specific research
methods, these connections are not deterministic. For instance, quantitative research methods are not inherently neutral tools, as imaginative application can result in new insights (Bryman 2006). Furthermore, while proponents of qualitative approaches essentially lay claim to the ability to research the world through the eyes of participants, surveys frequently involve the study of meanings (Bryman 2004), employ quantification that is sensitive to participants’ experience (Fonow & Cook 2005) and seek to develop a theoretical understanding of gender (Hughes & Cohen 2010). Reflecting the belief that research methods are imbued with epistemological commitments, feminist social researchers have traditionally viewed quantitative research as incompatible with their goal of continuously and reflexively attending to the significance of gender and gender asymmetries as a basic feature of all social life (Fonow & Cook 2005). Their general avoidance of quantitative methods is also informed by their desire to challenge the norm of objectivity in scientific research (Fonow & Cook 2005). While resistance to quantitative methods persists (Hughes & Cohen 2010), it is frequently feminists who seek to transcend the distinction between quantitative and qualitative methodologies, thereby recognising the versatile nature of data collection methods, such as surveys. According to Fonow and Cook (2005), this is reflected in their search for more inclusive and nuanced ways to measure complex social phenomenon and their desire to produce research capable of promoting social change. Therefore, it is not the research method that implies how one views the world and, thereby, seeks to study it, but rather the manner in which a particular method is employed.

5.3 Evaluation Research

The quantitative aspect of this study draws on the field of evaluation research, in particular, outcome evaluation. Both nationally and internationally, there is a growing number of studies that seek to evaluate the effectiveness of services provided to survivors of sexual and domestic violence. Traditionally, experimental and quasi-experimental designs requiring control conditions have been favoured for hypothesis testing and theory building. Furthermore, programme evaluators designed and conducted projects independently, seeking minimal input and involvement from staff (Rossi et al 2003, Scriven 1997). Reflecting positivist tenets, the basic assumption of conventional evaluation is that it must be objective or value free in order to provide any meaningful data (Sullivan & Coats 2000). However, criticism of this traditional paradigm questions its suitability for social services
that are characterised as being support-oriented, community-based, comprehensive and individualised (Schalock 2000). Moreover, ‘the notion of objectivity ignores the fact that we are always operating with biases and from value systems, however hidden they may seem’ (Sullivan & Coats 2000, p. 14). With a new focus on a combination of performance and value assessment, the evaluation field has thus moved increasingly towards methodological pluralism and participatory action research (Schalock 2000). Consequently, an increasing number of evaluators favour more collaborative approaches, particularly in the area of sexual violence. Emphasising a practical, problem-solving approach, this strategy reflects a postmodern framework that eschews a commitment to an epistemology of social constructionism (Chelimsky & Shadish 1997). As evaluators rely heavily upon existing social science research methods and methodologies, there is no single strategy unique to evaluation research (Robson 2002). Moreover, recent research has demystified the commonly held belief that findings based on participants’ perceived effectiveness of a programme are unrelated to objective outcome evaluation findings (Shek 2010).

The term ‘evaluation’ is a complex concept that can be used in a variety of contexts, settings and circumstances, yet it is always an activity that involves judging the value, merit or worth of something (Clarke & Dawson 2003). According to Lincoln and Guba (1986), formal evaluation is a type of ‘disciplined inquiry’ that applies scientific procedures to the collection and analysis of information regarding the content, structure and outcomes of programmes and planned interventions. As a form of applied social research, the primary purpose of evaluations has thus been characterised as examining the effectiveness with which existing knowledge is used to inform and guide practical action. ‘By virtue of its practical orientation and policy focus, evaluation not only has political effects, but is also influenced by political forces’ (Clarke & Dawson 2003, p. 3). Seeking to develop a comprehensive conceptual framework that captures the diverse range of evaluation types, Chen (1996) distinguishes between two broad elements, namely the function performed and the programme stage focused upon. Employing a fourfold typology, process and outcome evaluations are thus conceptualised as involving improvement or assessment, the former measuring the degree to which programmes are operating as intended, the latter measuring programme impact.
Developing this model further, Schalock (2000) identified four types of outcome-based evaluation, namely program, effectiveness, impact and policy assessments. Complementary in nature, program evaluation determines current and desired person and program-referenced outcomes and their use, effectiveness evaluation assesses the extent to which a programme achieves its stated goals and objectives, and impact evaluation determines whether a programme made a difference compared to either no programme or an alternative one. Measurable, realistic and philosophically tied to programme activities, outcomes refer to the personal or organisational changes or benefits as a direct result of interventions and can be short, intermediate or long term (Schalock 2000). In order to assess outcomes, effectiveness evaluations require a comparison condition against which to judge the significance of the findings. While options include pre/post intervention testing, the most appropriate comparison is between anticipated outcomes and those achieved (Schalock 2000). By contrast, in order to reasonably attribute impacts to the intervention under study, a comparison group or condition such as pre/post testing is fundamental to impact evaluation (Schalock 2000). This research design is characteristic of the traditional evaluation paradigm. Reflecting the belief that the inclusion of a comparison group provides a more powerful evaluation of effectiveness, sexual violence treatment outcome research within the field of psychology is routinely guided by this traditional framework (Resick et al 1988, Foa et al 1991, Foa et al 2006). In order to examine the efficacy of interventions aimed at mediating PTSD, for example, studies of this nature seek to measure changes in the behavioural and psychological symptoms of sexual violence survivors. Research designs thus involve a combination of pre and post-test diagnostic interviews and self-report measures. However, study designs do not allow for a direct comparison to rates of natural recovery (Vickerman & Margolin 2009).

However, the paradigm shift in the evaluation field previously discussed is evidenced in an increasing number of sexual and domestic violence studies that favour methodological pluralism and a collaborative approach. Based on this participatory evaluation model, Westmarland and Alderson (2013) developed and piloted the ‘Taking Back Control’ tool to measure the long-term impact of counselling in five RCCs in England and Wales. This paper-based tool was administered by the participant’s counsellor on either week one or week two of counselling and then repeated every six weeks, provided that the participant was not in distress. The tool consists of a series of statements related to key indicators, such as
feeling in control of one’s life, aimed at measuring change in relation to survivors’ health, mental health and well-being. Employing a quantitative approach, Wasco et al (2004) also worked collaboratively with representatives from 33 community-based organisations, many of whom are free-standing RCCs, in a state-wide evaluation of hotline, advocacy and counselling services provided to women who have experienced sexual assault in Illinois. In order to document change with regard to key indicators, pre and post-counselling self-report surveys were developed, each containing a Psychological Distress Index (PSI) and a Counseling Outcomes Index (COI). Although it would have been undesirable, if not impossible, a limitation of these designs is that a control group was not included.

Adapting the traditional pre-post design, Safe Ireland (2009) employed a subjective outcome evaluation model in order to assess the effectiveness of women’s refuges. Seeking to establish whether women accessing refuge have received the support they required, common needs were identified, thereby developing corresponding outcomes that result from the service provided. ‘Because women come to domestic violence programs with different needs, from different life circumstances, and with different degrees of knowledge and skills, it is important that outcomes first start with where each woman is coming from and what she herself wants from the program’ (Sullivan 2011). Favouring a participatory framework, Safe Ireland collaborated with women experiencing domestic violence, professionals who work with them and academic researchers in order to comprehensively identify women’s likely needs and outcomes. This organisation employed a similar participatory approach to evaluate the efficacy of biodynamic therapies to help women accessing domestic violence services to heal from the effects of trauma (Saint Arnault 2014). A combination of qualitative and quantitative methods, in addition to a randomised control trial, enabled an evaluation of pre and post-intervention psychological distress and quality of life. In order to gain a comprehensive understanding of women’s well-being, factors such as their use of social support were also assessed. Such measures included the 45-item Composite Symptom Checklist, which included 22 physical items and 23 emotional items. Campbell (2006) likewise employed a participatory model to develop a naturalistic, quasi-experimental design in order to compare the outcomes of survivors who availed of assistance from an advocate with those who did not work with an advocate. Demographic and assault characteristics were documented and legal and/or medical
service delivery, secondary victimisation behaviours and secondary victimisation emotions were assessed via an orally-administered checklist.

As outcome evaluations that employ a pre-post design traditionally focus on programmes seeking to change the behaviour of their clients, they prove problematic for services that, where relevant, seek to increase survivors’ knowledge and change their attitudes (Sullivan 2011). Seeking to assess the latter, Campbell et al (2008) designed a participatory study aimed at examining SANE (Sexual Assault Nurse Examiner) nursing care practice and adult sexual assault patients’ short-term psychological well-being. This quantitative research focused on short-term subjective outcomes, namely the extent to which patients felt cared for, treated with compassion and respect, supported, believed and informed by the SANE nurses. Working in collaboration with RCCs in Scotland, Henderson (2012) assessed the effectiveness of their support services, which, in most cases, includes counselling. As a mixed-strategy evaluation, semi-structured interviews, desk research, focus groups and discussion workshops were employed to establish the nature of the services provided, to assess the subjective outcomes achieved and to identify gaps in service provision. Focusing on the overall experience of service users, McGee et al (2003) aimed to assess the extent to which the three core guiding principles of the Irish National Counselling Service had been translated into practice. Service quality and accessibility were thus evaluated from the perspectives of a representative sample of male and female survivors of child sexual abuse who accessed the service. In order to develop context specific questions for the interview guide, the evaluators consulted with survivor groups, a selection of service clients, counsellors and the Steering Group. Given the sensitive nature of the research and the vulnerability of the service users, the study highlighted the need for a collaborative approach aimed at ensuring a balance between offering survivors the possibility to provide feedback and the provision of ongoing therapeutic practice.

The decision regarding which of the many evaluation routes to take rests upon the epistemology of the researcher, in addition to the values and philosophy of the particular service under review. As social constructionism is a shared worldview in this context, I deemed a subjective outcome evaluation as the most appropriate. This research design resonates with the values inherent in feminist theories of recovery from sexual violence.
that recognise the multi-dimensional nature of healing\textsuperscript{21}. As recovery is not a linear process, measuring a change in survivors’ behavioural and psychological symptoms through pre and post-testing may distort an understanding of the outcomes of the services provided (Sullivan & Coats 2000). Therefore, as noted earlier, the most appropriate comparison is between anticipated outcomes and those achieved (Schalock 2000). Given that the overall goal of RCC services is understood as supporting survivors in their healing process\textsuperscript{22}, subjective outcome evaluation not only incorporates an assessment of the degree to which services are operating as intended but also whether survivors have received the help they felt they needed. In keeping with Schalock’s (2000) typology, this research design is reflective of an effectiveness evaluation. While process evaluation measures participants’ satisfaction with the services received, it does not provide an insight into whether they have experienced a change as a result. The benefit of subjective outcome evaluation is that it measures self-reported changes and outcomes that are facilitated by interventions. Although a number of limitations are recognised, such as the inability to conclude that change is a direct result of the services provided, the goal of this aspect of my research is to assess whether these services have succeeded in enhancing the recovery process. There is also a participatory dimension to this assessment and I will discuss this further in the section outlining the research plan. While outcome evaluation informs the quantitative aspect of this research, the thesis is not simply an evaluation of RCC counselling services. Given the multiple facets to the central research aim, I incorporate additional elements into the overall research design that enable me to explore in-depth the nature of the recovery process within the context of RCC counselling. As such, I do not use the term ‘evaluate’ in the overarching aim. A focus on the assessment of counselling outcomes has the added benefit of potentially putting RCC counsellors at a greater ease than the notion of evaluating their practice.

5.4 Methods Chosen

This research, therefore, employs a multi-stage and mixed-strategy design. For the first phase of the study, I selected qualitative content analysis in order to examine the conceptual framework underpinning the RCC response to sexual violence. This method enabled me to systematically interpret and describe the meaning of RCNI training manuals

\textsuperscript{21} See chapter three for a discussion of these theories.

\textsuperscript{22} This was confirmed with Susan Miner, former Services Support Coordinator of the RCNI (due to budgetary constraints, this position is no longer in existence).
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for counsellors within the wider sexual violence context (Schreier 2012). ‘The analyst must, in effect, construct a world in which the texts make sense and can answer the analyst’s research questions’ (Krippendorff 2004, p. 24). A number of disadvantages of content analysis have been identified. These relate to the authenticity, credibility and interpretation of the documents, the difficulty of ascertaining why certain views are held and the accusation that such research is atheoretical (Bryman 2004). However, I did not encounter such problems. The training manuals provided to me by the RCNI clearly outline the RCC framework and its genesis, enabling me to discuss my interpretation of its place within the wider sexual violence discourse.

I deemed an anonymous, self-completion questionnaire as the most suitable method to next assess the outcomes of RCC counselling. Guided by my understanding of phenomena as socially constructed, I eschewed a causal explanation of recovery within the context of the counselling services provided in favour of examining survivor’s subjective perceptions. Questionnaires, nonetheless, limit participant’s subjectivity to a particular frame of reference. As outlined in chapter three, the common elements of the recovery process in the context of therapy have been delineated by feminist theorists and therapeutic practitioners. A potential weakness of quantitative research is that the categories or theories employed may not reflect local understandings (Johnson & Onwuegbuzie 2004). The content analysis of the training manuals enabled me to identify the conceptual framework underpinning the Irish RCC approach and the findings informed the questionnaire design. As such, the aim of the quantitative aspect of this research was to establish the extent to which Irish RCC counselling achieved their goals within this theoretical framework. A draft of the questionnaire23 was designed in consultation with the former services support coordinator of the RCNI, Susan Miner, who has a significant understanding of the support provided by RCCs to survivors. As recovery is not a linear process, the questionnaire aimed to assess self-reported outcomes of RCC counselling services, namely whether survivors have received the help they felt they needed and the difference this has made to their lives (Sullivan & Coats 2000). However, some process-oriented questions were also included in order to establish the connection between services received and the outcomes achieved. The questionnaire design also enabled participant’s perspectives to be shared.

23 See appendix A.
The overarching principles in the design were ensuring the participants’ understanding of what was required of them and that they were happy to provide it, while the questions remained faithful to the research task (Robson 2002). The questionnaire comprises six sections, consisting of open-ended questions, closed questions and Likert-type statements24. Providing a measure of intensity, extremity and direction (De Vaus 2002), these statements are based on the conceptual framework underpinning the RCC approach to counselling, which is consistent with my conceptualisation of recovery. They also delve into the complexity of recovery within the context of RCC counselling, while enhancing validity and reliability. Given the inability to conclude that change was a direct result of these services, the statements included were designed to assess whether RCC counselling has helped survivors in their recovery process. A mixture of positive and negative statements was developed in order to ensure that a bias towards the helpfulness of RCC counselling was not implicitly indicated. Survivors were requested to either choose ‘strongly agree’, ‘agree’, ‘neither agree nor disagree’, ‘disagree’ or ‘strongly disagree’. As I view recovery as both an outcome and a process, the inclusion of a neutral option is important. Given that I am also concerned with the meanings that individuals attach to their recovery process, a number of these statements are accompanied by blank lines, which provided survivors with the opportunity to write further details. The vast majority of the participants who completed a questionnaire (40) chose to share additional information and this data enabled a more comprehensive understanding of the recovery process within the context of RCC counselling. A number of the open-ended questions also enabled participants to focus on the aspects of their recovery process that they deem important. The first section of the questionnaire documents survivors’ demographic details. This is followed by three sections requesting survivors to share their experience of the RCC counselling process, their experience of the recovery process and whether or not they find RCC counselling helpful. The next section asks about survivors’ overall attitude towards RCC counselling and the questionnaire concludes with an overview of their overall experience of the counselling process.

Once ethical approval was received from the NUI Galway Ethics Committee, the draft questionnaire was sent to RCC counsellors from the six participating centres to provide their input into its design, the participatory nature of this process ensuring that the

24 See appendix B.
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questions devised are context-specific, relevant and inclusive. Four counsellors provided feedback and the majority of these were happy with the questionnaire. One counsellor advised me to delete the ‘hours’ and ‘childhood’ options in question 9, section F. Due to the sensitive nature of the research, self-completion questionnaires have the advantage of empowering RCC clients who do not wish to be interviewed to participate in the study. As noted by Thorne and Varcoe (1998), in-depth interviews can place a considerable burden on participants, thereby highlighting the value of a survey which can promote greater inclusivity. Furthermore, it is hoped that the anonymity and privacy assured by this method enabled the women and men who access RCC counselling services to provide honest responses.

I chose in-depth interviews with survivors and counsellors to enable an understanding of how RCC counselling services influence the recovery process from sexual violence as I believe that co-construction is the best means by which one can gain this type of knowledge. Interviews also enable an understanding of individual’s personal experiences of recovery, in addition to what this process means for them. This thematic qualitative data adds depth to the statistical analysis. According to Denzin (1988), triangulation in qualitative research can be achieved by including different informants, thereby viewing the topic from diverse perspectives. Given their flexibility and sensitivity, in-depth interviews were deemed the most appropriate (Robson 2002). In-depth interviews are seen as ‘a way of collecting data which is capable of centralising the respondents own experiences, being responsive to the respondent, being flexible and reflexive, and negotiating the power relations between the researcher and researched’ (Mahon et al 1998, p. 41). The importance of these attributes relates to the experiential knowledge of the participants and the sensitivity of the topic. As power is an issue that already exists in relation to sexual violence, this latter attribute was of particular importance in relation to survivors, particularly in respect of the fact that I am a woman who interviewed men. I also designed the interview guide for counsellors25 and the interview guide for survivors26 in consultation with Susan Miner. Finally, I chose focus groups with the counsellors who participated in interviews as my final research method in order to present the findings to date and, thereby, finalise what had been seen in the data. Constituting a natural learning and

25 See appendix C.
26 See appendix D.
consciousness raising process, focus groups provide the opportunity for in-depth discussion and reflection among participants who share a common interest (Ritchie & Lewis 2003). I also met with Professor Cris Sullivan of Michigan State University, a leading expert in outcome evaluation research, who provided me with valuable feedback on my objectives and the draft questionnaire and interview guides.

5.5 Target Population and Selection Criteria

Once I had decided which methods were the most appropriate to answer my research questions, I turned my attention to selecting my target sample. I determined the study size in order to capture as wide a range of centres, survivors and counsellors as possible within the resource constraints of a single doctoral student. The number of centres selected is based on the total number of RCCs within the umbrella organisation of the RCNI (n=13). I selected these centres based on the following characteristics: small, medium and large, rural and urban coverage, range of counselling methods provided. In line with a relevance sampling strategy (Krippendorff 2004), I requested a list of RCNI training manuals from Susan Miner so that I could determine which ones were relevant for my content analysis. There are two Basic Training Manuals for counsellors, one published in 2003, the other, an updated version, in 2006. I confirmed with Susan Miner that these are the complete source of information regarding the RCC approach to counselling. I chose the number of survivors for the pilot based on the time constraints involved in completing a PhD study. I planned to conduct the pilot with 3 survivors, 2 women and 1 man.

Using the RCNI National Rape Crisis Statistics for the year 2011 (RCNI 2012), I calculated the projected number of completed questionnaires to be returned as approximately ten per cent of the total number of survivors who accessed RCC counselling in that year (n=1545). The aim was to receive 155 completed questionnaires across the six centres within the RCNI over a four month period. Employing a quota sampling strategy, I sought to include participants who seem to represent a cross-section of RCC clients (Alreck & Settle 1995). Based on the population profile available in the RCNI statistics, I aimed to select a sample that is representative of the ratios regarding the following variables: gender, age group, type of sexual violence experienced, whether the sexual violence took place in childhood or
adulthood, and length of time participating in RCC counselling. To achieve this, the target questionnaire sample size was broken down as follows:

**Table 1: Gender, Age Group & Centre Size Demographics**

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. of Participants</th>
<th>Age Group</th>
<th>No. of Participants</th>
<th>Centre Size</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>132</td>
<td>18-29</td>
<td>59</td>
<td>Small</td>
<td>31</td>
</tr>
<tr>
<td>Men</td>
<td>23</td>
<td>30-39</td>
<td>45</td>
<td>Medium</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40-49</td>
<td>30</td>
<td>Large</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50+</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>155</td>
<td></td>
<td>155</td>
<td></td>
<td>155</td>
</tr>
</tbody>
</table>

**Table 2: Duration in Counselling, When Sexual Violence Was Experienced & Type of Sexual Violence Demographics**

<table>
<thead>
<tr>
<th>Duration in Counselling</th>
<th>No. of Participants</th>
<th>When Sexual Violence Was Experienced</th>
<th>No. of Participants</th>
<th>Type of Sexual Violence</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td>31</td>
<td>Childhood</td>
<td>73 women; 20 men</td>
<td>Rape</td>
<td>76 women; 8 men</td>
</tr>
<tr>
<td>3 - 6 months</td>
<td>31</td>
<td>Adulthood</td>
<td>45 women; 2 men</td>
<td>Sexual Assault</td>
<td>56 women; 15 men</td>
</tr>
<tr>
<td>6 – 12 months</td>
<td>62</td>
<td>Both</td>
<td>14 women; 1 man</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 1 yr</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>155</td>
<td>155</td>
<td>155</td>
<td>155</td>
<td></td>
</tr>
</tbody>
</table>

132 women; 23 men
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I had originally planned to seek a representative sample, yet upon further consideration and consultation with the RCNI and my supervisor, it was decided that obtaining a representative sample of RCC clients to complete the questionnaire was neither possible nor desirable. While questionnaires can provide a certain level of generalisability, the complexity of the recovery process and the recruitment of participants via RCC counsellors negated this potentiality.

I determined the number of counsellors and survivors selected for interviews and focus groups by careful consideration of the sample required for valid and meaningful analysis within a qualitative framework. Since participants who embodied specific characteristics relating to the research questions were selected for participation, a purposive sampling strategy was used (Ritchie et al 2003). A number of key stratifying variables were identified. In order to ensure diversity within the sample of counsellors, these variables consisted of gender, size of RCC and range of counselling methods provided. I planned to interview 12 individuals, 9 women and 3 men, 2 counsellors from small centres, 4 from medium-sized centres and 6 from large centres. In order to ensure diversity within the sample of survivors, the key stratifying variables identified were gender, age group, type of sexual violence experienced, time period when the sexual violence took place and duration in counselling. I planned to interview 14 individuals, 11 women and 3 men across a range of centres. All of the individuals who participated in this study are women and men who are over the age of eighteen and who provided competent, informed, voluntary, consent. Survivors accessed RCC counselling at the time of study participation, have attended counselling for at least 3 months, have experienced rape and/or sexual assault as adults, children or both and have the ability to provide informed, voluntary, consent to participate. Survivors must have attended counselling for at least 3 months in order to ensure that they were emotionally ready to participate in the study. Furthermore, counselling of less than 3 months would be too short of duration to be investigated. I also planned to conduct two focus groups with the 12 counsellors who agreed to participate in an interview.

The study includes participants for whom English is not a first language, but who are, nonetheless, fluent in English and conduct their RCC counselling in this language. RCCs have only relatively recently begun providing services to survivors who are not fluent in
English and are therefore still developing appropriate interventions in order to address the needs of these individuals. As I am looking at different counselling methods and these interventions are currently being developed, it would not be appropriate to investigate these interventions at this time. In order to protect participants, survivors accessing RCC counselling services who are in crisis were not included. Where RCC counsellors, based on their experienced judgement, were concerned that a potential participant may be particularly vulnerable due to excessive stress or ill health and considered that participation in the study may have risked placing unnecessary and unethical further harm to their well-being, the survivor was not selected for participation in the pilot, questionnaire or interview phases of the study. Survivors who have experienced sexual harassment, trafficking or sexual violence perpetrated in a conflict situation were also excluded as these experiences would prove too different for comparison.

5.6 Design in Action: Access, Recruitment and Data Collection

Once I had finalised each of the elements of my research design, I was ready to embark upon the field-work. A prior aspect of the recruitment process involved approaching Susan Miner of the RCNI to see if they would support the study. While working as a research and policy intern for the RCNI in 2010, I took the opportunity to learn more about sexual violence in Ireland and its place in the wider context. I began by familiarising myself with RCNI publications and then extended my review of literature to include both national and international research, quickly identifying numerous gaps in the Irish knowledge-base. That is when I decided upon the current area of investigation. As outcomes research is an area that they had previously discussed, the RCNI confirmed their support, in addition to expressing confidence that RCCs would consider participation valuable. Indeed, RCC counsellors across a range of centres had previously attended a workshop detailing the methodology and benefits of such studies. Susan Miner initially sent an e-mail to each of the RCCs within their umbrella organisation introducing the research, in addition to confirming RCNI’s endorsement of the study and me as the researcher. She also attached a project description I wrote in order to provide further details about this research and what participation would entail. Six RCCs within the RCNI agreed to participate in the study and these are located in the west, east and south of Ireland.

27 See appendix E.
The data collection period lasted fifteen months. The first phase of this research involved the examination of a relevance sample of RCC counselling training manuals in order to outline the conceptual framework underpinning their approach to working with survivors of sexual violence and to understand its place within the wider sexual violence discourse. I also conducted 3 interviews with RCC/RCNI coordinators in order to explore a number of questions that emerged from the content analysis of the training manuals. This was followed by a pilot of the draft self-completion questionnaire with 3 survivors, all women, who were accessing counselling at the time of study participation. Although I had planned to conduct the pilot with 2 women and 1 man, I was unable to recruit the latter. Participants were recruited by counsellors in two of the participating RCCs, one small and one large. They were given a participant information sheet and a self-completion questionnaire and they had 2 weeks to decide if they wished to partake in the pilot. Conducted over a three month period beginning in August of 2010, the pilot involved a discussion with each participating survivor who had completed a questionnaire in order to assess whether the wording of the questions was understandable, whether the questions were relevant, whether questions were not being asked that should be included, how long the questionnaire took to complete and how difficult these participants found it to complete emotionally. The participating survivors were also provided with the opportunity to ask questions and to add any other suggestions they had on how the questionnaire may be improved. The face to face discussions were audio-recorded. One woman did not want to meet with me, so she provided her feedback via telephone. As the summer months are a quiet time for RCCs, I encountered a delay in recruitment. This phase of the research, therefore, took longer than I had anticipated.

I learned that the draft questionnaire took approximately 25 minutes to complete. Each of the survivors who participated in the pilot agreed that all of the questions were relevant, that the wording of the questions was easy to understand and that none of the statements or questions were too personal. With respect to the statements in Sections B through D, they indicated that ‘strongly agree’ to ‘strongly disagree’ are preferable options to ‘completely’ to ‘not at all’ as the former were viewed as more definite. Two survivors advised that they liked the fact that they were enabled to provide written details for some of the statements and they agreed that none of the other statements require this option.

28 See appendix F.
One woman also advised that she found the opportunity to reflect on the progress she has made over the last few years in counselling helpful. Another woman provided valuable feedback in relation to the structure of the questionnaire. She advised that she found Section A to be problematic as questions 2 and 5 were too broad and overwhelming. She felt that they tap into raw emotions and would be problematic for survivors whose concentration is negatively affected by trauma. This woman has been accessing counselling for over a year and found these questions very difficult to answer. Based on her advice, I amended question 2 to provide specific options, in addition to the opportunity to provide further written details. I deleted question 5 as I felt that it is not appropriate for a questionnaire. This participant also advised that section F should come first as it is more natural to start with who you are and then move onto the outcomes, the questionnaire thus ending with section A. She felt that even though this section asks about the type of sexual violence experienced, in addition to relationship to the perpetrator, these questions are easier to answer first as you simply tick a box. She felt that it is the same with the statements in sections B to D as survivors are only required to provide a fixed answer and then have the opportunity to elaborate on the relevant statements if they wish. She advised that she felt more relaxed answering these questions/statements. As it was clear from the responses received on the questionnaires that a statement in Section C could have been interpreted incorrectly, I reworded it for clarity.

Once the questionnaire was finalised, I visited each of the six participating RCCs in October of 2010 in order to discuss the research and what participation would entail, in addition to answering any questions the managers and counsellors had. This ensured that counsellors were comfortable introducing the study to their clients. As all of the counsellors were happy with the study and keen to participate, I provided each centre with posters29, leaflets30, a box for completed questionnaires and packs (participant information sheet31, self-completion questionnaire, stamped, addressed envelope). Counsellors were requested to facilitate the recruitment of any survivor who fulfils the inclusion criteria for the study by making them aware of the research, what it involves and providing packs to those who expressed an interest in participating. This ensured that I maximised the chances of achieving the target sample. The advertising material provided an additional means of

29 See appendix G.
30 See appendix H.
31 See appendix I.
raising awareness of the study among clients. At this time, I also provided counsellors with participant information sheets and consent forms, advising that if they would like to be considered for participation in an interview, and later a focus group, to contact me on the details provided once they had taken a few days to decide.

Counsellors were requested to advise survivors that they had two weeks to decide and to return a completed questionnaire if they wished to participate in the study. However, in reality, there was no time constraint, provided that the questionnaire was returned within the data collection period. I received 43 completed questionnaires, across the six centres, 39 from women, 4 from men. Based on RCC managers’ estimations, two hundred and seventy questionnaires were provided across the six participating RCCs and at the end of the data collection process, 93 questionnaires remained. This represents a response rate of 16 per cent. However, one of the managers acknowledged that there was a possibility that some of the remaining questionnaires were accidentally disposed of, suggesting that the response rate could have been slightly higher. The participants who completed questionnaires represent a cross-section of survivors who access RCCs across the following variables: age, geographical location, type of sexual violence experienced, when the sexual violence occurred and length of time participating in counselling. I regularly checked in with each centre to see how recruitment was progressing and to check if they needed any further materials. It was envisaged that this phase of the data collection process would take approximately 4 months. However, due to the difficulties I encountered with meeting my target sample, I extended the deadline, allowing an additional 6 months for counsellors to continue recruitment. I also considered a number of additional options. As it would change the dynamic of the questionnaire and render comparisons between participants problematic, I ruled out extending the criteria to past clients. I also decided not to design an electronic version of the questionnaire as it would have been too costly. As they began feeding into the national statistics in 2011 and are the single largest centre in the country, I also considered recruiting the Dublin RCC, yet decided against it. Following a conversation with their training coordinator, it became clear that they do not have the same approach as the RCCs within the RCNI.

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32 See appendix J.
33 See appendix K.
34 See chapter seven for the personal details of these survivors.
I did, however, advise counsellors that if clients would prefer not to complete the questionnaire on their own, that they could complete it with me, via telephone (I would call them if their number was passed on), face to face or in person, but with the survivor behind a sheet/screen (if this was feasible). None of these options were chosen by survivors. Since the response rate in the two larger centres was very low, I checked in with them more often and spoke with the managers about ensuring that counsellors were happy to ask their eligible clients to participate. One of the centres was very busy for a period as they were in the process of moving. I saw a noticeable improvement following further reminders and encouragement from the managers of both centres. I had planned to establish whether there is a difference between the needs and experiences of the women and men who returned questionnaires, the qualitative aspect of the design enabling a detailed exploration if such a relationship were revealed. However, I did not receive a sufficient number of completed questionnaires.

While awaiting the return of the questionnaires, I conducted 12 semi-structured, in-depth interviews with a purposive sample of RCC counsellors comprising 9 women and 3 men from the six participating centres. Once selected, participants were encouraged to take a few days before making a final decision. This phase of the data collection process took five months to complete. This research was then supplemented, over a further five month period, by 14 semi-structured, in-depth interviews with a purposive sub-sample of the survivors who completed a questionnaire and expressed their interest in participating in this phase of the research. This sub-sample consisted of 10 women and 4 men. In the consent section of the questionnaire, those who were interested were requested to provide a name and contact details or to make contact with me via phone or email in order to arrange an interview. As there was a gap between the time survivors indicated their interest and the scheduling of an interview, they had further time to re-consider. Once the interview was scheduled, a reminder was sent via phone or email, depending on the preferred method of contact, one week prior to the interview date and this allowed further time to re-consider. This was important given the sensitive nature of the topic. The initial interviews with counsellors and survivors served as a pilot of sorts, enabling minor amendments to be made to the interview guides.

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35 See chapter eight for personal details of these counsellors.
36 See chapter eight for personal details of these survivors.
As noted earlier, I had planned to conduct two focus groups with the twelve counsellors who participated in the in-depth interviews in order to present the themes that had emerged and, thereby, finalise what had been seen in the data. However, logistics and time constraints faced by the counsellors rendered this phase of the study unworkable so I followed up with the majority of counsellors via telephone. As trauma held in the body and gender emerged as two major themes, we thus had the opportunity to discuss these in further detail. I experienced no difficulties in recruiting participants for the interviews, with many more survivors expressing an interest than I could accommodate (29 of the 43). Indeed, all of the men who completed a questionnaire participated in an interview. I rang each individual who provided their details, explaining the selection process and providing those who were not chosen with the opportunity to provide additional feedback on their experience of counselling. Explaining that they had included all they wanted to say on the questionnaires without being asked a specific question, these survivors advised that they were just happy to be able to assist with the research and to give something back to the RCC.

5.7 Ethical Considerations

Conducting this type of field-work involves significant ethical considerations. As noted by Sieber and Stanley (in Lee & Renzetti 1993, p. 11), ‘sensitive research addresses some of society’s most pressing social issues and policy questions. Although ignoring the ethical issues in sensitive research is not a responsible approach to science, shying away from controversial topics, simply because they are controversial, is also an avoidance of responsibility’. Sexual violence is an extremely sensitive and controversial topic, yet, as a widespread and complex issue, it is one that requires advances in knowledge that help to inform improvements in service provision. Given the dearth of research on sexual violence in Ireland, this argument takes on an even greater significance. ‘Ethics has to do with the application of a system of moral principles to prevent harming or wrongdoing others, to promote the good, to be respectful, and to be fair’ (Sieber 1993, p. 14). I was very aware that it was quite likely that some of the survivors who participated in this study would experience some degree of emotional discomfort or even mild distress during the recall of certain aspects of the experiences they have had. While the focus of the questionnaires and interviews was on the healing process in relation to sexual violence, rather than its
occurrence or effects, the questions asked relate to sensitive issues and traumatic experiences and thus had the potential to trigger painful or difficult memories for survivors.

In order to minimise harm to survivors and myself, a protocol was put in place, with procedures designed accordingly (WHO 2001b, Ellsberg & Heise 2005, McGee et al 2005) and ethical approval was granted by the NUI Galway Research Ethics Committee. Throughout the study, primary importance was given to the emotional and physical safety of survivors. The possibility of emotional discomfort or mild distress was clearly outlined to survivors by their counsellor, in the information sheet and also prior to the commencement of each interview. As those who chose to participate were accessing RCC counselling at the time, they had access to their counsellor should the need have arisen. The questions in the questionnaire and interview guide were carefully worded and designed to address these issues sensitively and in a manner that is least likely to re-traumatise or imply victim-blaming. I began each interview with an informal chat in order to help survivors ground themselves and to establish rapport, thereby minimising any feelings of discomfort they may have had. An opportunity was provided for them to ask me any questions prior to commencement of the interview proper. Assuring them that their emotional, as well as physical, safety was paramount, I also advised survivors that they had the freedom to choose not to answer any question or to discuss any topic, or, indeed, to stop the interview at any time.

I was particularly conscious of sensitivity to survivors’ experiences and needs when they discussed potentially distressing material. As I have prior experience providing support to survivors of sexual abuse and in interviewing victims of workplace bullying, I was in a strong position to establish the trust required for conducting this study and to respond in a competent and appropriate manner when any difficulties or negative effects arose during interviews. As two women became upset while sharing their stories, I gave them the time they needed to feel and express their sadness and then asked them if they wished to end the interview. Both women chose to continue with the interview as they just needed a moment to acknowledge their pain. I concluded each interview with an informal debriefing, during which survivors were encouraged to ask any questions, explore how they were feeling and to let me know if they needed any additional support. I also encouraged
survivors to contact me should they wish to ask any further questions or provide any additional feedback. In order to safeguard my emotional well-being and my ability to conduct the research, I debriefed with an RCC counsellor and I found this support to be invaluable.

In addition, despite the sensitive nature of sexual violence, research in this area has the potential to produce ‘not only gains in knowledge but also effects that are directly beneficial to research participants’ (Lee & Renzetti 1993, p. 9). Some individuals need to talk about negative experiences and the researcher offers recognition of their pain and an opportunity to reflect on an important period of their lives (Kvale 1996). In fact, studies conducted in Ireland have shown that participation in research on sexual violence does not impact negatively on participants in the long term (McGee et al 2005, Hanly et al 2009). Moreover, research has found that many women report that the opportunity to share their experiences, tell their stories and to be listened to is empowering and assists them in their healing process (Walker et al 1997, Draucker 1999, Campbell et al 2010). It is my hope that the opportunity to share their experiences in the context of striving to generate improvements in RCC counselling services has had a positive impact on each of survivors who participated in my study. Indeed, a number of counsellors confirmed that some of their clients reported this to be the case. Furthermore, each of the individuals who participated in an interview advised that they found the opportunity to tell their stories and to reflect upon their progress very helpful. They also cherished the opportunity to not only give something back to the RCC but also to provide information that will hopefully help to assist other survivors in their recovery process.

I am eternally grateful because I actually don’t think I would actually be alive honestly if, em, I didn’t have this place to come to, you know, and actually a lot of the people they’ve all said that in the group we go to, they’d all say the same thing. You don’t lose sight of the gift you’ve been given (Mairead, aged 40).

As discussed earlier, participation in the research was entirely voluntary for all of the participants and they were made aware that their consent could be withdrawn at any time during the study without compromising their rights or, for survivors, their access to RCC counselling. I assured and upheld confidentiality for all of the participants at all times.
addition, anonymity was assured for those who completed a questionnaire only. While the identity of interviewees is known to me, these individuals remain anonymous to the wider public. In the findings chapters, I use pseudonyms when referring to individual participants. With the exception of those who chose to participate in the pilot of the questionnaire, survivors had the option of participating in the study without the knowledge of their counsellor. As I was sensitised and alert for any unintentional threats to the privacy or confidentiality of survivors, I was prepared to conceal to others the true purpose of any contact with them in order to ensure their safety. Furthermore, survivors who chose to participate in an interview were only contacted via the means that they explicitly specified and only at the times agreed. No information either confirming or denying any aspect of the identity of research participants was disclosed to anyone at any time. However, survivors who participated in the study were made aware, via the information sheet and again prior to commencing the interview, that if they provided information that a child was being abused or was at risk of abuse, I was obliged to report this information to the relevant person in the RCC who would then follow the Children First National Guidelines for the Protection and Welfare of Children (Department of Children and Youth Affairs 2011). This was confirmed with Brid Burke, HSE Children First Trainer, as the required procedure to have in place.

Ethical considerations also permeated the decisions regarding the locations chosen for the field-work. The pilot was conducted in a private and secure room of the two participating RCCs. Participants completed a questionnaire in a location of their choosing and then met with me in order to provide feedback. For the main study, survivors accessing the participating RCCs completed the questionnaire anonymously in a location of their choosing. I requested RCC counsellors to reiterate to potential participants the importance of keeping the information sheet and questionnaire in a secure location in order to protect their privacy and safety, and to avoid any potential personal risks from taking part in this research. This advice was also noted on the information sheet. Participants had the option to return completed questionnaires (in an envelope provided) to me or, alternatively, to place them anonymously in a secure box that was located in each participating centre. Survivors with literacy difficulties had access to an RCC worker, other than their counsellor, who was available to assist them in completing the questionnaire. All of the interviews took place in a location of the survivor’s choosing. While the vast majority of participants
chose a private and secure room in their local RCC, one woman felt more comfortable being interviewed in her home.

Data storage protocol was also designed to ensure confidentiality. As only a tick box was required for consent, with the exception of those who provided their details as an expression of interest in participating in an interview, the identity of survivors is not recorded on the questionnaire. The identity of those participating in the audio-recorded interviews is only recorded on the consent forms and a Code Master Sheet linking all of the participants to an assigned identification code. All of the questionnaires, along with the consent forms, interview transcripts and notes are stored separately to the Code Master Sheet in locked drawers in secure storage in NUI Galway, to which I have sole access. The audio-recordings are stored digitally on my computer under a locked user name, the password held solely by me and once transferred to digital storage and backed-up, the original recording was erased. Any use of names referred to in the content of the recordings is redacted in the corresponding transcription in order to protect the identity of the person(s) involved. Data will be stored for five years prior to confidential destruction.

5.8 Method of Analysis

A number of options are open to researchers in relation to the best means of analysing their data. I used qualitative content analysis to examine the RCC counselling training manuals in order to outline the conceptual framework underpinning their approach to working with survivors and to understand its place within the wider sexual violence discourse. I began by developing a coding frame based on my main categories of interest, namely sexual violence, trauma, recovery, gender and RCC approach37 (Schreier 2012). Next, I developed a number of sub-codes in order to specify the meanings in the training manuals in relation to these main categories. These sub-codes were both concept and data-driven, drawn from my theoretical framework, in addition to what emerged in the data. I coded the training manuals according to this framework, bringing together the data units in separate code books relating to each coding category. I thus elicited understandings of my main concepts and their inter-relations and I brought these together to form my description of the conceptual framework underpinning RCC counselling. I

37 See appendix L.
entered the quantitative data from the completed questionnaires into the software package SPSS (Statistical Package for the Social Sciences) for statistical analysis. From this database, I measured basic frequencies in order to describe the sample, measure self-reported outcomes and detail survivors responses in relation to their overall of experience RCC counselling. Using thematic qualitative data analysis, I coded the data from the open-ended survey questions, eliciting themes that are interwoven with the quantitative findings. The coding frame was based on the questionnaire categories, the main elements of the RCC approach and what emerged in the data\(^{38}\). These findings informed the interview guide for survivors, particularly the qualitative data, which imbued the raw statistics with depth of meaning.

I also analysed the interviews using qualitative thematic data analysis. I chose this type of analysis as it is flexible, it provides a systematic method of summarising the key features of large amounts of qualitative data and the process can be communicated without major difficulty (Robson 2002). The first tentative steps of analysis began with noting themes from the initial interviews as each one was transcribed and read prior to conducting the following one. The framework used to guide this part of the process was therefore of an iterative nature, with a ‘repetitive interplay between the collection and analysis of data’ (Bryman 2004, p. 399). Next, I re-read all of the interview transcripts, ensuring awareness of the overall picture. Consequently, I devised the main coding categories for the counsellor and survivor interviews, each of which was further divided into sub-codes\(^{39}\). The first codes were developed from the objectives of the project, in conjunction with the theoretical framework and the expectation of certain responses. Once satisfied these coding categories accurately reflected the data, I coded the transcripts accordingly. As each passage of text was coded, additional codes emerged directly from the data, namely the topics and issues raised by the interviewees. According to Rubin and Rubin (2005, p. 15), ‘qualitative research is not simply learning about a topic, but also learning what is important to those being studied’. In addition, Melia (in Barbour 2001) notes the added value achieved by this method as opposed to the grounded theory method of excluding anticipated coding categories.

\(^{38}\) See appendix M.
\(^{39}\) See appendices N and O.
Rather than using qualitative analysis software such as NVivo, I chose to manually code hard copy transcripts. While the advantages of such software include the easy management and organisation of large amounts of data in a single location, proficiency in its use requires a substantial amount of time (Bergin 2011). Given that I only had 26 interviews to analyse, I favoured the traditional approach as I believe it enabled a closer relationship with the data and a deeper understanding of its meaning. This process involved noting the relevant codes at the side of each passage of text, with certain elements of the interview material requiring more than one code. Working iteratively, I carefully determined which codes were the most appropriate for each passage of text, ensuring that data of similar content were coded under the same category. This enabled me to revise codes where necessary. In this way, I worked with each of the concepts comprising my conceptual framework, rather than focusing on one main coding category at a time. An argument against coding is that it ‘results in a loss of a sense of context and narrative flow’ (Coffey & Anderson in Bryman 2004, p. 406). A number of steps were taken in an effort to avoid this potential for loss of meaning. Once I had coded all of the transcripts, I brought the data units together in separate code books relating to each coding category. I then looked for themes, patterns and contradictions within the data, ensuring that the richness of the information was not lost (Khosropour & Walsh 2001). As sexual violence and gender are key concepts in the conceptual framework underpinning this research, I then reviewed the themes that emerged, using these concepts as a lens. I thus explored possible gender differences in the perceptions and experiences of survivors and counsellors, in addition to potential differences relating to the type of sexual violence experienced by survivors. I also explored possible differences between the responses of counsellors in terms of the size and location of the RCC they represent. Next, I produced a summary of elaborated themes from each code book and then explored the relationships between these themes. The material from the interviews was thus combined in order to ‘stitch together descriptions of events into a coherent narrative’ (Rubin & Rubin 2005, p. 201). Initially, I brought together the different perceptions and experiences of survivors and counsellors into two separate, yet holistic accounts. I then read these accounts in order to identify meta-narratives, in addition to differences and nuances. Once it became clear that there were common themes, I combined the accounts of survivors and counsellors, separating the interview findings chapters into themes instead. I also utilised counting, but merely to avoid producing anecdotal claims. Finally, I highlighted notable quotes for use in the thesis, mainly in the findings chapters.
5.9 Reflexivity

According to Hume (2007), a sustained focus on self-reflexivity not only shapes a researcher’s relationship with the participants, but also with the topic of violence itself. ‘I share the work toward creating an alternative paradigm for research that acknowledges the social relationships involved in research, that recognizes the interestedness of the researcher in her topic, and attempts to mitigate the hierarchical and exploitative relations that characterize traditional social science research’ (Matthews 1994, p. xix). My research design is rooted in the interpretive and feminist epistemologies that embrace reflexivity, namely a self-consciousness about how one is embedded in social relationships even as they conduct research (Fonow & Cook 2005). ‘All observations are made through the researcher’s selective lens’ (Taylor & Bogdan 1998, p.160). I am, therefore, mindful of the fact that my personal values, personality and style of interviewing have affected my interpretation of the qualitative data (Kvale 1996, Rubin & Rubin 2005). One purpose of this research was to assess the outcomes of RCC counselling services. Given my previous work with the RCNI and the Rape Crisis and Sexual Abuse Counselling Centre Sligo, Leitrim and West Cavan (SRCC), I have come to understand the importance of this work. However, I was careful not to make the assumption that these services meet the needs of survivors, thereby remaining open to the complexity of the issues under investigation. In addition, the participatory dimension of this research, as previously discussed, ensured its appropriateness and viability.

In order to ensure validity, open-ended questions were employed in the interview schedule in an effort to elucidate unbiased opinions. Thick descriptions were also sought in order to produce a deeper understanding (Geertz in Bryman 2004). Clarifying questions were then utilised to ensure the meaning of what the participants said was received. Triangulation and counting were also employed to ensure validity. The strengths and weaknesses of respondent validation have been identified (Bryman 2004) and due consideration was given to this method at the time of data collection and analysis. However, it was decided that it was inappropriate due to time limitations and the fact that an extra commitment would be required from both counsellors and survivors. In addition, the need for rigour had to be balanced with striving not to make unfair demands on these participants. Finally, presenting the completed findings would not have been suitable as these are a combination of all the accounts provided. In addition, I decided that providing a summary
of what each participant said and requesting confirmation was undesirable as it would have placed an additional demand on the participants.

‘An interview situation is both an opportunity for signifying masculinity and a peculiar type of encounter in which masculinity is threatened’ (Schwalbe & Wolkomir 2001, p. 91). As highlighted by Schwalbe and Wolkomir (2001), all interviews require a certain amount of relinquishing control, in addition to risking revealing one’s true self. However, because signifying a masculine self is at the very heart of male privilege, this threat may be greater for men, leading to problems relating to the authenticity of responses. The interviewer’s identity has also been identified as a source of additional threat. Schwalbe and Wolkomir (2001) characterise problematic reactions as habit, rather than conscious strategy, recommending that the researcher be aware and alert in order to respond in a way that renders the interview successful should such issues arise. They have identified a number of possible problems, such as men trying to exert compensatory control, exaggerating control, non-disclosure of emotions and bonding ploys. Fortunately, I did not encounter any of these problems in my interviews with men. In the case of survivors, I believe that this is because they are participating in counselling. To begin with, it is reasonable to assume that a more reflectively-inclined man would choose to access a counselling service. In addition to this, men who participate in counselling are used to rendering themselves vulnerable and engaging in emotional exploration and expression. Each of the male survivors that I interviewed experienced no visible difficulty with being honest with me about how they felt. In fact, in different ways, they both implicitly and explicitly questioned and challenged the masculine norms that would have them hide in shame. The male counsellors were also comfortable engaging in an honest conversation, even sharing their own experiences of vulnerability with me. Given my feminist approach, I strived to make the interview as equal as possible, making it clear to participants that although I had a particular research question in mind, they led the interview in terms of deciding what was important to discuss. Schwalbe and Wolkomir (2001) identify inappropriate sexualising as a particular means for heterosexual men to try to reassert control when being interviewed by a woman. However, this did not arise as a problem in any of the interviews I conducted with men, the sensitive nature of sexual violence possibly being a factor in this respect.
I also recorded an analytic memo in a hard copy notebook throughout the project in order to continually reflect on the process and keep a note of emerging themes and concepts. Consequently, I gained a deeper understanding of the issues under investigation and this enabled the continuous refinement of interpretations (Taylor & Bogdan 1998, Robson 2002). Campbell (2002) highlights how one’s emotions, both positive and negative, also influence research on sensitive topics such as sexual violence. Advocating ‘emotionally engaged research’, she argues that these emotions provide important intellectual insights by enhancing researchers’ understanding of participants’ experiences. I found this to be true in this study. I cannot deny that researching this topic has had a profound impact on me and the way I view the world. Many of my friends have asked me how I can immerse myself in stories of such pain and sadness and my answer is always the same. While this is of course a part of the story, it is but one aspect. I choose to focus on recovery, the human spirit to overcome, to heal and even to grow. This is what sustained me on this journey that I have taken over the past four years. I cannot find the words to express my gratitude and admiration for the brave women and men who participated in this research, particularly those who shared their pain, their hopes and their joy with me, a relative stranger. These individuals have touched my life in a way that I will never forget. The experience of conducting this research was both enlightening and informative and it is my hope that the findings thus produced will have some impact on the area.

5.10 Limitations

While I took every effort to ensure the rigour of this study, a number of limitations need to be borne in mind. As only individuals who have stayed in RCC counselling for at least three months were involved in this study, my sample excludes those who left counselling after one or a few sessions. I therefore could not investigate the reasons why an individual may have been unhappy with the service provided. However, I had no ethical or reasonable way of accessing such clients. Although survivors who continue with counselling obviously do so because they are gaining some kind of benefit from it, the accounts provided also highlight the difficulties associated with the healing process in the context of counselling. Survivors also discussed any problems they have experienced with the service, in addition to making suggestions for service enhancement. Although generalization of the quantitative research findings to the RCC client population was not an aim of this research, I feel that the quantification enabled by the questionnaire data has endowed my findings with a greater
weight. Given the hope that these findings will inform policy in this area, this belief is based on the understanding that governments and policy makers place a greater value on quantifiable data (Westmarland 2001, Hughes & Cohen 2010). Due to the small number of completed questionnaires received, I was unable to conduct an in-depth statistical analysis involving an investigation of relationships between the key stratifying variables and the outcomes reported. It is evident from the number of questionnaires given out that some counsellors did not introduce the study to all of their eligible clients. Reliance on counsellors to recruit participants was problematic for two reasons. Firstly, and understandably, this research was not their main priority and therefore it is reasonable that, despite their good intentions, they may sometimes have forgotten to introduce the study to an eligible client. Also, as survivors’ wellbeing was of the utmost importance, in certain situations, it would not have been appropriate for counsellors to broach this topic. A final limitation of this research is that qualitative research does not lay claim to universal generalisability (Kvale 1996). These results instead paint a picture of the participants’ perceptions as understood by the researcher.

5.11 Conclusion

As we can see, the complex interplay of my epistemological standpoint and my understanding of recovery as both an outcome and a process has informed the research questions I posed, in addition to the design that guided my methodological choices, fieldwork and analysis. Influenced by my feminist identity, the multi-stage and mixed-strategy approach underpinning this thesis centralised the participant’s perspectives and experiences in order to reveal the different aspects of the overarching research aim. Conducting research on a sensitive topic, such as sexual violence, poses numerous ethical challenges. However, careful consideration of these issues enabled me to find ways of engaging with a population that is not generally easily accessed. The fact that the RCNI and the counsellors recruiting survivors endorsed both this study and me, as the researcher, was an important factor in the success of this research. My engagement with the survivors and counsellors that participated in this study has made a lasting impression on me and in chapters eight, nine and ten, I reveal the findings that emerged. In the next chapter, I first present and discuss the findings of the content analysis of RCNI training manuals.
Chapter 6. Exploring the RCC Approach to Counselling

As outlined in the previous chapter, the first phase of the field-work involved a content analysis of the RCNI 2003 and 2006 *Basic Training Manuals* for RCC counsellors in order to examine the conceptual framework underpinning the RCC response to sexual violence. In this chapter, I set the scene by providing an overview of the relevance and structure of these manuals within the broader context of RCC training. Set against this backdrop, I then present the findings from the content analysis, detailing RCC conceptualisations of sexual violence, trauma, recovery and gender, in addition to interweaving a small selection of findings from interviews with RCNI/RCC coordinators. I also demonstrate how these understandings inform the RCC approach to counselling. This is followed by a discussion of these findings in terms of their relation to the wider feminist discourse. I then discuss the strengths, weaknesses and implications of the RCC conceptual framework for practice, providing a valuable insight into the challenges these issues pose for RCC counsellors working with men who have survived sexual violence. Finally, I explore how RCCs have adapted to the evolving gender make-up of their clients.

6.1 RCNI Training Manuals

The *Basic Training Manual* for RCC counsellors was first published in 2003. This manual is divided into chapters that are delivered to trainees over thirteen weekends in order to provide them with a thorough understanding of the RCC approach to counselling survivors and the context within which their framework has been developed. The manual was updated and republished in 2006, with most of the changes being structural in nature, aimed at improving the content of each weekend. However, a chapter entitled *Male Survivors*, which also provides information on women who perpetrate sexual violence, was added to the existing material. According to the manuals, men began accessing RCCs in the early/mid 1990s. Whereas the 2003 manual notes that ‘some centres provide services to males in different ways’, in the 2006 manual, it is stated that ‘many centres provide services to males directly’.

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Exploring the RCC Approach to Counselling

The RCNI have published a number of additional training manuals, namely, Post-Grad for Counsellors; Sexual Violence Specialisation Training for Trained Counsellors; Sexual Violence Training for Non-Counsellors; Helpline; SATU Support Worker; Sexual Violence Disclosure for Professionals; Sexual Violence for Gardaí [An Garda Síochána, the Irish police force]; Information Sharing with Traveller Community Health Workers; ‘Keeping Safe’ Children First; Listen, Believe, Refer; Rape and Sexual Violence Listening Skills for Asylum Seekers and Refugees; SAYIT; Disclosure Workshop; and External Education. I have viewed each of the relevant manuals outlining the RCC conceptual framework and approach to working with survivors and they all incorporate the relevant chapters from the Basic Training. The counsellors who worked for the Male Abuse Survivors Centre (MASC) established in 2001 in Galway city participated in the same basic training, inclusive of the material specific to men that was included in the 2006 manual. They also benefited from a workshop on counselling men provided by the Tivoli Institute, an organisation that specialises in person centered psychotherapeutic education and training. I confirmed with the former RCNI Services Support Coordinator, Susan Miner, that the 2003 and 2006 Basic Training Manuals are the complete source of information relevant to this content analysis. She also confirmed that the content of the manuals comes from the training materials of individual centres, which combine RCC counsellors’ experiences, in addition to the available literature. As RCC counsellors are now, generally, required to have a psychotherapeutic qualification or to be working towards their accreditation, the vast majority of centres only provide the Sexual Violence Specialisation Training for Trained Counsellors. However, the manuals enable an understanding of the RCC conceptual framework that informs their approach to counselling. Sexual violence is the first concept that I explore in this regard.

6.2 RCC Understanding of Sexual Violence: Power and Gender Identity

In the 2003 manual, it is noted that only a feminist analysis could satisfactorily explain the fact that the majority of perpetrators of sexual violence are men and the majority of its survivors are women. A result of gender imbalance, sexual violence is conceptualised as an extreme form of the oppression of women and children within patriarchal society (Millett 1977, Herman & Hirschman 1981). RCCs, therefore, place power and control at the core of its perpetration. ‘Sexual violence and abuse are an effect of, and a tool in, the systematic oppression of women and children’ (RCNI 2003, p. 19).

40 See chapter four for further details.
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The potential for men’s abusive behaviour, in addition to their predominance as perpetrators of sexual violence towards women, is ascribed to the formation of gender identity within patriarchal families (Herman & Hirschman 1981). RCCs believe that boys who undergo this type of social conditioning learn to suppress everything considered feminine, to be sexually dominant and even to develop a contemptuous attitude towards women. ‘He finds affection and comfort and reassurance in sexual contact with younger and weaker (subordinate) females’ (Ibid., p. 18). Girls, by contrast, learn to develop a capacity for nurturance and intimacy, in addition to being sexually submissive. Describing sexual violence as an effect of the systematic oppression of women and children, it is noted that:

*If the contemptuous attitudes towards women, which arises from the conditioning described above, are carried through to its extreme conclusion, it becomes obvious why violence against women is such a big issue* (Ibid, p. 19).

RCCs also draw on the four distinct typologies employed by Wyre et al (2000) in order to categorise perpetrators of sexual violence according to motivation, namely ‘sociopath’, ‘angry’, ‘sexual’, and ‘fixated paedophile’.* ‘Underlying all, however, is a fundamental sense of ‘entitlement’ and/or righteousness in abusing/raping’ (Ibid., p. 22). RCCs thus ascribe to the belief that perpetrators target vulnerable individuals as factors such as previous trauma or emotional deprivation can render these individuals, particularly children, isolated and emotionally needy. RCCs believe that although sexual violence is predominantly a life-threatening loss of power and control, it is also an attack on the most private sphere of sexuality. They further acknowledge that, in the case of child sexual abuse, an adult must have sexual feelings towards a child or children in general (Finkelhor 1984).

In the 2006 manual, RCCs note that the feminist analysis contributes much to our understanding of sexual violence in terms of providing an insight into the major role that power dynamics play in this issue. It is, however, acknowledged that recent research indicates that its occurrence does not divide along gender lines as clearly as was once

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41 See chapter two for a more detailed discussion.
42 See chapter two for a more detailed discussion.
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thought. Citing the most recent national statistics (McGee et al 2002), RCCs recognise that the relatively high numbers of men reporting some form of sexual violence occurring in their lifetime challenge this analysis. ‘The existence of female perpetrators and male victims confronts many of our most firmly held beliefs about women, men, sexuality, power, and sexual assault. It challenges our very notions about what sex is’ (Op.cit., p. 660). Recognising that class, race and being a child can all render individuals vulnerable, RCCs acknowledge that gender is not the sole factor in terms of power differentials. However, the focus of the weekend entitled *Male Survivors*, which discusses these issues, is on men and boys as victims. RCCs also highlight the close link between sex and power for men in our society and that sex can be a means of confirming one’s power. ‘Rape is an expression of power in a sexual way’ (Ibid., p. 637).

While RCCs believe that the denial of female sexuality and aggression due to stereotypical thinking regarding gender roles is one of the reasons for the under-recognition of women as perpetrators (Mendel 1995), the issue of power is not explored. They recognise that women who perpetrate sexual abuse can also be violent and that it is common for mothers who sexually abuse their sons to rely upon emotional manipulation and control. The manual also notes that many studies ‘depict women who sexually abuse children as being loners, socially isolated, alienated, as likely to have had abusive childhoods and to have emotional problems’ (Ibid., p. 664). The myth that female perpetrators of child sexual abuse act under the initiation or coercion of male perpetrators is dispelled. However, the focus is placed on boys as their victims. Furthermore, women are only recognised as involved in the rape of men as accomplices or in groups. Next, I explore the RCC understanding of trauma that informs their empowerment approach to counselling.

6.3 RCC Understanding of Trauma: Powerlessness

‘The infliction (by the assailant) of and experience (by the survivor) of powerlessness are an intrinsic and central part of the trauma’ (Ibid., p. 117).
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6.4 RCC Empowerment Approach

Empowerment is, therefore, the guiding principle and goal of RCC therapeutic work (Rogers 1961, Herman 1997). ‘We trust that with the necessary information people in general, and survivors in particular, can make their own decisions based on their own unique personal process’ (Ibid., p. 115). This approach is described as client-centred and non-directive, whereby survivors feel in control of the recovery process and are enabled to proceed at their own pace. The aim is, therefore, to build on survivors’ strengths, self-esteem and other resources, both internal, directly, and external, indirectly. It is believed that encouraging survivors to build their own support system breaks the isolation often experienced. According to the manuals, RCC counselling furnishes options and choices that enable change. RCC counselling also aims to provide a space in which survivors can explore memories or experiences. While counsellors are trained not to provide interpretations, they help individuals to gain an insight into their feelings and behaviours in order to make sense of the emotions that arise. ‘When done well, interpretations can help the client to gain more insight into themselves’ (Ibid., p. 258). It is noted that interpretations are to be offered cautiously and the counsellor must ask the survivor if these make sense to them.

As survivors are viewed as individuals, counsellors are trained to have a broad knowledge of trauma physiology and trauma work, enabling them to facilitate, encourage and support the survivor through their unique healing process. One particular intervention is not believed to have the same effect with all survivors, and there is no judgement if an intervention does not work as expected. ‘Managing the process is an essential part of the trauma counselling. At times the counsellor and client might have to spend time talking and discussing what works and what doesn’t work’ (Ibid., p. 604). However, counsellors are advised to be more challenging when they are working directly with trauma, such as with the memory of an attack or with an individual who is in crisis. They are also trained to gently challenge any absolutist negative beliefs that exist by breaking down what seem like impossible tasks into concrete steps that survivors can take. Trainee counsellors are made aware that they will be in a more powerful place than the survivor and, therefore, open discussions and, where relevant, negotiation of power dynamics is encouraged.
6.5 RCC Understanding of Trauma: Isolation and Loss

Isolation and loss are also recognised as consequences of sexual violence trauma (Finkelhor 1984, Herman 1997, Rothschild). ‘As RCC counsellors we are aware of the social and personal isolation survivors often find themselves in as a result of the cultural tolerance of rape/abuse’ (Ibid., p. 117). According to RCCs, as children who are abused are often isolated from other family members and the wider social world, they are left completely alone with the trauma. Furthermore, the manuals note that society and perpetrators often place blame on the individuals who experience sexual violence. Children who disclose abuse also often experience denial and anger. However, RCCs are very clear that the perpetrator alone bears responsibility, regardless of the actions of the survivor before, during and (shortly) after an attack. RCCs recognise that survivors experience a myriad of losses, including humiliation, being stripped of self-worth, betrayal of trust, violation of boundaries, not being believed and having the effects of sexual violence minimised. The manuals note that the ability of survivors’ to have a sense of healthy physical, emotional and sexual boundaries is impaired. The many losses resulting from sexual violence can lead to, for instance, isolation and an avoidance of close personal relationships.

6.6 RCC Relationship Approach

The counselling relationship is, therefore, conceptualised as the focal point of the healing process, in which trust, boundaries and self-worth can be re-learned. ‘As a result of overcoming relationship difficulties, the survivor’s capacity for intimacy can grow within the counselling relationship and in her own life’ (Ibid., p. 208). In order to provide an environment in which survivors can self-actualise and heal safely, this relationship is based on the Rogerian humanistic principles of empathy, unconditional regard and congruence (Rogers 1961). As RCCs believe that survivors need to feel understood, accepted, heard and acknowledged, their approach is characterised as judgement-free. According to the manuals, empathy is believed to break the isolation often experienced by survivors.

*Counselling is supposed to provide an environment outside of ordinary life, a break from ordinary life as it were, where the client can safely explore their material* (Ibid., p. 151)
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Counsellors are encouraged to share their knowledge of the motivations and manipulative behaviours of perpetrators, where appropriate, as this can assist survivors to accept that the sexual violence was not their fault. ‘In the relationship it is crucial that we provide consistency, regularity, confidentiality and believe the clients’ stories, as no one might have believed them before’ (Ibid., p. 118). However, in keeping with Children First Guidelines issued by the Irish Department of Children and Youth Affairs in 2011, if the life of the survivor or that of another individual is at risk, counsellors must break confidentiality. This also applies to cases where there is knowledge that a minor is being abused or is at risk of abuse. Survivors are made aware of these exceptions and, if the situation arises, counsellors discuss with them the reasons for breaking confidentiality. RCC counsellors are also trained to validate the survivor’s courage to seek help and their achievements in the recovery process.

Although the power dynamics that render the counselling relationship unequal are acknowledged, the goal is to create an empowering setting so that survivors feel safe. Counsellors are, therefore, trained to monitor the relationship, ensuring that they are working within the humanistic principles, that clear boundaries are in place and that they are aware of their own needs and emotions. Boundaries are characterised as an essential part of RCC work as they provide protection for the survivor and the counsellor, particularly against excessive and unmanageable transference, namely projection of survivor issues onto the counsellor, and countertransference, namely feelings the counsellor has towards the survivor (Herman 1997, Rothschild 2000).

6.7 RCC Understanding of Trauma: Holistic View

RCCs also subscribe to the holistic framework for understanding trauma (Herman 1997, Rothschild 2000). ‘In RCC work we recognise the deep psychological, emotional and physiological impact of rape and sexual abuse’ (Ibid., p. 116). RCCs identify the ‘fight or flight’ response as the normal, healthy reaction to perceived trauma. They note that survivors may experience heightened arousal/constriction, freezing, helplessness or dissociation during an experience of sexual violence43. ‘These reactions, to an extent, numb us from the pain of the trauma we cannot fight or flee from and enable us to endure

43 See chapter two for further details.
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experiences that are beyond our endurance in the moment’ (Ibid., p. 176). RCCs believe that traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition and memory and may sever these normally integrated functions.

‘We believe that the trauma, whether experienced as child or adult, has a deep impact on personality development, and that without experiencing such trauma survivors would be free of the complex intrusive symptoms associated with it, and would be able to cope with life as anybody else whose development has not been complicated by trauma’ (Ibid., p. 114). RCCs outline a continuum of dissociation, whereby traumatic memories are set apart from ordinary consciousness, allowing the survivor to ‘split off’ from the pain. For instance, addictions and eating distress are conceptualised as a means of blocking painful emotions. According to the manuals, survivors may have no access to the traumatic memory, which can return when the individual is ready and able to feel the emotions connected to it.

‘Traumatic memories are often preserved in an abnormal state, set apart from ordinary consciousness’ (Ibid., p. 221). While RCCs note that traumatic events do not always give rise to Post Traumatic Stress Disorder (PTSD), it is believed that child sexual abuse usually involves most of the factors that lead to its development. Such factors include the severity of the trauma, the individual’s low level of resources and resilience, and an absence of support and validation.

‘Trauma is held in the body. The mind might forget a traumatic event, but the body will not’ (Ibid., p. 603). RCCs view flashbacks as dissociated trauma memories that can lead directly to the survivor being overwhelmed. Crisis is conceptualised as:

A time when the usual coping mechanisms are not adequate to deal with the client’s present situation. The crisis can be as a result of a trauma in the present i.e. recent rape/assault or of difficulties in the present that bring the client in touch with traumas from the past. It is a time of extreme stress, turmoil, vulnerability and internal chaos (Ibid., p. 334).
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A number of complex emotions that can be experienced by survivors, regardless of gender, are thus recognised by RCCs, namely grief, shame, fear and anger (Rothschild 2000). RCCs believe that due to its taboo status, if the perpetrator is a woman, survivors experience a greater level of shame. RCCs view survivors’ responses as a natural consequence of trauma. Eating distress, for instance, is understood as an attempt to gain control. Numerous additional consequences are recognised in the case of child sexual abuse, such as, for instance, the confusion of sex with love, care giving and care getting (Browne & Finkelhor 1986).

6.8 RCC Holistic Approach

‘In RCC work, modern research and theory work on trauma forms and updates our ways of working with the deep impact of trauma’ (Ibid., p. 117). Distinguishing their approach from the traditional clinical model, RCCs place the emphasis on promoting wellbeing and growth, rather than on freedom from symptoms via counselling and/or medication. According to the manuals, as their approach is not pathology-based, the effects of the trauma form the basis of assessment. ‘We validate the survival strategies that brought survivors through the trauma and its aftermath. We work from a place of valuing survivor’s strengths, and in the counselling we aim to build on those strengths’ (Ibid., p. 115). RCCs are critical of a drugs alone approach, often characterised by psychiatry, and believe that it is not the behaviour, but rather the pre-existing pain at its source, that needs to be worked with in counselling. According to the manuals, if a survivor’s present coping strategies are destructive, counsellors help them to explore alternative and more constructive ways of coping. This involves exploring different ways to express one’s pain and to develop self-caring routines.

‘We work in ways, which address all aspects of the impact of the trauma on the person, at the physiological, emotional, and cognitive level’ (Ibid., p. 117). While RCCs recognise that additional issues requiring attention may be present, the main focus is on the impact of the trauma on the survivor’s life, as opposed to the content of their story. However, according to the manuals, talking through the memory of the traumatic event can be important for survivors in order to tackle the shame experienced and to work through their symptoms. RCCs believe that survivors need to learn dual awareness in order to maintain awareness in

44 See chapter two for a more detailed discussion.
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the present moment, while also experiencing the trauma memory. However, counsellors are advised not to work with flashbacks as it is believed that integration is not possible.

‘RCC counselling started from the idea that all you really needed to do to help a woman, is to listen to her, and to believe her’ (Ibid., p. 139). Faced with the complex issues surfacing in their therapeutic work, counsellors began acquiring professional training reflective of their ethos and have adapted this training to their work with survivors. According to the manuals, a number of counselling and psychotherapeutic approaches have had an influence on RCC counselling. Given their holistic view of the effects of trauma, the RCC framework is open to incorporating a variety of methods and skills from these approaches. As self, self-actualisation, growth, being, becoming, courage and meaning are cornerstones of the Humanistic approach, it is cited as the single biggest influence on RCC counselling (Rogers 1961). ‘All aspects of the person are acknowledged, such as cognition, emotion, the body, and the spiritual’ (Ibid., p. 142). It is noted that the RCC approach supports eclecticism in the methods employed and that it is predominantly talk-based in order to enable emotions, memories and sensations to surface.

As such, RCCs draw upon a number of additional approaches that grew out of the humanistic movement, namely Feminist Counselling, Gestalt, Solution Focused Brief Counselling, Hakomi Counselling, and Hakomi Integrative Somatics (Dryden 1990, Kurtz 1990). Providing a direct link with the feminist analysis of sexual violence, Feminist Counselling has had a major influence on RCC work, according to the manuals. This approach takes into account the social context of women’s oppression and provides a safe, non-judgmental space for women to explore their experiences of disempowerment. Aspects of Psychoanalysis/Psychodynamics, Behavioural Counselling, and Cognitive Behavioural Therapy (CBT) are also incorporated. Gestalt, Hakomi Counselling, and Hakomi Integrative Somatics are deemed useful for working at the sensation level in order to discharge trauma held in the body. However, it is acknowledged that training for the latter is very specialised and cannot be replaced by simply teaching a few techniques. Although the overall methodologies of Psychoanalysis/Psychodynamics, Behavioural Counselling, and CBT are deemed unsuitable for RCCs, a number of concepts are found to be useful, for instance working with the unconscious part of the mind that holds suppressed memories.
and emotions, encouraging alternative behaviours, and working with negative beliefs about oneself and the world, respectively. According to the manuals, counsellors are encouraged to develop their own style and method within the RCC framework.

*RCC counselling is an eclectic approach, open to the integration and use of other techniques, as long as these are essentially humanistic, and in accordance with the RCC view of the client, RCC view of the trauma, RCC Code of Ethics* (Ibid., p. 162).

RCCs also recognise the need to help survivors to link in with other sources of support, where appropriate, such as General Medical Practitioners (GPs), the Samaritans, Alcoholics Anonymous (AA), specialised treatment programmes and refuges. While psychiatrists are not included in this list, it is noted that if a survivor is suicidal, the most appropriate person to tell may be their GP or psychiatrist. As RCCs recognise that addiction, particularly drug and alcohol abuse, is a specialised area, the manuals also recommend that an addiction counsellor be invited to do work with trainees. ‘Deeper work should not commence until the addiction is under control, and until the client has enough resources to deal with the trauma’ (Ibid., p. 538). RCCs believe that supporting recovery from addiction is an important aspect of counselling work and, if the addiction is active and ongoing, such work needs to become a focus of the counselling sessions. According to the manuals, GPs, social workers and health care professionals also contact RCC help lines in order to refer clients or to obtain specialist advice. In the following paragraphs, I turn my attention to the RCC understanding of recovery.

### 6.9 RCC Understanding of Recovery

Drawing upon Herman (1997), RCCs view the recovery process as unfolding in stages, namely safety, remembrance and mourning, and reconnection. ‘We accept that the process of integrating the trauma is not a linear process. Rather, it is a process of many ups and downs, where the same issues can be met again and again’ (Ibid., p. 115). Each of these stages are characterised as involving a number of complex dynamics. Establishing safety involves acknowledging the need for change; security in present life circumstances; establishing a good therapeutic relationship; assessing survivor needs; and setting the boundaries of counselling work. RCCs believe that in order to begin the recovery process,
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survivors need to address defences, such as dissociation and addiction, which were useful in dealing with the trauma and its aftermath. The second stage deepens the process by working with emotions, such as grief; containing or facilitating the expression of these emotions; connecting to the inner child/unconscious material in order to reconnect to the pain that the child who has experienced abuse dissociated from or to what in the survivor’s past pre-disposed them to being victimised later in life; becoming aware of and acknowledging the impact of the trauma; uncovering earlier experience(s) of trauma that may have predisposed the survivor to sexual violence; deepening of the therapeutic relationship; and building trust in this relationship and in the survivor’s life. ‘As the client’s own power grows, the counselling relationship changes. It is now more equal’ (Ibid., p. 211). This work leads to the final stage of the recovery process involving integration, namely the ability to transfer the learning from the counselling sessions into the survivor’s life; confrontation of the perpetrator, where relevant; developing positive feelings about one self, forgiveness of self and, again where relevant, the perpetrator; moving away from victim consciousness; empowerment and changing of patterns; reappraisal of choices; achieving greater equality in the counselling relationship; and ending counselling and letting go.

Contrary to the popular myth, RCCs believe that it is possible to recover from sexual violence. ‘We believe that people in general, and survivors of rape and sexual abuse in particular, follow an instinctual drive towards growth, and have the capacity to integrate the trauma and to grow in the process’ (Ibid., p. 114). RCCs also believe that survivors need to forgive themselves in order to recover. Although forgiveness of the perpetrator is not viewed as a necessary part of the healing process, it is noted that this usually occurs when survivors validate their own strength and view the perpetrator as less powerful than them. The following quote from the 2006 manual encapsulates the RCC understanding of forgiveness:

The survivor needs to forgive herself for having had needs, for being vulnerable, for having been in the wrong place at the wrong time, for having believed the abuser, for having trusted, and so on (Ibid., p. 210).
6.10 RCC Counselling Approach

As the recovery process unfolds in stages, work on memories and deep emotions only takes place when safety in the survivor’s life has been established, when they have sufficient resources, when a crisis or addiction is under control and when the therapeutic relationship is secure (Herman 1997). In reflection of the recovery process, RCC counselling sessions comprise three stages, namely initial, middle and end. Stage one involves building the deep, transformative work to come on the solid foundations of the humanistic principles. As such, the survivor is in an ordinary state of consciousness. According to the manuals, crisis counselling skills are employed to address most of the work on safety.

As RCCs believe that emotions, memory and trauma held in the body will not move by talking about them alone, the next stage entails accessing and deepening in order to get in touch with the experience beneath the story. According to the manuals, when the survivor is in long-term counselling and wants to work on this deeper layer, past and present emotions are explored. Here, the survivor is in a deep level of consciousness. ‘This can mean talk slowing down, the focus is inwards or in the case of anger there can be more agitation with louder/faster talking’ (Ibid, p. 254). This stage involves helping survivors to connect emotions or negative beliefs with relevant body sensations. As RCCs believe that the feeling of being overwhelmed usually results from being out of touch with body sensations, grounding exercises are employed and taught to the survivor. When working directly with trauma, counsellors are advised to be more directive than usual. They are trained to monitor the survivor’s state of arousal, suggesting the use of braking techniques when necessary. These techniques are negotiated with the survivor as they learn body awareness. ‘The present moment is where issues can be processed at the deepest level. Exploring present emotions moves the session into a deeper layer’ (Ibid., p. 255). According to the manuals, the memories, sensations, feelings and emotions that have been accessed are worked with in order for them to be processed and transformed. ‘When the client is in deep emotion, no matter which one, basically your task is to support the expression of emotions and to keep in active contact with them, and to let the experience take its natural course’ (Ibid., p. 259).
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The final stage of the recovery process involves integration and completion, in which the survivor is in a state of expansive consciousness. RCCs believe that each time a survivor undergoes a deep experience, it needs to make sense (cognition), it needs to have emotions attached to it (emotion), and it needs to be felt in the body (sensation). ‘Learning to stay with feeling good is as important in counselling as it is to learn to feel painful things. It will be unfamiliar to most clients to feel good. Life holds both joy and pain, and we need to feel both to be truly alive!’ (Ibid., p. 266). RCCs believe that integration also builds resources that the survivor can then transfer into their own life. They further note the importance of spending a few minutes grounding survivors at the end of each session, particularly if it has been intense. Next, I document the RCC understanding of gender.

6.11 RCC Understanding of Gender

It is evident from the RCC understanding of sexual violence that gender is viewed as a social construct. While it is noted that men who survive sexual violence predominantly experience the same consequences as women, RCCs draw upon research and clinical expertise in order to highlight a number of gendered responses that are generally ascribed to social conditioning. ‘Males are socialized to be powerful, active, competent, rather than passive, helpless, and victimized. This concept of masculinity makes it difficult for males to recognize themselves as victims and it also makes it difficult for males to be recognized by others as victims/survivors of abuse’ (Ibid., p. 629). RCCs believe that the under-recognition of men as victims of sexual violence further stems from cultural beliefs that characterise men as indiscriminately and constantly sexually willing, in addition to the perception that sexual interaction with older women is benign or positive (Finkelhor 1984). ‘The emphasis on mastery and control and the difficulty in acknowledging powerlessness or recognising themselves as victims tend to make males view themselves as consensual partners and even initiators in the sexual activity’ (Ibid., p. 628). RCCs believe that it is common for men who have experienced sexual violence to worry that they are homosexual or abnormal as a result.

Drawing on Hunter (1993), RCCs believe that men are socialised to be primarily cognitive. ‘They are less likely than women to tune into the sensations, feelings, and fleeting images
that may lead to the recovery of repressed childhood trauma’ (Ibid., p. 630). According to the 2006 manual, traditional conditioning limits both men and women in their expression of emotion in different ways (Lew 1993). ‘Women were given permission to experience and express the feelings that we tend to see as softer, more nurturing while men were to be strong, with anger the most acceptable emotion’ (Ibid., p. 643). Furthermore, an added level of shame recognised by RCCs in relation to child sexual abuse is that of gender shame, which involves some men experiencing a pervasive sense that all men are evil and abusive (Lew 1999). It is noted that this, in turn, elicits identity confusion and difficulty identifying with men in general.

According to the 2006 manual, sexual compulsivity and addiction, particularly substance abuse, are common among men who have survived child sexual abuse. RCCs recognise that sexual compulsivity may be multiply determined and is thus understood as an addictive behaviour and also as a means of expressing affection, gaining intimacy and/or reaffirming one’s masculinity (Lew 1993, Finkelhor 1984). They also note that, ‘given the suicide rates for males in general are higher than for females, it is not surprising that this is an issue for male survivors of which therapists need to be aware’ (Ibid., p. 630). RCC counsellors are trained to be aware that rather than presenting as the socially expected traumatised and vulnerable victim, many men may appear violent, commanding and threatening (Sepler 1990). This is in order to avoid an enormously painful state of helplessness and fear. Drawing on the work of Lew (1993), RCCs recognise the ‘pleasing/placating’, ‘teddy bear’ and ‘blustering’ as the most common male survivor self-protective masks employed by the men who access their counselling services. ‘Placating’ involves being so nice, caring and helpful that all of the attention is directed towards others, while the ‘teddy bear’ is warm, comforting and non-threatening. Finally, ‘blustering’ entails filling the room with words and speech, trying to leave no room for anyone to pierce one’s fragile defences. They also note that one of the most difficult issues for men who have experienced child sexual abuse is the fear that they will perpetrate sexual violence (Lew 1999).

6.12 RCC Gendered Approach to Working with Men

‘The model for understanding and working with sexual violence in RCCs has come mainly from the work with female survivors and from the analysis of sexual violence by the
feminist movement’ (Ibid., p. 621). Although RCCs believe that this framework is generally valid for men who access RCC counselling, it is deemed important that counsellors are aware of possible gendered responses in order to employ an inclusive concept of victimisation. According to the manuals, an important goal of working with men who have survived child sexual abuse is helping them to integrate their masculinity, namely their sense of themselves as men, with their experience of victimisation (Gartner 1999). ‘The therapist has a role in getting the survivor to understanding that as a child it is not possible to protect oneself, and that his victimization says nothing about his manhood’ (Ibid., p. 649). RCCs believe that enabling the survivor to broaden their understanding of the abuse in relation to the power dynamics involved can help to alleviate self-blame.

‘The counsellor needs to be able to look behind the mask and be aware that beneath the mask may lie very different emotions and feelings that the survivor feels are frightening and unacceptable to himself or to other people’ (Ibid., p. 653). In order to help survivors to accept their victimisation, counsellors are advised that they may need to first assist men in affirming their masculinity, strength and competence. RCCs note that for many men, anger and rage are the most easily accessible emotions. As such, they recognise the importance of helping men for whom this is the case to access, accept and integrate their buried feelings of helplessness, sadness, pain and vulnerability (Sepler 1990). There is also a very important section in the Male Survivors chapter that invites trainee counsellors to look at ‘blocks to working with male survivors’, such as personal beliefs or feelings regarding men that might impact negatively on the counselling relationship.

6.13 Strengths, Weaknesses and Implications for Practice

6.13.1 Humanistic/Person-Centered and Integrated Framework

Finding the feminist analyses of sexual violence formulated by Millett (1977) and Herman & Hirschman (1981) to be useful in the Irish context, RCCs place power at the core of their response. As helplessness is viewed as a central experience of trauma, recovery can be conceptualised as developing healthy coping mechanisms in order to rebuild and regain a sense of control over one’s life (Kelly 1988, Herman 1997, Ullman & Townsend 2008). Indeed, longitudinal research with 171 survivors of sexual assault found that increases in
perceived control were associated with decreases in distress over time (Frazier 2003). One of the strengths of RCC counselling is its empowerment approach, whereby the survivor is an active agent in their own recovery. Ascribing to Rogers’ humanistic understanding of the person (Rogers 1961), RCC counsellors view survivors as experts of their own unique process. Taking back one’s power, particularly in the case of child sexual abuse, may represent a challenge for many survivors. As such, it is significant that counsellors are trained to negotiate power dynamics, to gently challenge survivors where appropriate and to view empowerment as a process that is accomplished in the final stage of the healing process. As noted in chapter two, a potential problem associated with defining rape as a political act, rather than a sexual crime, is a lack of attention to its implications for an individual’s sexuality. The RCC conceptualisation of sexual violence as a primarily violent act that is manifested sexually (Lim et al 2001) enables counsellors to address issues such as promiscuity and sexual withdrawal that may arise.

It is evident that the RCC use of terminology with respect to the individuals who access their services is an important aspect of their empowerment approach, as the term ‘survivor’ honours the strength of an individual to heal. While the importance of the survivor identity has been highlighted by researchers such as Phillips and Daniluk (2004), they have found that recovery involves the eventual relinquishing of this self-perception in order to view oneself as a multidimensional human being. Though this may well mirror RCC thinking and experience with clients, this is not an area that is discussed in the training manuals, thus appearing as a weakness in their approach. I explore this issue further in chapter eleven, where I discuss the findings from the interview phase of the thesis. RCCs also use the term ‘client’, as opposed to, for example, the term ‘patient’. While ‘client’ could be considered to have business world connotations, it is preferable for RCCs, as the term ‘patient’ could be interpreted as implying a medical model. In addition to confirming that ‘client’ is a familiar term in the world of psychotherapy, Ceire, an RCNI coordinator, advised that it is also broad enough to include individuals accessing RCC services who provide support to survivors. A strong theme that emerged in The Patient: Therapeutic Approaches volume is the importance of treating an individual seeking professional help, be it psychotherapeutic or medical, as a person, rather than a ‘patient’ (IDNET, 2015). Discussing her personal experiences of seeking support from mental health clinicians, Diana Mak, for instance, asserts that once a person is labelled a ‘patient’, their sense of self
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ceases to exist. Viewed as weak and helpless, ‘patients’, she believes, lose their independence as they are required to adjust to the approach of those who think they know what is best for them. By contrast, when an individual is treated as a person, the care provided is based on their needs. As can be seen from Mak’s personal account, this involves being facilitated to work at one’s own pace and being trusted to know what path one needs to take in order to recover. Discussing the shortcomings of the medical model employed in traditional psychiatric care, Peter Bray also highlights the importance of the person-centered therapy that underpins the RCC approach (IDNET, 2015).

With an emphasis on promoting wellbeing and growth, rather than on symptoms or defects, RCCs provide a real alternative to clinical or diagnostic models often favoured by state agencies. A criticism of the clinical approach to therapy that conceptualises trauma recovery as an absence of the intrusive symptoms characteristic of PTSD is that it discounts factors such as feelings of shame and mistrust that often persist regardless (Janoff-Bulman 1985). Furthermore, diagnostic labels affirm the unquestionable power and authority of the expert, while disregarding the complexity of the psyche and an individual’s capacity for growth (Bazzano 2011). In keeping with the theories of professionals such as Herman (1997), Harvey (1996) and Sgroi (1989), RCC counselling is underpinned by an integrated framework that recognises the deep psychological, emotional and physiological impact of sexual violence, as well as the social context within which recovery takes place. Realising that they were ill-equipped to address the complex issues that were arising in their work with survivors, counsellors acquired psychotherapeutic training that reflects their person-centered ethos.

While RCCs recognise PTSD as a common consequence of sexual violence, particularly for those who have experienced sexual abuse in childhood, they do not engage in clinical diagnoses. RCC counsellors seek to address all aspects of the impact of the trauma by working with emotions, cognitions and sensations. As they view survivors’ reactions as normal responses to trauma and to coping with its consequences, they validate their survival strategies and honour their strength. An additional strength of the RCC approach is their recognition of the ability of the natural support system to foster adaptive coping strategies and to afford the survivor a degree of safety and control. While it is important
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that the consequences of sexual violence form the basis of assessment within RCCs, it is unclear as to what a counsellor would do should, for instance, it become evident that a survivor has a pre-existing psychiatric condition that requires medication. It is recognised that survivors may also access the support of a psychiatrist, yet there is no indication of an explicit link between psychiatrists and RCC counsellors. I explore this issue further in chapter eleven. However, the discussion of links with specialised services such as those that address addiction highlights the importance of RCCs recognising their limitations, in addition to the inter-related factors that influence the recovery process.

It is also significant that the main focus of RCC therapeutic work is on the impact of the trauma on the survivor's life, as opposed to the content of their story. Given the profound nature of sexual violence trauma, the emphasis placed on the safety of the individual represents an additional strength of the RCC approach. The process deepens in order to help survivors access and work with the emotions and memories that arise only once they are ready and safety has been established. Also, each session ends with integration, whereby survivors are enabled to make sense of their experience and transfer the learning into their everyday lives. Although it is not explicitly stated, RCCs thus view recovery as both a process and an outcome (Liberman & Kopelowitz 2005, Ramon et al 2007). However, the emphasis is placed on coping, rather than symptom remission. They also draw upon the relatively recent work of Rothschild (2000) in order to address trauma that is held in the body in terms of monitoring survivors' state of arousal and suggesting, negotiating and teaching braking techniques to survivors. The fact that they keep up to date with innovative developments in the trauma field reflects their tireless commitment to addressing the multifaceted impact of sexual violence on survivors' lives. According to Herman (1997) and Rothschild (2000), recounting the details of the trauma narrative is an important aspect of the recovery process in the context of therapy. By contrast, RCCs value the importance of talking through the memory of the traumatic event only when the survivor feels that this is what they need to do. I explore the importance of this understanding in more detail in chapter eleven.

A further strength of the RCC person-centered approach is the emphasis placed on the therapeutic relationship. Research indicates that a strong emotional bond between the
client and therapist has been consistently reported to predict positive treatment outcomes (Horvath & Symonds 1991, Martin et al 2000, Saunders 2000). ‘Recovery can take place only within the context of relationships; it cannot occur in isolation’ (Herman 1997, p. 133). Given the betrayal of trust that characterises sexual violence, particularly in childhood, the relationship between the survivor and their counsellor takes on a particular significance.

Viewing it as the focal point of the healing process, RCC counsellors devote great time and care to establish a therapeutic relationship in order to create a safe space for survivors in which trust, boundaries and self-worth can be re-learned. Underpinned by Rogers’ humanistic principles of empathy, unconditional regard and congruence (Rogers 1961), the RCC approach aims to ensure that survivors feel accepted and not judged. Indicating the complexity of the therapeutic relationship, counsellors are also trained to understand the unconscious processes that can transpire in order to provide protection for both themselves and the client, in addition to ensuring that appropriate boundaries are put in place (Herman 1997, Rothschild 2000). Building trust with survivors, particularly those who have experienced child sexual abuse, is a process that not only takes time but is unique to each individual. While confidentiality is viewed as an important aspect of this process, Children First Guidelines (Department of Children and Youth Affairs 2011), enforce restrictions in relation to the safety of minors who are being abused or are at risk of abuse. In keeping with the empowerment approach, however, survivors are made aware of these exceptions and, if such situations arise, counsellors discuss with them the reasons for breaking confidentiality. It is such commitment to open and honest communication, which is indicative of the RCC approach, that is central to building trust within the therapeutic relationship. However, I believe that the RCC use of the term forgiveness in relation to survivors is problematic as although it is characterised as no longer blaming oneself, it is a concept that implies guilt. This is another issue that I explore further in chapter eleven.

6.13.2 Gendered Approach to Working with Men

Given their roots in the Irish women’s movement, a significant development for RCCs is their provision of services to men who have experienced sexual violence. It was clear from the interviews with RCNI/RCC coordinators that the feminist identity created an initial resistance among the majority of centres as many counsellors/coordinators struggled with reconciling this identity with the provision of services to men. Furthermore, many
counsellors/coordinators feared that the presence of men in the centre would make female survivors feel unsafe. However, to cite Clionadh, an RCC coordinator:

*I ended up going to the SATU with a man...and it did actually really change my opinion. You get to know clients so I feel very differently about it now than I did then. It was a process.*

The evolving gender make-up of survivors accessing counselling has lead to the important addition of the weekend entitled *Male Survivors* to the updated RCNI *Basic Training Manual* in 2006. Although only a small number of centres were providing services to men in 2003, I believe that it would have been important for this training to have been made available at that time. While the learning acquired may not have yet been sufficient, the research specific to men that is discussed in the additional chapter is from the 1990s. As the title suggests, the focus of this weekend is on boys and men as victims, yet the issue of female perpetrators is also discussed.

The 2006 manual represents a significant shift in thinking in terms of the RCC understanding of sexual violence and gender identity. While the feminist analyses’ focus on power is still viewed as very relevant, it is acknowledged that recent research indicates that sexual violence does not divide along gender lines as clearly as was once thought. Reflecting theories of intersectionality (*Hooks* 1984, *Crenshaw* 1997, *Connell* 1995), RCCs thus acknowledge that gender is not the sole factor in terms of power differentials as, for example, they recognise that class, race and being a child can all render individuals vulnerable. It is interesting to note, however, that the statistics cited in order to illustrate this point are from the national prevalence study published in 2002. Also, while the perpetrator typologies provide a more nuanced understanding of the connection between masculinity and sexual violence, individual men’s negotiation of norms is not explored in terms of why the majority of men do not commit such crimes. This is in spite of the belief that their conditioning provides for the potential for them to do so. Furthermore, the intersections of gender with race and class are only used to explain the existence of men as survivors. As RCCs believe that the denial of female sexuality and aggression due to stereotypical thinking regarding gender roles is one of the reasons for the under-recognition of women as perpetrators (*Lew* 1993, *Mendel* 1995), there an implicit recognition that women do not always conform to the characteristics deemed
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representative of their gender (Koonin 1995, Connell 2005). However, they also make reference to the ‘cycle of abuse’ argument that conforms to assumptions about passive femininity and women’s pervasive victimisation (Bourke 2007). Despite the fact that women are reported as the sole perpetrators of the rape of men in a small number of studies (Davies 2002, Krahé et al 2003), women are only recognised as involved in the rape of men as accomplices or in groups in the 2006 training manual. Furthermore, although this manual dispels the myth that children who are abused go on to abuse when they are adults, the transmission of violence theory (Glasser et al 2001) is implicated in relation to both female and male survivors.

Further contradictions in relation to the RCC understanding of gender identity are evident in the 2006 manual. On the one hand, RCCs continue to ascribe to the socially deterministic belief that boys and girls who undergo the type of social conditioning characteristic of patriarchal families learn to be sexually dominant and sexually submissive, respectively. However, they also recognise that the women’s movement has challenged traditional norms of femininity, thereby opening up greater possibilities for women to potentially own their power and inhabit a different place in society, in addition to rendering some of the traditional roles for men redundant. Despite the fact that ‘acting out’ would traditionally be considered ‘masculine’, RCCs acknowledge that some women may seek out dangerous situations similar to the traumatic event. Furthermore, contrary to popular myths that conceptualise sexual violence as less traumatic for men and less traumatic still for homosexual men, RCCs recognise the particular gender dynamics that warrant a closer look at the conceptual framework underpinning their response. Research exploring the gendered consequences of sexual violence for men and the ways in which traditional norms of masculinity influence their responses to victimisation is discussed in detail. There is also a very important section in this chapter that invites trainee counsellors to look at ‘blocks to working with male survivors’, such as personal beliefs or feelings regarding men that might impact negatively on the counselling relationship (Scher 1981, Mahalik et al 2003).

However, the use of gender in both the 2003 and the 2006 training manuals provides an important insight into the engrained equation of survivor with woman, nonetheless. While neutral terms, such as survivor, client and perpetrator are generally employed, where
gender is referred to, survivors are predominantly women and perpetrators are predominantly men. In only a small number of cases, slightly more often in the 2006 manual, both pronouns (she/he) are used in the case of survivors. In the weekends entitled *Dynamics of Abuse* in the 2003 manual and *Perpetrators and Vicarious Trauma* in the 2006 manual, perpetrators are always referred to as men. This gender dynamic is also evident in a number of specific areas of the manuals. In the ‘Rape Myth Questionnaire’, the myths that ‘men don’t get raped’ and ‘women don’t abuse’ are dispelled. However, the focus is placed on female survivors as the only statistics regarding incest, sexual assault and child sexual abuse that are quoted reflect this dynamic. The only exception to the implicit male perpetrator-female victim dichotomy is the use of the terms/statements ‘disabled people’, a paedophile as ‘someone who is sexually attracted to children’ and ‘every adult, whether abused or not as a child, has a choice as to how to use his or her power’. It also appears that terms such as perpetrator and assailant are not employed in order to be neutral as the focus is consistently on male perpetrators of sexual violence.

The equation of the term survivor with woman is further entrenched in the chapter entitled *Male Survivors* as this term characterises men who experience sexual violence as ‘other’. Simone de Beauvoir (1949) originally formulated the idea of ‘woman as other’ in order to demonstrate how the category of woman is defined in relation to man, namely everything that man is not. In a similar way, RCCs appear to place men outside the survivor norm. The revision of their framework in order to address the evolving gender make-up of survivors seeking their services represents an important transition for RCCs that started out as organisations seeking to address violence against women. However, while it is important to keep the focus firmly on the fact that the majority of survivors are women and the majority of perpetrators are men, the engrained equation of survivor with woman in the training is, I believe, problematic. Counsellors are also mainly referred to as women, with she/he only employed in a small number of cases, again slightly more so in the 2006 manual. The gender-related experiential exercises incorporated into the training are aimed at female trainee counsellors. For example, the exercise entitled ‘Genitalia’ focuses on creating familiarity with a woman’s sexual organs and ownership of the female body. Furthermore, both counsellors and survivors are consistently portrayed as women in the role plays employed. The implicit assumption that trainee counsellors are always women is also problematic in my view.
So, what challenges do these issues pose to RCC counsellors working with men? In his study involving autobiographical interviews with men who have survived child sexual abuse, Lisak (1994) found that helplessness was one of the most profoundly felt, yet difficult to articulate, aspects of their abuse experience. An important goal of counselling with men who have survived sexual abuse in childhood is assisting them to integrate a valued sense of masculinity with their experience of victimisation. Mahalik et al (2003) identify a number of masculinity scripts, such as ‘the tough guy’, which men may employ in order to cope with psychological distress. Elements of these scripts are mirrored by the most common male self-protective masks recognised by RCC counsellors working with men (Lew, 1993). RCCs note the importance of seeing the emotions underneath these masks that are employed to hide their pain. As they believe that many men find it easier to access their anger, they also recognise the importance of helping men such as these who participate in counselling to access, accept and integrate their buried feelings of helplessness, sadness, pain and vulnerability.

RCC counsellors are thus aware that they may first need to assist men in affirming their strength and competence. It is recommended that therapists then help survivors to gain an insight into the ways that adherence to negative aspects of masculinity, such as emotional stoicism, exacerbate their problems, while helping them to develop adaptive ways of responding to their emotions (Mahalik et al 2003). In line with this thinking, the RCC approach involves helping survivors to become aware of current coping mechanisms in order to honour the fact that they worked for them in the past and to build on their strengths. If a survivor’s present coping strategies are destructive, counsellors help them to explore alternative and more constructive ways of coping. However, the fact that the ‘pleasing/placating’, ‘teddy bear’ and ‘blustering, rather than the ‘angry’, have been found to be the most common masks among the men who participate in RCC counselling may suggest that it is men of a more introspective nature who choose to address the impact of sexual violence in this way. This is reflective of the alternative masculinities employed by some of the men self-identifying as having suffered from depression in Emslie at al’s (2006) study who chose to participate in therapy. As the vast majority of men who access RCC counselling have experienced child sexual abuse (RCNI 2011), it is understandable that the focus of the weekend on male survivors be placed on this issue. However, as RCCs also
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provide services to men who have experienced sexual violence in adulthood, I believe that there should be a section that discusses the provision of counselling to such survivors.

As discussed earlier, research indicates that a strong emotional bond between the client and therapist has been consistently reported to predict positive treatment outcomes. However, male therapists working with men frequently report their clients’ difficulties with emotional exploration or expression (Scher 1981, Robertson 2001, Rowan 2004). Given the importance of intimacy in the therapeutic relationship, Scher (1981) describes this as somewhat disheartening. Recommendations to overcome these difficulties include the use of CBT aimed at challenging negative beliefs regarding the expression of feelings (Mahalik 1999) or placing the focus on non-verbal means, such as charting emotional intensity on a visual scale (Robertson et al 2001). However, Scher (1981) believes that men can become comfortable with their emotions if the therapist is patient, respectful and supportive. As RCCs recognise the phenomenon of trauma held in the body (Rothschild 2000, van der Kolk 1994, Levine 2010), an important aspect of their approach involves working at the emotional level. Based on the therapeutic relationship of trust, RCC counselling aims to provide a safe space for survivors to really feel and release the emotions that arise. While it could be said that Robertson et al’s (2001) suggestion regarding emotional expression would involve collusion with masculine ideals, rather than challenging them, this area requires further exploration, particularly given the fact that RCC counselling does not only involve talk therapy. Research suggests that the gender of the counsellor may also constitute an important factor in this equation (Felton 1986, Fenton et al 1987, Wisch & Mahalik 1999). These are issues that I explore further in chapter eleven.

Research also indicates that men may characterise help-seeking as negating autonomy in relation to becoming dependent on other people to make decisions (Addis & Mahalik 2003, Emslie et al 2006). Conceiving of such treatment as un-masculine, men are less likely than women to seek professional help for mental health and emotional problems (O’Brien et al 2005, Courtenay 2000b, Addis & Mahalik 2003). Given its conceptualisation of the survivor as the expert in their own life, it is likely that the RCC empowerment approach would appeal to men who may view counselling in this light. Aiming to break the isolation often experienced as a consequence of sexual violence, RCC counsellors also encourage survivors
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to build their own support system. As men may be less likely to seek help from friends or family, this process can pose a particular challenge for counsellors. As discussed earlier, an additional strength of the RCC approach is their use of the term ‘survivor’, denoting strength and resilience. While this term may have its limitations (Phillips & Daniluk 2004), by recognising that RCC counselling provides options and choices that enable change, men who find it particularly difficult to acknowledge their victimisation may feel empowered by this approach. Counsellors must, however, be aware of the problems and benefits of discourses that emphasise control and strength (Kilmartin 2005). Building on positive masculine attributes such as courage, leadership and problem solving skills is vital.

6.14 Conclusion

It is evident that there are a number of strengths to the RCC humanistic/person-centred approach involving empowerment, holism and a central focus on the therapeutic relationship in order to promote well-being and growth. Ascribing to an integrated understanding of recovery, RCCs recognise the deep psychological, emotional and physiological impact of sexual violence. Given their original focus on women, a number of challenges are posed to RCC counsellors working with men. While RCCs have revisited the conceptual framework underpinning their provision of counselling in order to address these challenges, their work with men is still at an embryonic stage. Their positioning of men who have experienced sexual violence as ‘other’ is also problematic, in my opinion. It is hoped that the issues highlighted in this chapter will contribute to the further development of their framework. It is evident that, whatever path is chosen, counsellors need to be cognisant of the barriers men face to seeking help in order to address these issues in their therapeutic practice. As can be seen from the literature discussed, the therapeutic relationship plays a central role in the healing process. Although a further exploration of this area is required, it is likely that the RCC person-centred approach, which treats survivors as individuals, rather than symptoms or problems to be solved, will go a long way towards transcending any gender-related issues that may arise. This is an area that I explore further in chapter eleven. In the next chapter, I establish the outcomes of RCC counselling.
Chapter 7. The RCC Approach in Practice

As discussed in the chapter five, the second phase of the data collection process involved self-completion questionnaires designed to assess the self-reported outcomes of RCC counselling. This chapter presents the findings of the 43 completed questionnaires received from women and men accessing the counselling services of the six participating centres. To begin with, I introduce the participants, providing the reader with a summary of their demographic characteristics, in addition to the personal details of their experience(s) of sexual violence and their participation in RCC counselling. Interweaving the findings from the open-ended questions and the statements that allowed for further information to be provided, I then present the statistical analysis of the data. I first establish survivors’ expectations of RCC counselling in order to provide a context for the findings that follow. I then present the findings concerning the core elements of the RCC humanistic/person-centered approach, namely counselling as a safe space, relationship of trust and empowerment. This is followed by a description of the three overlapping themes of the recovery process that emerged. Next, I report the various outcomes of RCC counselling, ranging from strength and wisdom to the importance of being believed. I then present the reasons why survivors would or would not recommend RCC counselling, the obstacles preventing them from participating in counselling on a regular basis, and their suggestions to improve these services. I conclude this chapter with a discussion of the findings in terms of the theoretical framework discussed in chapters two and three.

7.1 Survivors who completed a Questionnaire

Of the 43 completed questionnaires received, 39 were from women and four were from men. With an average age of 40, the youngest of these participants was 21, while the oldest was 60. The majority of survivors (79 per cent) are from Ireland, with only two participants reporting that they were from non-European countries. For the vast majority of participants (91 per cent), the perpetrator was a man. However, Megan reported sexual abuse by her adoptive mother, while Margaret and Stephanie identified both men and women as the perpetrators of the sexual violence they experienced. For the majority of survivors (86 per cent), the perpetrator was a known individual, predominantly a family member (44 per cent). However, eleven participants reported multiple perpetrators of
varying relationships. Many survivors (63 per cent) reported experiencing sexual violence in childhood, while 19 per cent indicated both childhood and adulthood sexual violence. Child sexual abuse was the type of sexual violence most commonly identified (70 per cent), followed by rape (58 per cent). Varying combinations of child sexual abuse, sexual abuse, sexual assault and rape were also indicated by 51 per cent of survivors. Rita alone reported experiencing sexual violence in an institution/industrial school. For 86 per cent of participants, at least a year had lapsed between their last experience of sexual violence and beginning RCC counselling. Noting the exact number of years that had passed, twenty individuals indicated a lengthy delay in seeking specialised support, in Philip’s case for forty long years. The majority (65 per cent) of survivors had been participating in counselling for more than one year and 82 per cent of these individuals experienced either child sexual abuse or sexual violence in both childhood and adulthood. To begin with, I explore what expectations, if any, these participants had of RCC counselling at the outset and whether these expectations have been met.

7.2 Expectations of RCC Counselling

The majority (65 per cent) of survivors reported that counselling has met or exceeded all of their expectations. The following quote from Lisa, aged a survivor of child sexual abuse, encapsulates the difference it can make to individual’s lives:

I never knew what I was missing until counselling opened my eyes. I used to believe I didn’t deserve to get married, that nobody would love me enough. Now I say, ‘why wouldn’t someone love me, I’m a nice person and caring and giving’. I can now begin to see the light at the end of the tunnel, whereas before I couldn’t. It has exceeded my expectations because it has allowed me to see possible happiness that I didn’t know even existed. It is the single best thing I ever did for myself and it has given me a new life.

Only Ruth stated that counselling has met few or none of her expectations. As she had envisaged a short, A-Z, AA-style programme, this relates more to the recovery process than the counselling received. While she reported struggling with the recovery process and the length of time it is taking, she observed that survivors ‘must avail of RCC professional
support as you cannot do this on your own’. As four survivors reported that they did not know what to expect, the question on expectations is problematic in that it does not allow for this option. However, these participants chose ‘met most’ or ‘met or exceeded all’ of their expectations and then qualified their answer in the space requesting further details.

A number of interesting themes arose from the written details provided in relation to survivors’ expectations. Five individuals initially viewed RCC counselling as a port in a storm. These participants were either initially dismissive of counselling or, given that they believed that no one could help them, viewed it as a last resort. Others (5 participants) were fearful, feeling terrified that it would be a big ordeal or feeling anxious about their ability to cope or to commit to the process. However, five survivors were hopeful that RCC counselling would help them to address the consequences of the trauma. Counselling as a safe space, the relationship of trust and empowerment were identified in the previous chapter as integral elements of the RCC approach. An investigation of these aspects of RCC counselling enables an understanding of how survivors’ expectations are met, in addition to how their doubts or fears are alleviated.

### 7.3 RCC Approach

#### 7.3.1 Counselling as a Safe Space

The vast majority of survivors (98 per cent) agreed that the counselling session is a safe space to discuss personal issues regarding their experience(s) of sexual violence. RCC counselling was characterised as a haven by twenty one participants, the atmosphere being described as calming, comfortable and familiar. One of the most frequently cited reasons for this description was that they could be honest about how they felt and express their emotions.

> I am allowed to express my feelings, thoughts and experiences and know that they will not be ‘minimized’, as well-meaning friends have a habit of doing. It is a time for me, where I can be myself and not be afraid the reaction will be disgust (Teresa, survivor of child sexual abuse).
Nine survivors noted their absolute trust in their counsellor. Laura, who reported three incidents of rape in adulthood, agreed that counselling is a safe space. However, she reported feeling that there were things that she could not discuss because of shame and self-blame. Each of the 43 participants also agreed that their counsellor has treated them with respect. With 95 per cent strongly agreeing with this statement, survivors characterised the RCC approach as judgement-free and the importance of being heard, believed, understood and valued were highlighted in this regard. While compassion and patience were the most frequently cited characteristics used to describe counsellors, the importance of empowerment was also emphasised.

### 7.3.2 Empowerment

The vast majority of participants (93 per cent) agreed that counselling has allowed them the space to explore their experience(s) of sexual violence. Sam, a survivor of sexual abuse in childhood, described being allowed the time to come to his own realisations and to use his own resources and insights. Ninety three per cent of individuals also reported that their counsellor has facilitated the recovery process to take place at their own pace, with 81 per cent strongly agreeing with this statement. In general, participants described how their counsellor has never pressured them, instead supporting them each step of the way but also gently encouraging them to delve deeper and deal with difficult issues that arise.

> My counsellor always allows me to talk at my own speed on what’s bothering me. Sometimes I can’t speak at all and even that’s ok. I’ve never felt pressured (Annette, survivor of child sexual abuse).

Many survivors (79 per cent) also reported being able to make their own decisions about their recovery. According to seven of these participants, they have been the ones who have decided what they need to talk about in the counselling session. However, despite participating in counselling for over a year, Tonia, a survivor of sexual violence in adulthood, illustrated the ongoing difficulties she has experienced in this regard:

> I have so much self-doubt that deciding what to eat is a huge decision. To even contemplate a decision as big as changes in my whole life is so scary that I shut down.
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Indeed, 79 per cent of participants reported the recovery process to be under their control. The following quote from Teresa, who had been participating in counselling for over a year, nonetheless illustrates the complexity involved:

*I think I have control but it takes time - like baking an apple tart - I have control on how long to leave it in, the temperature of the oven, what tray to put it on etc. but the laws of cooking say it will take the length of time it has to take, to cook. Same with recovery - I can do my best daily, but it will take the time it has to take - laws of nature I suppose – but I am now standing on my own two feet.*

Furthermore, 14 per cent of survivors neither agreed nor disagreed that the recovery process was under their control. While Tonia strongly agreed that her counsellor has facilitated the recovery process to take place at her own pace, she described control as ‘tricky’:

*When I’m in a good place it’s totally within my control but on a bad day I’m hanging out there and recovery isn’t a word I even know.*

The vast majority (98 per cent) of participants, nonetheless, confirmed that they have been supported through the recovery process by their counsellor. The following quote encapsulates this sentiment:

*My counsellor is a wonderfully kind, gifted and knowledgeable lady who listens attentively to me and offers great support in helping me question events of the past safely. My counsellor is a very supportive part of my recovery but ultimately it is mine. I am fully committed to completing the process for myself as it ultimately is only myself that can get through it* (Annette, survivor of child sexual abuse).

7.4 Recovery Process

The complexities highlighted by these findings provide an insight into the nature of the recovery process. Indeed, three overlapping themes emerged from the descriptions
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provided by survivors, namely recovery as a personal journey, recovery as a struggle and recovery as acceptance.

### 7.4.1 Recovery as a Personal Journey
Survivors characterised the recovery process as their journey, acknowledging that it is up to them to make changes and work hard, both inside and outside of the counselling session. Nine participants also noted that healing takes time, three of these expressing frustration at the slowness of pace.

### 7.4.2 Recovery as a Struggle
Eleven survivors also highlighted the difficult nature of the recovery process, with some expressing uncertainty regarding what recovery actually is, how it is meant to feel or where they are in the process. Describing how the trauma continued to exert control over them, these participants described how easily they can experience a setback. Ruth, a survivor of sexual abuse in childhood, reported feeling stuck and fearful of what else may unfold. The following quote from Sarah, also a survivor of child sexual abuse, illustrates the turbulent nature of the recovery process:

_This affected my family life. I have 2 daughters aged 21 and 22 and when this came out it took over our lives for months. At times I feel ready to crack, but always leave a counselling session feeling positive. I have gotten a lot stronger but I still have a long way to go. Sometimes I feel very anxious about it all._

### 7.4.3 Recovery as Acceptance
Describing recovery as accepting what happened, three survivors reported gradually coming to terms with the trauma. According to Laura, a survivor of sexual violence in adulthood, recovery is not possible; acceptance is all that can be hoped for. Survivors, nonetheless, reported a number of positive outcomes of the counselling process.
7.5 Counselling Outcomes

7.5.1 Meaning and Sense of Self

The majority (88.3 per cent) of survivors reported that counselling has helped them to make sense of their experience(s) of sexual violence. While Martha described counselling as the only place where she has gained this understanding, Geraldine credited the process with helping her to make sense of everything in her life. Both of these participants are survivors of child sexual abuse. However, five participants neither agreed nor disagreed with the statement. Although Rachel advised that counselling has helped her to process her feelings, she reported not knowing if she will ever make sense of her experiences of sexual violence in both childhood and adulthood.

Many survivors (84 per cent) also advised that they have gained self-awareness from participating in RCC counselling. Six individuals noted the importance of recognising the impact of the trauma on their lives in this regard. Seventeen participants further reported that they have developed a positive sense of self, with three survivors noting how they have gained a greater understanding of who they are:

My path through counselling has been led by my gradual realisation of who I really am, which has been surprising sometimes. Issues that didn’t seem important at the start became so as I went through the process. Some people may be afraid to confront certain issues in their personal lives but from my own experience, they will be given the time and support to do so at RCC in a safe and confidential environment (Sam, survivor of child sexual abuse).

For three survivors, self-awareness has involved gaining or regaining an understanding of their sexuality and developing sexual/romantic relationships as a result. Olive, a survivor of child sexual abuse, advised that RCC counselling has helped her to ‘claw back’ her sense of womanhood and her sexual identity.
7.5.2 Isolation and Connection

Just under half of the participants (46 per cent) reported no longer being isolated thanks to RCC counselling. As counselling has reinforced the prevalence of sexual violence perpetrated against ‘innocent people’, Annette reported feeling ‘a greater link to common humanity’. According to Niamh, who is also a survivor of child sexual abuse, the benefit of sharing her experience with other survivors in group counselling has played a large role in her feeling connected to the world and being included in life. The following quote illustrates the importance of counselling in terms of helping survivors to feel less lonely:

Some days I feel so alone it’s palpable but more often than not, now that I’ve got the RCC help and helpline of support, these days are fewer and far between (Olive, survivor of sexual violence in childhood).

However, many survivors (23 per cent) reported being isolated. Five of these participants described the difficulties they have experienced in relation to sharing the abuse with family and friends and how they have found it hard to trust people.

Counselling helps me to feel less isolated but it is hard to share this part of my story [sexual abuse] with other people including friends and family. Sexual abuse is an isolating experience and I often feel alone with it, and despite working very hard on my recovery and making huge progress I still have shame around naming/identifying my history of sexual abuse (Vanessa, survivor of child sexual abuse).

Sinead, a survivor of child sexual abuse, described her isolation as compounded by the fact that there was a delay in her disclosure, a delay of more than thirty years. Nineteen percent of survivors neither agreed nor disagreed that, despite counselling, they continued to be isolated. While counselling has helped these participants to be less isolated, they described feeling isolated at times. In the following quote, Sarah, a survivor of child sexual abuse, discusses isolation:

Because I kept it to myself for so long, other than counselling I often feel isolated, because of the affect on my daughters, I don’t like to keep bringing it up to them.
And I grew up in [a different county to the one she lives in] so a lot of my friends live here still so I wouldn’t always see them.

However, for nine per cent of survivors, isolation never presented a problem. For instance, Helen, a survivor of sexual abuse in childhood, reported being incredibly lucky to have a very supportive family and partner. Five other participants indicated support outside of RCC counselling, namely family/friends, additional counselling and Al Anon [a programme of recovery for the families and friends of alcoholics]. While Megan and Olive, both survivors of sexual abuse in childhood, reported their families wanting nothing to do with them, only Megan reported feeling isolated as a result. Olive advised that she has been supported through the recovery process by her sponsor for an eating disorder. An interesting contrast was also revealed by the written responses of child sexual abuse survivors Miriam, Sarah and Martha in relation to isolation. Although they described their counsellor as the only person they can ‘share the darkness with’, as Miriam termed it, only she reported feeling isolated as a result. Martha stated that her counsellor is ‘really all she needs to get through this’. Self-care also emerged as an important outcome of RCC counselling.

7.5.3 Self-Care

Many survivors (77 per cent) reported that they have developed healthy coping strategies with the help of counselling. For example, four of these participants reported no longer using eating disorders/sexual promiscuity/alcohol in order to cope. However, 16 per cent of participants neither agreed nor disagreed with this sentiment. Describing the development of healthy strategies as a work in progress, Ruth, a survivor of child sexual abuse, highlighted how easily she could fall back into the old, maladaptive ways of coping. The difficulties encountered do not appear to be related to the length of time participating in RCC counselling, as most of these survivors have been accessing these services for more than a year. They also do not appear to be related to whether the sexual violence occurred in childhood or adulthood.
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The majority of participants (88 per cent) also agreed that they have made positive choices about their lives with the help of counselling. Twelve survivors described learning how to take care of themselves, eating healthily, exercising and sleeping well. Learning how to set and maintain boundaries was also mentioned by five of these individuals, for example, extricating themselves from negative or abusive relationships/situations. Indeed, it is evident that RCC counselling fosters post-traumatic growth.

### 7.5.4 Growth

Many (86 per cent) survivors reported that they have gained knowledge from RCC counselling. Further to the findings on self-care, three individuals described this learning in terms of finding more helpful ways to relate to the abuse and to their bodies. Just over half of the participants (51 per cent) also reported experiencing other aspects of post-traumatic growth. Closure and acceptance, hope, confidence, letting go of the pain/anger/guilt/fear and having the ability to trust/love/socialise were all noted in this regard.

> Attending the RCC is the best thing I have ever done for myself. I can’t fully explain how much it has helped me. I fully believe I wouldn’t be here without it. It is still a work in progress. I still have a lot of anger but I have hope for the future now whereas for a long time I didn’t (Martha, survivor of child sexual abuse).

Thirteen survivors also reported feeling stronger, both emotionally and psychologically. Three participants, two women and one man, noted that they have learned that it is okay to cry/express their emotions.

### 7.5.5 Self-Blame and Being Believed

The majority of participants (84 per cent) also reported that counselling has helped them to understand that the sexual violence they experienced was not their fault. However, as she never thought that she was to blame, Lisa, a survivor of child sexual abuse, expressed her annoyance at being told this by her counsellor. Being believed was also identified as an outcome by 91 per cent of survivors. The following quote from Annette, who was abused by her father, poignantly encapsulates the importance of this validation:
Being believed was initially the big thing for me. My story is particularly harrowing and sometimes I felt that if I hadn’t been involved in it that I possibly couldn’t believe it either. The kindness and compassion I have received from the RCC has strengthened my awareness, increased my coping skills, expanded my knowledge but most of all renewed my faith in mankind.

7.6 Recommending RCC Counselling

Given the overwhelmingly positive findings presented thus far, it is not surprising that each of the participants would either strongly recommend or suggest RCC counselling, the vast majority (88 per cent) opting for the former. Seven survivors noted that they value the importance of RCC counsellors as specialists in the area of sexual violence. Furthermore, almost half of those who would suggest RCC counselling would only do so as they would not want to put pressure on an individual if they are not ready. Three of the participants who would strongly recommend RCC counselling also highlighted a survivor’s readiness as a pre-condition. Believing that recovery cannot be undertaken alone, seven survivors characterised RCC counselling as a lifeline. The following quote is indicative of the positive feelings expressed towards these services:

I was in a dreadfully desperate state when I first attended my counsellor. Her ability to let me be was just fantastic. She left me go at my pace and explained issues I was confused about. I’m so relaxed going in now, which is a sign of the wonderful work going on in the RCC. I’m a new woman so to speak. It’s vital in my view (Chloe, survivor of child sexual abuse).

7.7 Obstacles and Suggestions to Enhance RCC Counselling

Only four survivors identified obstacles preventing them from going to counselling on a regular basis, namely full-time employment and lack of childcare. Indeed, the majority of suggestions made by survivors to improve RCC counselling were of a practical nature. Improved funding was the most common suggestion made. With regard to RCC services, group therapy was proposed by five survivors and Sam, who experienced child sexual abuse, specified group therapy for men. Highlighting the difficulty of coping when a counsellor is on leave due to illness or vacation time, three participants also recommended
group therapy or a replacement session as an alternative when this situation arises. Complementary therapies such as reflexology and anger management were also suggested by five individuals. Finally, child sexual abuse survivors Helen and Megan indicated that they would like to see more availability of male counsellors for men and women who were abused by women and would prefer to see a man. As noted previously, Megan was abused by her adoptive mother.

### 7.8 Discussion

As we can see from the demographic details presented, the 43 individuals who completed a questionnaire represent a cross-section of survivors who access RCC counselling across the following variables: age, type of sexual violence experienced, when the sexual violence occurred and length of time participating in counselling. In keeping with the RCNI national statistics for the year 2011 (RCNI 2012), the vast majority of participants are women, the perpetrators of the sexual violence experienced are predominantly men and these individuals are known to the survivor. In addition, many of these participants experienced sexual abuse in childhood. Specifying the exact amount of time that had passed, twenty individuals bore testimony to the lengthy delay in seeking specialised help that appears to be common among survivors of sexual violence who access support services (McGee et al 2002, RCNI 2012, RCNI 2014). The overall goal of RCC counselling is to support individuals in their healing process and, as discussed in the previous chapter, their approach is both person-centered and trauma-based. The findings suggest that this approach is translated into practice, for the most part, and survivors’ needs are, generally, being met. From the accounts provided, it seems that RCC counselling predominantly involves a trusting relationship that creates a safe space for survivors to begin to heal, a place where they are heard and can discuss issues that they cannot share with anyone else. As it is evident that survivors may embark upon the counselling process with fears and doubts, this is vital. The findings indicate that the humanistic principles of empathy, unconditional regard and congruence that underpin the RCC approach (Rogers 1961) ensure survivors are validated and heard. It is clear that the majority of participants valued the fact that they have been provided the time and space necessary to heal and grow, and numerous positive outcomes were reported, including strength, being believed and an enhanced sense of self (Deegan 1988, Herman 1997, Tedecshi 1999, Repper & Perkins 2003).
Indeed, the outcomes established mirror those reported in evaluation research regarding counselling services provided, mainly by RCCs, to individuals who have experienced sexual violence in the US and the UK. As is presently the case, counselling, generally, helped participants to develop positive coping strategies and to make their own decisions (Henderson 2012, Wasco et al, 2004, McGee et al, 2003, Westmarland & Alderdson 2013). Irish RCC counselling also helped survivors to make sense of their experience(s) of sexual violence, yet what this means remains unclear. Providing a glimpse into trauma that is held in the body (Rothschild 2000), the importance of letting go of emotions such as shame, fear and anger was further highlighted by some participants. However, while shame and self-blame are commonplace among survivors (Herman 1997, Rothschild 2000), it is evident that counsellors should not assume this to be the case. Finding meaning in one’s experience of trauma and working with emotions that have been suppressed are also areas that I explore further in chapter eleven.

In keeping with the understanding of recovery as both an outcome and a process (Liberman & Kopelowitz 2005, Ramon et al 2007), the current findings also provide an insight into the complexity of the healing journey in the context of Irish RCC counselling. It is evident that even when these services facilitate the recovery process to take place at the survivor’s pace, this does not necessarily equate to individuals feeling in control. This seeming paradox illuminates the importance of the empowerment approach, while at the same time speaking to the fluidity and turbulent nature of recovery. It is also evident that even when survivors develop positive coping strategies with the help of RCC counselling, they may easily fall back into old, maladaptive ways of coping, nevertheless. Recovery has been conceptualised as a process that takes time and that involves both struggle and growth (Sgroi 1989, Herman 1997, Tedeschi 1999). The three overlapping themes that emerged from the descriptions provided by survivors speak to this understanding and these are explored further in chapter ten, in which I discuss the findings from the interview phase of the research. As discussed in the previous chapter, RCC counsellors are trained to challenge survivors where appropriate. The questionnaire findings further illuminate the complexity of the empowerment approach in relation to the importance of counsellors’ gentle encouragement of survivors to deal with difficult issues that arise.

The findings relating to isolation provide a further insight into the difficult nature of the recovery process. Rather than representing a flaw in the RCC approach, it seems that reconnecting with others is a particularly difficult aspect of recovery. The findings also reveal the personal meaning that isolation has for different individuals, as although counselling may be the only support that one has, it can be all that a survivor needs. In keeping with Ullman (1999), the importance of external support is highlighted, nonetheless. While I could not explore a possible relationship between specific outcomes and gender due to the small sample size, a number of additional factors that influence the recovery process emerged, such as delay in disclosure and survivors’ readiness. Two participants also highlighted the relevance of gender in relation to the availability of more male counsellors for survivors who would prefer this option. Increased funding and the availability of group support were the most frequently noted suggestions for improving the support services of RCCs in Scotland (Henderson 2012). Given the economic cuts that Irish RCCs currently face, it is unsurprising that increased funding was also the main suggestion made by the survivors who completed a questionnaire in this study. As group therapy was also recommended, this suggestion becomes even more salient. Indeed, it is remarkable that only a few individuals identified obstacles that prevent them from participating in counselling on a regular basis. This finding highlights the importance of the fact that RCC services are free of cost and, as such, it is imperative that centres receive adequate funding, particularly in the current economic climate.

7.9  Conclusion

In this chapter, I have established numerous outcomes achieved by Irish RCCs, in addition to providing an important insight into the complexity of the recovery process from the perspective of survivors. The findings suggest that the RCC approach is predominantly translated into practice and the participants, generally, reported valuing their counsellor’s support, which has enabled them to address the consequences of the trauma at their own pace. While the comments made by the participants regarding RCC counselling were overwhelmingly positive, a small percentage of individuals did not always agree that their needs were being met. As further details were not provided, I unfortunately could not ascertain why these survivors responded as they did. Moreover, each of the participants reported that they benefited in some way from counselling. However, it is evident that there are a number of practical ways in which these services may be improved and these
highlight the importance of adequate funding. Indeed, the fact that RCC counselling is currently provided free of charge has emerged as a significant positive feature of these services. That counsellors should not assume that a survivor will blame themselves for their traumatic experience also represents valuable learning. The findings presented provide the impetus for investigating the elements of the RCC approach that underlie the outcomes discussed, in addition to gaining a more in-depth understanding of the recovery process within RCC counselling. The dynamics involved will be explored further in the following chapters, in which I document and discuss the findings from the interviews with survivors and counsellors.
Chapter 8. The Recovery Process in the Context of RCC Counselling

In this chapter, I present the findings from the interviews with survivors and counsellors in relation to the recovery process in the context of RCC counselling. I build upon the previous findings in order to provide a more comprehensive understanding of the complexity of the healing journey. To ensure that each survivor’s story does not become lost in the combination of accounts, I begin this chapter with a brief overview of their personal details, in addition to their decisions to access RCC counselling. As such, the reader first becomes acquainted with the brave women and men who shared their journey with me. Next, I introduce the counsellors by proving a brief overview of their personal details. I then elaborate upon the three overlapping themes of recovery that emerged from the completed questionnaires, providing an insight into how counsellors view this process, in addition to further documenting what it means for survivors. First, I describe recovery as a personal journey, while highlighting the role of the RCC counsellor as supporting survivors to find their own way. This is followed by an exposition of the difficult aspects of this process in terms of its inherent struggle. I then present the positive nature of the journey in relation to the post-traumatic growth that healing has engendered for these survivors. The importance of RCC counselling in helping survivors to address the consequences of sexual violence is discussed by each of the participants throughout. Although a cross-section of female and male counsellors was interviewed from small, medium-sized and large RCCs, there were no discernible patterns in relation to their experiences or perceptions based on these characteristics.

8.1 Survivors’ Decisions to Access RCC Counselling

Mark, aged 44, is a survivor of sexual violence in both childhood and adulthood who had just finished counselling on the day he participated in an interview.

*It was a bit dubious to start out with actually. I was with the psychiatric services and, em, they didn’t want me anywhere near the RCC to start out with. Em, they wanted medication, em, and a whole load of things that they felt were important. Em, when I more or less disengaged with them, I didn’t want to be part of a system.*
I didn’t sign up for it. I was being brought into it. They dropped me like a hot cake. They wanted my family involved, which I didn’t want. Em, I actually met, came in here about three months after the rape, em, met a counsellor. It did not work. I was never coming back. Well, it was nothing to do with, other than the fact that I had just been raped by a man three months previously and I had a man asking me questions. I felt I was being groomed. In my head it triggered off a whole load of these, ‘why is another man? Am I silly? What’s happening?’, plus I was on a tonne of medication, enough to kill a small horse, em, and I’d a GP in town here who I would have been linking in with on and off with medical problems anyway and I told her I was never coming back again and, funny enough, I got a phone call from a certain lady who’s not too far away from us now saying, ‘oooh, I think you missed your last appointment. Would you just like to come down and fill in some paperwork here so that we can fill everything’, and that was January 2011 and, eh, today is my last day with her. We literally finished across the hall so it’s a bit of an emotional day for me in a whole load of ways, a very special person and she’s like my little light house there. Any time I go off, we get the light somewhere to follow back in again. I can’t talk highly enough about what’s happened here because it’s changed my life and effectively everyone around me has benefited from what’s happened.

Sam, aged 56, is a survivor of sexual violence in childhood who had been participating in counselling for over a year at the time of study participation.

Well I’d been going to the Grow [Ireland’s largest mental health organisation] organisation for quite a while and, em, they were always very good for the practical, elements of life (laughs), you know. Get you to do the things you might have been afraid of or whatever, you know. So, em, I actually just saw a flyer for, for the centre here down the town there, in em. I was actually doing a foundation course for college and they had the flyer there for the centre. So I read that and that. I made my mind up over the course of a few weeks to come, you know. I just came to try it out basically and see what would happen. Em, I knew I needed something more in depth, em (pause), than, than just what I was getting in Grow, you know.
Miriam, aged 40, is a survivor of sexual violence in childhood who had been participating in counselling for less than a year at the time of study participation.

I’m an alcoholic in recovery and I live very much so by the programme of the twelve steps and, em, this particular issue had always been a problem for me but when I was in treatment it wasn’t, em, it came out but it wasn’t dealt with because that wasn’t what they deal with. It was more so my, my addictions, em, so I was given the, as a prescription, which I can laugh at now, the serenity prayer to get me until I was strong enough to make a decision on what to do because I didn’t know what to do. Em, there’s a part of twelve steps which is step four, which is making a fearless moral inventory of myself and I had looked at that and I knew that I couldn’t move forward in my life until I, I looked at this, em, in a way that was going to help me because all along I only had the, the prescription as I call it. Every time the thoughts were to come in it was just to keep saying the serenity prayer and that would get me, tide me over so I felt I had to do something because, eh, every area of my life was affected, em, to the degree that it was just very hard to find out what to do. Em, we very much so advocate the, if you need help, ask people who have either been through something or, you know, if it needs counselling to go and do that, em, so I suppose with the help and the support of my fellows in the fellowship of AA [Alcoholics Anonymous], em, that would have been that extra push. I don’t believe that I made this decision on my own. I believe that I’ve had a lot of support in being able to do it because again, like anything, I don’t know what these things are about. I didn’t know what sobriety was. I didn’t know what abuse was. I didn’t know what recovery from abuse was so it was very, very strange.

Rachel, aged 44, is a survivor of sexual violence in both childhood and adulthood who had been participating in counselling for over a year at the time of study participation.

I woke up one morning and just couldn’t stop crying didn’t know what was wrong with me it was like, just, you know, like I’d hit the, the wall as they say, em, went to my GP, she said you’re depressed and I said ‘great (laughs) what do I do?’ and she said ‘well I can give you medication or, you know, have you considered counselling?’ So that was the first time I’d heard the magic word counselling and I was like ‘well I am not taking any medication, thank you very much (laughs) em, not
unless I absolutely have to, em, I'll try the counselling. So she recommended somebody and I went to him and he was a very lovely man, very gentle very kind but we got, I got to the point with [counsellor] where he felt I couldn't continue to work with him, you know he identified that there was trust issues there so he recommended [another counsellor] and that's when I kind of did, kind of a, a good bit of work for maybe two or three years and it really kind of got me back on a good path in life and then there was about a ten year gap and I went to another lady and I was seeing her for a few sessions, and she felt that, you know that in, in that kind of money was probably an issue to be going regularly so she felt that I kind of really needed to be going more often, em, and suggested coming here, and I wasn't really aware, although I'd gone to the rape crisis centre when I was in Dublin, em, I wasn't really aware that, that kind of the service was here and available and was free so I, em, I made a call and yeah started seeing [RCC counsellor] and, and have been getting on fabulously and my husband actually has also availed of the service, em, and he’s, and it's probably the first time, although he kind of, like that he tipped in an out of a few weeks of counselling here and there, em, it’s the first time that he’s really kind of you know, kind of worked through stuff and really kind of, he’s found it tough but, you know, he's really benefiting from using the service and he’s doing really well. So yeah, it’s great. It’s been a really positive thing for both of us.

Megan, aged 46, is a survivor of sexual violence in both childhood and adulthood who had been participating in counselling for less than a year at the time of study participation.

My sexual abuse became much more apparent to me in my mid 20s after an accident and it was highlighted at the time by the therapist of pivotal moments in my future of when I should access counselling, i.e. if I became pregnant and to find out what sex of the child I was going to have because it was female to female sexual abuse. That if I was having a female child that I could go for therapy so that I could bond with my child without the insecurities that I might, em, re-perpetrate. Then the next point was at the onset of physical abuse which was three, which I did through the HSE. Then the next one was em, when my life really changed immeasurably with my parents. My father had passed away, killed, not really sure, em, so I left home when I was about eleven and my daughter is that age now so pre that, em, I started counselling just to kind of get into the gear because I found my
relationship with her was being grossly affected by my attitude and she’s going through puberty and, you know, that whole onslaught of emotions, emotional reactions. I knew I was subjecting her to my baggage, do you know, and I wanted her to have a very healthy sexual, her own attitude about sexuality and not have it infringed with my baggage. So it was just to have her have a healthy outlook but coincidentally I had a burnout. I’m high functioning autistic, as my daughter is, or Asperger’s, and in coping with this I suffered emotional and physical burnout. So then the next time it was suggested that I go for therapy, you know, is my first rape, by, not by my mother but an outsider because I had very skewed lines, do you know, and so that’s when I was sixteen. So it was suggested that when my daughter turned sixteen that I go for counselling again so that I don’t pass my baggage again onto her, so that she has a very positive first experience of sexuality, do you know. So that’s it now. I’m just following the guidelines.

Ruth, aged 47, is a survivor of sexual violence in childhood who had been participating in counselling for over a year at the time of study participation.

I suppose it goes back ten years ago that we, myself and my husband were in marriage counselling mm, and that was ongoing weekly for about six years which I suppose on reflection was a long time, we weren’t really getting anywhere. Now I couldn’t see that but obviously the counsellor at that time felt there was something that I was bringing to the relationship, quite destructive and, you know, behaviours and manners and whatever that was causing the relationship to (pause), just to be the way it was. So he advised me to go and do a personal development course, to go for a year and to not do the counselling because he felt there was something. So I went off and did a year’s Personal Development, one day a week and it was, eh, group therapy of sorts I suppose. It was led by I guess a psychotherapist and I wasn’t even aware, you know, doing these exercises every night and stuff was coming up, anger or whatever, do you know. And then we went away for a residential weekend and the whole weekend was themed em, and it transpired to be sexuality mm, not sex in any way but you know, what defines us as the people that we are. So I was very open and, you know, putting everything on the table as much as I knew and on the Saturday morning we were sent away with a six page questionnaire to do on our own for half an hour and I got to page four and I
suppose a lot of the questions were em, your family upbringing and the messages that you were getting from you know, TV. I had no sex education at all, em, so I had no knowledge only from what I learnt at school in biology. So this was all there, do you know, talking about relationships with your siblings, with your parents, with friends and then it went on to sexual history, your first boyfriend and kissing and touching and how far did you go. I had no inkling of anything, nothing. I just filled it all in as best I could. And then there was a question at the bottom of the page four, ‘have you ever been touched inappropriately before in a sexual manner?’ (pause). I couldn’t say no. So I sat with that for some time and then em, I had more flashbacks (pause) and I told my husband and then we went back to our counsellor and told him and then he said ‘I can’t deal with this but you need to go to the professionals’. So I made a phone call here, em, not believing that I needed to be here, you know.

Tina, aged 60, is a survivor of sexual violence in adulthood who had been participating in RCC counselling for over a year at the time of study participation.

I was in a panic situation from, ya know. My GP had been pushing me to go. If I heard the word rape on the television, I’d kind of get jumpy...And then it just, I don’t know, it just got worse and it kept coming into my mind and I kept pushing it away. I couldn’t bare anyone to come near me. I couldn’t bear anyone to touch me. It just, it got so bad, I couldn’t concentrate in work. And in the end I was getting so desperate in my personal life at home and I had nowhere else to turn. That’s basically it ya know and you make one phone call (sighs), you come in and it was made very easy for you and I’m still here a year later. I couldn’t cope with anything and if I hadn’t have found here. I don’t know what I would’ve done. I know what I would’ve done. I just think I would’ve committed suicide.

Mairead, aged 40, is a survivor of sexual violence in adulthood who had been participating in counselling for over a year at the time of study participation.

It came about by chance. Um I hadn’t decided, hadn’t made a decision as such to access the services. Um, I had a boyfriend at the time who confided in me that he
had been abused and he wanted to do something about it and he didn’t feel he could make the call himself. So I said I’d make the call for him and just being upset from hearing his, his was child abuse, and from hearing his situation I’m actually quite surprised in a way. I don’t know why you would expect from some people and not from others but just when he told me it came as a bit of a shock. Um, but when I made a phone call about how to access the services on his behalf they were telling me ‘well look he actually has to ring’ and all the rest of it. But then I ended up, it just opened a can of worms and it touched up all of my stuff and I ended up an hour on the phone with the counsellor (laughs). So it was the counsellor on the phone who said to me based on the story that I told her that she believes that I also should be also accessing the services. So I was part unaware that a lot of things were kind of bringing me to that moment when I look back. Ya know, it’s not something I suppose, you can’t hide it, even though you would try to, um, so eventually it has to come out in some shape or form. So I am eternally grateful because I actually don’t think that I would actually be alive honestly if I didn’t have this place to come to.

John, aged 28, is a survivor of sexual violence in adulthood who had been participating in counselling for less than a year at the time of study participation.

It was causing a lot of, em, not talking to anyone about what happened to me and not really accepting it and I was still trying to pretend it didn’t happen really. Em, it was causing an awful lot of changes in me that I wasn’t seeing, that the person I was living with was and as a result of that it was causing an awful lot of fights between us as well, just the way I’d been changing, the way I was now acting and, em, that started to concern me and I’ve known her since just before the incident happened and she said that since, em, or no, sorry, I’ve known her since just after it happened so she was able, so she’s pretty much been living with me ever since then and she’s noticed me changing over time, whereas I hadn’t and, em, she pointed that out to me so, eh, she actually looked up online and found a website, the website for me to go to and I went on the website and I got the phone number and, mmm, pause, I think, in fairness now I didn’t call right away. I had the number for about 2 weeks before I felt up ta actually calling and speaking to anybody, especially somebody I didn’t know and, you know, at that stage the girl I was living
with was the only person that I told about it so even telling another of my friends was difficult so to start speaking to a stranger took an awful lot of (pause) build up I suppose. Em, and then after about two weeks there was (pause) since it had been pointed out to me that I’d been changing and getting more introverted really, more in on myself and I started to notice it then and that got me frustrated and I started snapping at people for no reason, even, em, even actually at my pets. So that’s when I decided that I’d had enough of it and called the centre. I’m quite happy that I got in contact with the centre, immensely so, em, because I really was struggling before I did.

Thomas, aged 49, is a survivor of sexual violence in childhood who had been participating in RCC counselling for over a year at the time of study participation.

About two years ago, I, em, I started to have memories of being abused as a child and it was very strong and I was in counselling at the time, em, privately and paying privately for it and, em, and I realised that, you know, I need to really work with someone who is specialised in that area, em, and that’s why I came to [name of RCC]. There was a sense of, you know, I really want to work with this, em, and, d’know, there wasn’t a sense of having to hide the fact that I was in counselling, em, I didn’t want people to see me coming through the door.

Stephanie, aged 43, is a survivor of sexual violence in both childhood and adulthood who had been participating in RCC counselling for over a year at the time of study participation.

I was raped over two years ago and I was brought to the unit out in the regional hospital, the university hospital now and after the examination and the rape kit, em, they put me in touch straight away, which was fantastic, with a counsellor. So that’s how it started with me but it was, the fact that it was there straight away. If I’d been given time to decide, there’s an option for you, I don’t think I would have, em, because things stick in your mind after it and it’s very traumatic after going through what you have to go through in the hospital as well as what you’ve gone through beforehand, em, things, positive things stick in your head as well because you’re searching. You need some help. If time had elapsed, it probably wouldn’t
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have worked as good, for me anyway, so it was important, when I look back now, it was important that straight away I was told, em, pause, yeah, so that’s how I got in contact.

Claire, aged 21, is a survivor of sexual violence in childhood who had been participating in counselling for over a year at the time of study participation.

I just had every problem going. I had anxiety. I couldn’t leave the house, all that stuff so I rang down and [counsellor] answered and I’m here three years later (laughs). I heard about it, my aunt. I think it previously happened her but she was going to do it and didn’t see. I said I’d go for it and see what it’s like. I didn’t really believe in it but, every Thursday now (laughs). It’s brilliant. Talking like, I didn’t want to. Now, you couldn’t shut me up. I’m talking about everything but, yeah, yeah. Em, I just didn’t think it would help like. You know when you have that much problems in your head, you don’t think that just having a conversation with someone would help but the world of good.

Helen, aged 23, is a survivor of sexual violence in childhood who had been participating in counselling for over a year at the time of study participation.

Well I’ve been to counselling on and off since I was twelve and, yeah, I moved over to Ireland three years this month actually and I’d never been for sex abuse counselling before but, em, it kind of came to light, em, that my best friend had. It happened her as well, eh, by the same man and I always thought that I’d kind of done it so that she wouldn’t have to, you know, em, and then, you know, it kind of all came to the forefront and now my partner rang up and we were looking for a counsellor but, em, I didn’t actually know about this place because it’s not something that you just know off the top of your head, em, and, you know, we found out about this place. I originally went to [counsellor] in her own practice, em, and then I lost my job and I couldn’t afford to pay for counselling anymore so I came here. Yeah, so, they’re very nice here. So that’s just kind of, you know, I decided to come back to counselling because I was struggling quite a bit with
Louise, aged 31, is a survivor of sexual violence in both childhood and adulthood who had been participating in counselling for over a year at the time of study participation.

*I had to tell someone or I would have gone crazy otherwise. I was seven stone when I came in here to counselling and I had diarrhoea and I had very bad vomiting as well, I was so upset and worried about things. At that point, I was only coming out of care [HSE care] and I had to go into the world and do it all on me own. I had no support whatsoever. It was difficult but I done it.*

8.2 Counsellor’s Personal Details

Cathy, Siobhan, Chantal, Saoirse, Monica and Michael are counsellors in a large RCC. Martin, Collette, Catriona and Vivian provide counselling in a medium-sized RCC and Molly and Roger are counsellors in a small RCC. Between them, they provide a variety of psychotherapeutic approaches, including Gestalt, Solution Focused Brief Counselling, Biodynamic Therapy, Psychophysiology of Trauma, Trauma Crisis Therapy and CBT. Some of these counsellors have also attended workshops on sexuality, suicide awareness, self-harm, eating disorders and vicarious traumatisation. In the next section, I present the perspectives and experiences of the survivors and counsellors in relation to the recovery process.

8.3 The Recovery Process

8.3.1 Recovery as a Personal Journey

The recovery process was characterised as a personal journey by all of the survivors and the vast majority of counsellors. Some survivors specifically used this term, while others evoked this powerful image by discussing the process in terms of ‘moving forward’, ‘getting back on track’, getting onto a bright ‘path’ or ‘road’, or ‘crossing a river’. Whether they had been participating in counselling for under a year or a number of years, survivors spoke of

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the slowly evolving nature of the recovery process. Indeed, a small number of survivors discussed living from session to session or even from day to day. While John envisioned a final destination that he has been progressing towards, a number of survivors and several counsellors described the recovery process as a never-ending journey, upon which new issues arise or they manifest in different ways, depending on particular life events. As noted by Helen:

\[I \text{ think the thing about surviving sex abuse and rape and everything, you know, it’s, it doesn’t end as, as horrible as that sounds. It’s always with you. It’s just how you react and how you cope with it, so yeah (pause), and this place [RCC] of course helps with that.}\]

Describing recovery as a spiral, a number of counsellors discussed how the healing process involves revisiting issues on a higher level of integration\(^{47}\). A small number of these participants asserted that they do not work in strict stages. While Cathy, a counsellor from a large RCC, noted the importance of protocol in order to have an idea of how to work, she advised that the more experience one has, the more they understand that there really are no stages. According to Thomas, a survivor of child sexual abuse, the recovery process is better understood as unfolding in cycles. Relaying her personal feelings on recovery, Molly, a counsellor from a small RCC, commented:

\[I \text{t’s not a straight line from beginning therapy to recovery. It’s a journey and it goes rather in spirals than in a straight line. You might hit back the old stuff at a different life stage or, it’s a gradual thing. It happens over years and I think, eh, like have people ever fully re. Recovery is a funny word. Yeah, most likely you’re okay at a certain time and you say, I’ve done enough or people go on and explore more of their journey and (pause), it’s like an opening into new ways of being as well. It’s never ending. Where does recovery end and the space beyond recovery start?}\]

Ruth, who is a survivor of child sexual abuse, expressed her hope that she would be able to work through the trauma in order to ‘put it away’. However, a small number of counsellors advised that even when an individual has learned to live with the trauma, sometimes life

\(^{47}\) See chapter three for a discussion of this concept.
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events challenge their ability to cope. Catriona, who works for a medium-sized RCC, summed up these thoughts succinctly in the following comment:

*The effects don’t just go away and you don’t, em, you do learn to live with it in one regard but that doesn’t always work and sometimes life can throw a curve ball at you that makes it completely cease to work.*

Several survivors noted the importance of being able to participate in counselling for as long as is required and knowing that they can come back in the future, should the need arise. Mark, who had just come to the end of the counselling process, likened his journey to travelling on a train. He described counselling as the best ‘stop off’ he has made as part of a greater life journey that has involved many deviations. Although he did not know where counselling would take him, he was happy to see it through. He asserted that the journey would be a bit straighter from then on and he noted the importance of choosing which stops he makes in this regard. Mark and Sam reported not having a master plan or fixed goals in life, instead letting it take them wherever they are meant to go. Sam and Mairead likewise noted not knowing where counselling would take them. Describing herself as a practical and goal-oriented person who tackles things head on, Mairead expressed surprise at the fact that she was still participating in counselling. Although she had not been prepared for what recovery would entail, she reported being very happy with her decision to access the RCC. In her own words:

*So for me it was just like, um, initially that kind of blue that you feel kind of come, swell inside you, got a bit smaller. Kind of after a session you just feel (takes a deep breath), you know, I can breathe for the next few days. You just felt better.*

While all of the survivors characterised the recovery process as their journey, several noted that for them recovery means knowing that the process cannot be undertaken alone. The following quote illustrates this point well:

*When I visualise that I see, you know when a car breaks down and the recovery truck comes and big plastered letters over it, recovery, that always reminds me, yeah, you can’t do this on your own because once ya, once you break down or you get stuck, you need to put out the hand of help, you know, to get that truck to lift*
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you up and take you on to the next stage, so I always laugh when I see the recovery trucks (Miriam, survivor of child sexual abuse).

Advising that the route is different for each individual, the vast majority of counsellors described their role as accompanying the survivor by facilitating them to find the answers. Several counsellors noted the importance of honouring an individual’s ability to self-actualise by trusting that they know what is best for them and their lives. Both Mark and Stephanie characterised their counsellors as a guide who has sustained them on their journeys. According to Stephanie, finding the right counsellor is like finding the ‘right shoe that fits’. Describing her as more than a facilitator, Mark likened his counsellor to a mother who really wants to care for you; a relationship he has not previously had:

It’s forty two years of a person’s life and it has been put straight and continues to be put straight so I mean how can I ever thank that woman across the bloody way for it. I know she wouldn’t want it but I mean how do you thank someone who has done that and I do believe she has done. It’s not a question of, ah, look it, she’s a facilitator. That’s not the truth. We have someone here who was able to do something with my life that everyone else has failed with before so for me that’s, eh, it’s Florence Nightingale. It’s my beacon. It’s, whatever you want to call her. I’d carry that woman anywhere on my shoulders.

Tina expressed conflicting emotions in relation to her counsellor, whose help she described as invaluable. While she reported feeling dread at the thought of counselling coming to an end, she also noted the importance of not becoming too dependent on her counsellor. However, she reported trusting that the counselling process inevitably reaches a natural conclusion.

8.3.2 Recovery as a Struggle
8.3.2.1 Turmoil & Uncertainty
Recovery was characterised as a struggle by each of the participants. Described as a time of turmoil and uncertainty, counselling is very difficult for survivors at the outset, according to
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the majority of counsellors. They discussed how survivors are often in a state of confusion and chaos both in their heads and in their everyday lives. As they feel weak, survivors often believe that they should be able to cope without the help of a counsellor.

It’s that spiral of down, down, down, d’know, and then not, not feeling able to step above that or not feeling, and that thing of not having had control during the trauma and then feeling maybe not in control in their life now and then intrusion from thoughts, from memories, so, em, yeah being triggered then, you know. Certain experiences would remind them, maybe not consciously, of the trauma or the abuse and suddenly they’re experiencing the feelings they would have experienced then in their life now, but not understanding what’s going on so just how confusing that is for a person, when they’re feeling these feelings but it’s like it’s, and then they react in their everyday life with, because of those feelings and so reactions could be completely, em, out of synch with what’s happening (Chantal, counsellor in a large RCC).

According to a small number of these counsellors, it is not uncommon for survivors to feel apprehensive as they are essentially facing the issue for the first time, particularly if the sexual violence occurred in childhood. Not knowing what to expect, survivors often approach counselling tentatively, unsure as to whether they will stick with the process. Many survivors described their fears in terms of having to revisit the traumatic experience in their mind or having to do something that they did not want to do. Others spoke of the trepidation they felt regarding their ability to cope and of facing the truth and the emotions that have been suppressed. Discussing her personal fears, Megan said:

You can’t figure out (pause) how that seed, you’ve lost sight of what created this problem. So then, over time you learn how to (pause), to wrap that seed up in order to protect yourself because it just hurts too much to (pause), to feel those initial feelings and so if I were to say what fears me the most about therapy or coming to therapy, it’s unwrapping that seed. I’m scared, I’m really scared (pause) because (pause) I’ve held that down for a long time. It’s the child in me that has allowed this to grow, not the adult and from an adult perspective, I’m afraid. And also my life has been built on that foundation and I’m often afraid of who will I be once that wall is knocked down because my life has been built on all of those fears,
all of that questioning, you know, my shattered self esteem and in my bid to reclaim that and find out who I am, that I’m not, I’m not the reflective, mm, thing of what I was told, do you know what I mean. My life has been built on that. What will I have left of my life if you take down my foundation? And I’m too old to build a new foundation I feel, do you know. It’s more comfortable just to stick some mortar in the cracks.

Some survivors who experienced child sexual abuse also noted that they were afraid of being rejected or disbelieved, while others discussed being terrified that people, particularly family members, would find out. Indeed, Miriam reported being concerned that her children would no longer want anything to do with her if they discovered the truth. While a small number of survivors discussed their hopelessness, Sam stated that he began counselling with little purpose or knowledge of what the process would entail. For Mark, hopelessness stemmed from his previous negative experiences with mental health services and the fact that his life was ‘so awful’ prior to counselling. Describing the unbearable turmoil she experienced at the outset as emotional overdrive, Mairead advised that she was not in a place where she was hoping to achieve specific goals other than seeking relief:

You’re just in a state of emotional overdrive, that it is a form, a healthy form I presume, um, of seeking some sort of relief. Like, there’s an inner stress and tension that, that, in my case, you feel you can no longer live with and I thought I’m either going to walk out in front of a bus on purpose or, and I kinda felt that coming, you know, like something that’s kind of swelling on the inside of you and it has to kind of go somewhere.

8.3.2.2 Hope

Several survivors were, nonetheless, optimistic that counselling would help them in different ways. Some had hoped to be able to cope better or to overcome certain interpersonal difficulties they were experiencing as a result of the trauma. Others discussed their desire to accept what happened or to be able to put the experience behind them. According to Tina, the wish list she had at the outset has changed many times over
the course of her recovery process. Megan expressed the hope that she would to be able to once again enjoy the positive moments in life:

My wish is to get back to that, where I feel the warmth of the sun, where I can look out the window and enjoy the moments as they are, you know. And to hear the birds sing and to be able to not be so, you know, this feeling of compression around me to try and hold it together, that I can actually enjoy those moments. And I don’t know if that sounds very hippie like but you know when it all gets on top of you, it smothers all of that and, and it’s dreadful because then you end up wishing for those moments not realising that those moments were already there but you just couldn’t see them.

8.3.2.3 Facing the Consequences of the Trauma
The vast majority of survivors and several counsellors also described the difficulty involved in facing the emotional and physical impact of the traumatic experience(s) for the first time in terms of dealing with the myriad emotions that come to the surface, emotions that they have worked so hard to contain. According to a number of counsellors, this process can trigger the anger, grief and the fear that individuals felt as victims. Although Mairead, a survivor of sexual violence in adulthood, acknowledged being in a better place, she reported missing the relief that accompanied her ‘ignorance’ of these consequences at times.

According to Martin, who works in a medium-sized RCC, the processing of trauma can often lead to nightmares and/or flashbacks, leaving some survivors questioning their decision to revisit the issue. Although some survivors encountered this problem, they advised that counselling has given them back control and taught them how to cope. As the knowledge that she was beginning to open up and allow her feelings to surface has helped her to cope, Stephanie reported viewing the fact that it was only recently that she started having nightmares in a positive light. Indeed, each of these participants credited RCC counselling with enabling them to acknowledge the emotional and physical impact of the trauma. Though Helen identified nightmares as a continuing problem, starting a dream diary on the
advice of her counsellor has helped significantly with working through the issues that have arisen and the nightmares have lessened as a result.

Survivors Rachel and Mairead advised that although processing the trauma is overwhelming, the consequences are so vast that it would cause a greater amount of pain not to. They also reported feeling that the benefits outweigh the costs. However, according to Rachel, some individuals do not know that they have the courage it takes. Although she also reported finding the process very difficult at times, Tina advised that she was ‘sticking with it’, as she has been receiving genuine help. Other survivors spoke of the challenge inherent in connecting current feelings or behaviours to the abuse experience. Indeed, Thomas acknowledged the difficulty of connecting to these feelings, despite recognising them as his own. John discussed the importance of identifying when he feels low and understanding what has brought this about in order for him to be able to address the problem. Although he described the inability to figure out what has triggered him as frustrating, the more often his friends make him aware that he is depressed, the easier it has been for him to identify.

8.3.2.4 Lengthy and Turbulent Nature of Recovery
Despite the fact that many of them have acknowledged this facet of the recovery process, frustration in relation to the length of time that healing involves was also repeatedly highlighted as an issue for the majority of survivors. Ruth, who experienced sexual abuse in childhood, described this frustration in terms of how long it has taken her to retrieve the memories and to understand everything that happened. While she also berated herself for ‘failing to get it’, she reported her commitment to the process, nevertheless.

\[I've \text{ got an image of a washing machine at the moment, just going round and round and round, just not getting off, just going round and round and round, regurgitating the same stuff all the time for such a long, long time. I feel very stuck for a long, long time. And massive frustration at that, but there's no way I can leave because I know this needs to be sorted...And then maybe a month later I'll get it, you know.}\]
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A number of counsellors also observed that some survivors think that the process will be much faster than it is. According to Roger, some individuals begin to make connections relatively quickly, while others find the process much harder to grasp. These counsellors advised that although most survivors continue to participate in counselling despite its difficult nature, a small number of individuals choose to leave. This is either because they feel that it is too difficult for them or they think that things are not happening quickly enough. Collette and Saoirse noted the importance of assuring survivors that they do not have to be strong or to cope straight away as this can help them to build their strength. A number of counsellors also discussed the importance of acknowledging the fact that the recovery process is difficult and that it takes time and commitment, while also applauding the survivor’s bravery.

Many survivors also discussed the turbulent nature of the journey in terms of its ups and downs. They described how they could feel good, even for long periods of time, and yet there have also been times when it became more difficult to cope. In this regard, a small number of participants identified the problem of falling back into old, destructive patterns, noting the importance of recognising these patterns as negative consequences of the abuse in order to learn how to break them.

*It's kind of as you go along and you're seeing them [patterns ], you know, you're learning them, you know this is okay too and, it's trusting that and letting go of the fear I think, it's so easy to let the fear back in because remember you're, you've really lived in fear your whole...without even realising it, and I think that's something I've only realised lately, em, that, you know that, that fear is a big part of, it becomes a norm, you think it's normal to feel like this every day about bills, or about life...so it's breaking that pattern and that cycle* (Rachel, survivor of sexual violence in childhood and adulthood).

A small number of survivors further highlighted the tiring nature of the recovery process. Describing the ‘cycle’ as feeling elated once a breakthrough is made and then crashing with the realisation that a lot more work needs to be done, Thomas acknowledged sometimes feeling that he was not making any progress. He also noted the added difficulty of having to build back up again from that place in order to continue the journey. However, he
discussed the value of these breakthroughs, particularly in terms of having a really clear picture of the process that has brought him there. He also reported feeling that there was something that he had not yet grasped that would become clearer in time. Characterising it as reaching a plateau, Mairead discussed the importance of taking a rest following a period of dealing with difficult issues as this has helped her to ‘regroup within herself’.

8.3.3 Recovery as Growth

8.3.3.1 Moving Forward

While acknowledging the struggle inherent in the healing journey, recovery was characterised as growth by each of the survivors and the counsellors. The following quote is indicative of the positive feelings expressed by survivors towards the recovery process:

*It can be really hard and really tough, em, and there's times when you know, when I really did hit rock bottom and even through the counselling process I found it, you know. You know, where, where I was in my life. And then you'll get these lovely times and you know it’ll pick you up and, and em, it makes everything worthwhile, you know. So there's times when it's very tough and it's very challenging, em, but it's always so worth it, you know, it's always. You come out the other side of something and the bright sunny day is there and, you know, you've let go of something else that you were carrying and you're lighter and brighter* (Rachel, survivor of sexual violence in both childhood and adulthood).

Many counsellors discussed this aspect of the journey in terms of survivors integrating the traumatic experience into their present life and the person that they are now in order to move on. Some of these participants advised that they encourage survivors to reflect on how they felt about different aspects of the trauma at different stages of the recovery process as this enables them to see how much they have progressed. Journaling was also identified by Monica as a means of helping survivors to remember what they have learned about themselves in order to transfer this learning out into the world. She also asserted that it helps to build their self-esteem. Despite the many setbacks she has experienced, Claire confirmed that seeing how far she has come has sustained her on the journey and it has assured her that she can work through anything. According to John, although it was
difficult to see it at the beginning, looking back recently it has dawned on him how much progress he has made and how much counselling has helped in this regard. Several survivors reflected upon their journey in terms of honouring how far they have come, while having hope for the future in relation to continued growth.

That’s what I would hope for, you know, that I would continue to improve, to keep on improving, you know. I’ve come an awful long way. It’s taken eight years, since I first went to Grow, and then coming here four years ago and so on. Em (pause), you know, there are lots of things I know I need to do, a lot of things I know I have to do with myself, difficult things I’m going to have to do, you know, mmm, so em, I just need to work on those you know (Sam, survivor of child sexual abuse).

8.3.3.2 Sense of Self

Both survivors and counsellors identified the process of gaining or re-gaining one’s sense of self as another aspect of post-traumatic growth. The majority of survivors discussed their identity in terms of how they viewed themselves in relation to the trauma. The importance of being able to name their experience(s) as sexual violence and accepting that they were victims was discussed by some of these participants. Several counsellors were in agreement with the significance of this first step in the recovery process, with some noting the particular difficulty this can pose for certain individuals. Vivian, who works in a medium-sized RCC, described this process as acknowledging that the trauma is part of one’s story:

Some women can’t even say the word rape. They come in here and they keep. They’ll talk about the incident or what happened or the time that happened or ‘it’, you know. They literally can’t say the word, em, same with child sexual abuse. Some of them just can’t name it. They will say what happened to me when I was young or he would bring me, you know, and you wouldn’t get anymore than that for a long, long time, em, so I think the naming of it and the actually (pause). It’s huge acceptance when they can do that, you know. There’s a huge shift straight away when they can actually enter into that and take it on board, embody it, if you like.
Although she maintained that no one likes to think of themselves as victims, Catriona observed that this acceptance can be particularly difficult for adult survivors of rape who often tell themselves that they are not going to let what happened affect them. By contrast, she advised that as survivors of sexual abuse in childhood never had any power to begin with, they can be mired in victim-hood and thus face the challenge of taking control, which is empowering, yet frightening. A number of counsellors also discussed how a small number of survivors of child sexual abuse may become lost in the abuse identity, questioning who they would be without it. Describing the recovery process as knowing that their lives are more than the abuse, these counsellors advised that ideally the victim part diminishes in order for the other part to grow. Martin described the acknowledgement of victimhood as critical for survivors. He also noted the importance of knowing that they no longer have to be victims, as sometimes, when an individual is familiar with pain, it is the only way they know. Several counsellors discussed how individuals then begin to acknowledge their strength in surviving by letting go of the mantle of being a victim. The following quote from Siobhan encapsulates this process:

Sometimes, I’m talking more about child sexual abuse now, it can almost become your identity and almost that thing of, you know, you’ve worked a lot on it. You’ve gone through the anger, the rage, the emotion, the sadness and then there’s a time to work around letting those go so that they’re not having a hold on your life anymore because sometimes you can be as tied to an abuser by anger and hate as you can be by, you know, fear or anything else, so it is that encouraging to move on, to find different identities.

According to Catriona, survivors begin to see that they have power and that being strong means crying and then being able to pick themselves up afterwards and deciding what they want to look at and what they want to change. She also described how individuals gain the ability to make positive choices based on who they are now, choices no longer coloured by them being an abuse victim. A number of survivors discussed the importance of this transition in terms of gaining their independence or reclaiming their lives by not letting the perpetrator control the person they are now. Others expressed the hope that one day they would no longer be defined by their past. Discussing this process in relation to being a parent, Megan highlighted its difficult nature:
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The most difficult transition for me as a woman (pause), mmm, was primarily that I’ve been surviving for the most part but then to make that transition from being an individual in pain to a parent in charge who is to empower an individual is really difficult and often not very successful, do you know. Unless you honour and let go, not let go but put it in perspective so that you’re not influencing your offspring to your story.

Describing how counselling has opened up a whole new world for her, Stephanie stated that she was very happy with her progress to date. However, she noted that she has yet to reach the place where she can view herself as a survivor. While Helen indicated a preference for the term ‘survivor’ over that of ‘victim’ in terms of its focus on one’s resilience, she, nonetheless, maintained that ‘there is something not quite right about it’. She attributed this to the fact that, for her, ‘survivor’ calls to mind an individual who was ‘stranded up a mountain’. Martin, a counsellor in a medium-sized RCC, likewise expressed his uneasiness with this term. According to Catriona, individuals reach a stage where they begin to even move past the survivor identity. Describing recovery as beginning a new life, Mark, who had just come to the end of the counselling process, discussed his transition from acknowledging that he was a victim and then a survivor, to eventually seeing himself as much more than what happened. Indeed, he expressed his dislike of the term ‘recovery’ in terms of it implication that he had something to recover from. A small number of counsellors also noted the importance of survivors discovering who they are in terms of getting to know themselves for the first time or, in the case of adult trauma, in a new way. They asserted that this helps them to move much more into the present. According to many counsellors, low self-esteem and a concomitant inability to self-care or to assert one’s needs are common consequences of sexual violence, particularly when experienced in childhood. These participants, therefore, discussed how an important part of the healing journey for survivors involves beginning to love their selves again.

Many survivors of child sexual abuse, two of whom also experienced sexual violence as an adult, confirmed that counselling has helped them to discover who they really are and to regain their confidence and self-worth. Helen described this journey as becoming the individual she was always meant to be, while also acknowledging that, as horrible as the
experience was, it has made her the person she is today. Mark spoke of ‘getting back’ to being the person he has probably always been inside but was never actually allowed to be. He, along with a small number of other survivors who struggled with damaging relationships in the past, discussed how counselling has helped them to be true to themselves and to love and care for themselves. Viewing recovery as a re-creation of herself, Mairead discussed her journey in terms of reorganising her priorities in order to learn how to cope better with the pain. Discussing how she has learned to think no longer as a traumatised child, Stephanie noted that counselling has helped her to learn how to simply be herself, without being afraid. According to John, recovery means ‘getting back’ to the way he was prior to the sexual assault, something he indicated wanting more than anything else. He credited counselling with enabling him to feel more and more ‘like himself’ in this respect.

8.3.3.3 Finding a New Way of Being

Discussing how survivors’ beliefs are challenged by their traumatic experience(s), a small number of counsellors highlighted how coming to an understanding of the trauma and its effects leads to a new world view. According to Vivian, while it is not necessary in order to move on, forgiveness of the perpetrator represents the final kind of peace, particularly for those of a spiritual nature. Labelling the behaviour of the perpetrator as always unforgiveable, she noted the importance of distinguishing between forgiveness of the act(s) and forgiveness of the person. Forgiveness, acceptance, compassion and spirituality emerged as important themes for many survivors of childhood sexual abuse.

A small number of survivors of child sexual abuse, two of whom also experienced sexual violence as adults, described forgiveness as an integral aspect of their healing journey. These participants discussed the long, difficult road to forgiveness, highlighting the complexity of its meaning in relation to themselves, the perpetrator or both. The following quotes capture the essence of forgiveness in each of these survivor’s own words:

*The forgiveness thing I suppose would have been a winning or losing thing for me. If I don’t forgive myself, I’ll never move on and it came down to the fact that it’s not, it’s not a forgiveness thing but you do need to forgive (long pause). No, there*
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has to be a better word than that one. It still stirs in me but there’s something else there and it’s nothing to do with what’s happened. It’s the actual fact of, why should I have to forgive myself but in a...I have to resolve it anyway so the forgiveness thing. I mean, as an adult I resolve what happened to me as a child because I go, Jesus, a child doesn’t have any choice. Now, back then you’re in a different place. You don’t know what’s right or wrong really (Mark, survivor of sexual violence in both childhood and adulthood).

Yeah, I struggle with that word in relation to survivors forgiving themselves but I understand that most survivors do blame themselves so that it is more about coming to the realisation that it was not their fault and acceptance that this is part of their story. It’s something that I’ve worked on for a long time...taking responsibility for my part in, in life, in whatever happened...and then there comes a time that I’ve had to look at forgiveness to other people...work out what way I can move forward without all of the fears and all of the resentment...I read somewhere, forgiveness is the beautiful essence that a rose releases when it’s being crushed and I resonated with that...I used to think forgiveness was thinking, just simply let it go, em, and just get on with it but I know that’s not because if there’s still so much inside, forgiveness is very much so, is about myself, em, because even though (sigh) the physical actions were so long ago now, in my head, they can be just like yesterday...Forgiveness is not a case of one thing or meaning one thing. Even I can have different hopes and dreams once I step over that (Miriam, survivor of child sexual abuse).

I think, you know, being willing to forgive is one thing, then actually forgiving and things coming full circle. I think when I was able to tell him (father who abused her) that I loved him and actually know that I love him, em, was really me finally realising that I had forgiven him because I hadn’t been able to, you know, because I hadn’t been able to say that, probably ever. So yeah, that was kind of everything coming full circle, eh, and then within a short space of time he said he loved me, you know, em, and was sorry so I think maybe allowed, you know, allowed that for him to happen as well but, yeah, it was a long, long road and a long process getting
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there but, you know, for the things he did, I think that's different...the choices that he made and the things that he did were terribly wrong, em, but as a human being I’ve been able to forgive him (Rachel, survivor of sexual violence in both childhood and adulthood).

Some survivors of child sexual abuse described acceptance as knowing that the abuse is part of their lives and always will be, while others discussed accepting the parts of themselves they cannot change or being able to honour where they are currently at. A small number of survivors also discussed acceptance in terms of making sense of their traumatic experience(s). Some of these participants shared their belief that there is a reason for everything that happens in life, while others asserted that bad things simply happen and what matters is how you deal with them. Discussing how some individuals will never let go of their anger, Mairead noted that it is only by addressing the consequences of sexual violence in counselling that one can begin to make sense of their experience(s):

I wanted to be well. I did want to live. I wanted to free my heart and my mind. I wanted just to free myself up because I didn’t feel free...I kind of embraced counselling and I can understand now why I did certain things and not others so you make sense kind of gradually, but at the same time I don’t want to get too caught up in it because I think life is for living and you can’t always be thinking about this, even though it can engulf you and it can take a lot of your energy, but on the days that you’re well, you know, enjoy it and kind of let go and find your place in the universe, even if it is only for a day, just be in the moment. And the more you make sense of it, you kind of step out into the light as such and I would be so much more appreciative and aware even of small things. I consider myself, even with this situation, an extremely fortunate, probably more than most, because if you walk through the tunnel, eh, in some ways, you come out more enlightened.

She, along with a small number of other survivors, advised that in order to cope better with the trauma of sexual violence, one must find purpose by looking for the positives. They, in addition to several other survivors, acknowledged the strength, self-awareness and wisdom that have come with their experience of trauma and working through its consequences.
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*I have learned about boundaries, em, learned about trust. It’s like stepping out of a picture and looking in and you’re in the picture the right way, the healthy way to heal, em, getting in tune with yourself, learning about emotions. My body is a very good sign for me and your body is the one thing that will never lie to you and, em, the feelings I’d have* (Stephanie, survivor of sexual violence in both childhood and adulthood).

Stephanie also noted that, although the recent rape she experienced was horrible, she was receiving support that she never previously had. Describing herself as both mentally and emotionally stronger, Mairead observed that she has learned to cope better when she does have difficult days. Sam, nonetheless, discussed the importance of being positive, while not denying the existence of ‘this negative element’ that is there. Ruth, a survivor of sexual abuse in childhood who continued to struggle with self-blame and lack of self-worth, described recovery as being able to understand and accept what happened and being more compassionate with herself. Although Tina reported finding such acceptance difficult, she expressed the hope that one day she would be able to let go of her negative emotions. Describing recovery as learning to live with the trauma, she acknowledged the strength it takes to address the consequences of sexual violence. In her own words:

*I think recovery would mean for me, I would imagine I would become an awful lot more of a relaxed kind of a person, em, (pause) I just wouldn’t be carrying around guilt and hurt all the time, ya know, that’s what I think it would mean for me, ya know. I could live just from day to day and accept things the way they are now, ya know, and it would just be an awful weight off my shoulders kind of thing. That’s what it feels for me. It’s an awful weight off my shoulders kind of thing. That’s what it feels like to me. It’s getting lighter but it isn’t like a huge weight that you carry around all the time, ya know.*

Compassion was also discussed by a small number of survivors in relation to others. These participants advised that by making sense of their experience(s) and working through the consequences, they have learned to be more compassionate and understanding. They noted the healing power of being able to help other individuals who are on the same journey of recovery by sharing their knowledge and showing them that it can get better. By
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contrast, John and Thomas described themselves as overly compassionate as a result of the trauma in terms of feeling an inappropriate amount of sorrow for others’ suffering. As noted by Thomas:

*I can get (pause), you know, I can get upset too much about certain things and then that brings my own stuff back and, eh, if I’m not in a place where I’m supported then that’s not good I suppose so a lot of the issue is about, eh, em, being distressed, if you like, you know, kind of re-visitng the trauma to a, to a degree of whatever but to a degree that I don’t need to because it’s not appropriate because I’m not in that position but, you know, em, so it’s kind of hard getting, working that out.*

However, he observed that, at times, he has found it difficult to have compassion for others.

A small number of survivors of sexual abuse in childhood, one of whom also experienced sexual violence as an adult, also spoke of the importance of spirituality in their lives. According to Rachel, belief in god or a higher power can really help survivors to find the courage it takes to face the consequences of the trauma of sexual violence. She advised that her spirituality has brought solace to her, both as a child, and now as an adult. Miriam discussed how her life’s journey has brought her to a spiritual place in terms of working on her ‘conscious contract with whatever that energy is out there’. Speaking of her great belief and trust in this energy, she described her coping as very spiritual. The following passage beautifully captures the connection between spirituality, nature and recovery for this survivor:

*I rescue little, not that I rescue, I, I heard once that whenever you see, in this gardening programme, whenever you go around the gardening shops and you see them selling, you know, the little plants that have died, so called, but they’re still selling them for ten cent but they look decrepit and look ready for the bin and the guy in the TV show said, eh, if they’re still chargin ya, they’re not chargin ya for rubbish, it’s because it’s still alive in there somewhere so, em, I, that’s what I do. I go and I get these for ten cent or whatever and I have this little patch at the side of my garden and I don’t know what they’re called because they come with no name and I don’t know where I plant them, just plant them wherever and I leave it up to*
whoever that is or whatever that is to, I do what I need to do and then I just sit back and watch and that helps me cope because when I come out of the door everyday, it’s just here to the side and now, especially now in the Spring, you sort of see them begin to come, ‘oh, yeah, that’s the guy that was up last year’. I still don’t know the name of it but it doesn’t matter, it’s, and there’s a whole load of different things there and I suppose I resonate with that plant when I buy it for ten cent, whereas somebody else could have spent four euro on it or something, you know, and it was in its full bloom, em, for them, eh. It is very much so coping, a coping thing for me, em, because time, time is always an issue for me.

8.3.3.4 Reconnection
Another important aspect of growth for survivors involves reconnecting with the world. According to the vast majority of counsellors, a common consequence of sexual violence, particularly when experienced in childhood, is the fracturing of trust. For women who experience sexual violence in adulthood, it is the inability to trust men, whereas for individuals who have experienced child sexual abuse, it is the inability to trust anyone at all. As noted by Catriona, the closer the relationship between the survivor and the perpetrator, the more fractured their sense of trust becomes. Several counsellors advised that survivors often experience interpersonal difficulties as a result, sometimes isolating themselves from others or finding it very difficult to form close relationships because the intimacy involved is too much. Many survivors, particularly those who experienced sexual abuse in childhood, discussed the negative impact the trauma has had on their interpersonal functioning in relation to trust and boundaries. Some of these participants described past abusive or dysfunctional relationships, being drawn to other troubled people who they thought they could possibly save or how they became people pleasers in order to feel needed. For others, this meant isolating themselves or experiencing difficulties in relation to parenting. According to several counsellors, the trust that is built in the therapeutic relationship helps survivors to build trust in themselves and their own lives.

Describing counselling as ‘taking her out of herself’, Mairead advised that she no longer felt alone with the pain. She also reported that counselling has helped her to improve her communication with her family. Thomas expressed the hope that part of the recovery
process would involve reconnecting to the world and being able to feel safe in any given situation, while having the resources to ensure his safety should he find himself faced with danger. A number of survivors of child sexual abuse, one of whom also experienced rape as an adult, discussed how they have overcome their trust and boundary issues with the help of counselling. Others reported valuing the progress they were making towards their resolution. Although he previously isolated himself because of fear and thought that he would never have friends, Sam reported finding that it was only through relationships and closeness with people that he has found meaning in his life. However, he continued to experience long periods of loneliness, which were accompanied by a ‘little boy lost feeling’. In the following quote, Mark, a survivor of sexual violence in both childhood and adulthood, discusses how RCC counselling helped him to find love:

*I have a new partner and it’s the first time I’ve ever experienced a loving relationship but I’ve known what it is now to have one but only because I’ve had things examined for myself through the process here so it’s. I can’t talk highly enough about what’s happened here because it’s changed my life and effectively everyone around me has benefited from what’s happened, you know, and my children are getting the benefit of it big time now.*

Difficulty with sexual intimacy or a lack of awareness of sexuality resulting from sexual violence, particularly when experienced in childhood, was also discussed by a number of counsellors. According to Catriona, sex is a big issue for survivors as it may trigger memories of the trauma or it may be taboo because of feeling ‘soiled’. Vivian stated that counselling involves helping survivors to get back in touch with their bodies in order to learn what feels good. Many survivors of child sexual abuse, two of whom also experienced sexual violence as an adult, discussed their struggle with intimacy issues as a consequence of their traumatic experience(s). A small number of these participants advised that they have overcome these difficulties either in recent or current relationships, while others reported working through these issues or being hopeful for the future.
8.4 Conclusion

As we can see, there were many different factors influencing the survivors’ decisions to access RCC counselling. Many survivors and counsellors characterised recovery as a personal journey involving both struggle and growth, and the importance of counsellors facilitating survivors to find their own path was discussed in this regard. While they predominantly described this journey as never-ending, a small number of survivors indicated their view of recovery as a final destination. Regardless, recovery was characterised as a slowly evolving process in terms of new issues arising, while others are revisited on a higher level of integration. It is evident that survivors may experience many difficulties from the outset in terms of struggling with their fears, in addition to the lengthy and turbulent nature of the healing journey. Facing the myriad emotions that come to the surface may prove too difficult for some survivors and others can feel, at times, that they are not making any progress. However, a number of counsellors indicated that the majority of individuals continue to address the consequences of sexual violence in counselling. Indeed, survivors detailed the progress they have made as a result, from their initial hopes and fears to experiencing post-traumatic growth. They discussed self-awareness, strength and learning to trust both themselves and other individuals were in this regard. The importance of forgiveness, acceptance, compassion and spirituality were also highlighted by survivors of child sexual abuse. In the following chapter, I present the findings in relation to RCC counselling.
Chapter 9. The RCC Counselling Process

In this chapter, I present the findings from the interviews with survivors and counsellors in relation to the RCC counselling process. I build upon the previous quantitative and qualitative findings in order to provide a more detailed and nuanced picture of the ways in which these services help survivors to address the consequences of sexual violence. In order to illustrate the dynamics underlying the counselling outcomes outlined in the previous two chapters, I elaborate upon the key components of the RCC person-centered and trauma-based approach. I begin by describing counselling as a safe space, while illuminating the importance of the therapeutic relationship of trust. I then detail how counsellors work in the ‘here and now’ and how the recovery process proceeds at the survivor’s pace. This is followed by an exposition of survivors’ coping strategies and the ways in which counselling helps them to develop adaptive responses to their traumatic experience(s). Next, I describe the process of working with trauma that is held in the body in terms of counsellors enabling survivors to connect to their emotions and to release them in a way that is safe. I then outline the experiences of survivors and counsellors in order to detail the contrast between the RCC approach and that of a more traditional clinical model. Finally, I present the suggestions made by counsellors to enhance RCC counselling services. As some counsellors experienced a little difficulty with answering a number of the questions I asked, it is evident that counselling is a complex process to describe.

9.1 Counselling as a Safe Space and Relationship of Trust

The majority of counsellors described the counselling process as creating a safe space for survivors to tell their story, a place where they feel cared for and can discuss any issue that they are struggling with. Many survivors also characterised counselling in this way. Describing it as a place where they could be themselves, talk freely, and understand and express their emotions, they advised that counselling has really helped them in their healing process. The following quote highlights how RCC counselling is a sanctuary for survivors, a precious time when they are heard:

\textit{It was easy for someone at last to listen and I could feel safe to say what happened when I was growing up. I could talk out all experiences of things that happened...}
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and it was safe and it was comfortable to do it and that was huge for me. I was actually relieved to be able to say what happened. I grew up in fear so I know what it’s about. We all have to have dignity and we have to give dignity. In here, I got my dignity. I got my respect so it made it easy to talk. It’s like a little home. They’re invaluable to me (Stephanie, survivor of sexual violence in both childhood and adulthood).

Rachel reported that she has left her sessions feeling that she has dealt with whatever issues arose and that she has left them there. Several survivors also noted the importance of the atmosphere and energy of the room in which counselling takes place. For instance, Rachel discussed the significance of being able to look to the light that comes in through the window. By contrast, Claire asserted that as long as she was with her counsellor, she could be in a cardboard box and it would not make any difference to her. Each of the survivors identified the relationship of trust as integral to the experience of counselling as a safe space.

Given the trust issues commonplace among survivors, the importance of building the therapeutic relationship was also emphasised by each of the counsellors. Describing the relationship as one human being bonding with another, the majority of these participants advised that the connection with each person is slightly different. There was unanimous agreement among counsellors that once survivors begin to trust their counsellor and realise that they will be there for them throughout their journey of recovery, they begin to relax into the counselling process. In particular, the importance of the first session was discussed by a number of these participants in relation to ‘learning the survivor’s language’, namely their way of being in the world and how they present themselves and the issues they have come to deal with. This ensures that survivors leave feeling grounded, listened to, validated and, most importantly, hopeful for the future. The following quote provides an insight to the nature of this process:

You’re learning their language, what they had to do and who they had to become to survive. What’s key is the relationship that you have created with that person and then you use that, you use their language and you use their energy to create the story that is coming about and how to best manage their lives and put dinner
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on the table and pay a mortgage, while they’re processing this horror...being able to meet them in it is very important, to be authentic, to be real...it gives them back their past a little bit and gives them an understanding of what’s happened and helps them heal themselves (Cathy, counsellor in a large RCC).

As noted by the majority of counsellors, believing a survivor’s story and hearing what is being said without judgement are core elements in building the relationship of trust. According to a number of counsellors, feeding back what they hear in words that the survivor identifies with is one way in which this can be achieved. Vivian advised that picking up on something that was not explicitly said assures them that she understands. Catriona, Saoirse and Collette credited RCC training with helping them to understand the dynamics of sexual violence and enabling them to explore their own values and judgements. They both maintained that this helps them to be more understanding. All of the survivors repeatedly discussed their absolute trust in their counsellor and they reported feeling completely heard, understood and not judged. A small number of these participants also confirmed the importance of their counsellor feeding back what they have said, or saying something that complements what they have said, in this regard. The following quote from Stephanie, a survivor of sexual violence in both childhood and adulthood, highlights the intricate nature of building this trust:

You want to trust. You’re longing to trust and it’s so hard to make a connection. Like, I’ve connected with my five kids. I’ve built that connection, you know, from a baby to where they are now. Em (pause), and that’s your own blood, where with a counsellor you need to. She needs to be able to get you and you need to be able to get her, em, and that’s what happened.

The vast majority of counsellors also emphasised the importance of being open, honest, warm and friendly, while maintaining boundaries. Honesty was described by a number of counsellors as acknowledging when they have made a mistake or think that they have made a mistake and discussing this with the survivor, thereby ensuring consistency in their practice. According to Catriona, this helps survivors to know that it is okay to make mistakes as these can be repaired. A small number of these counsellors also noted that sometimes survivors, particularly those who have experienced child sexual abuse, test the
boundaries in order to ensure that they will not be judged. According to Monica, this can involve survivors initially imparting a small piece of information and then slowly unpicking it to reveal further important details. This culminates in an important issue that the survivor then declares they should have disclosed a long time ago.

As noted by a number of counsellors, self-awareness around their practice is, therefore, key to building trust, negotiating power and maintaining boundaries. Several counsellors also noted the importance of being aware of the powerful role that they are in and trying to be as equal as possible with the survivor. There was unanimous agreement among counsellors that supervision is vital, not only for clinical issues (child safety or suicidal intent) and dilemmas that arise in relation to particular individuals, but also for their general practice and well-being. A small number of counsellors highlighted the importance of facing their own issues as part of this process. The significance of peer guidance and support was also noted by the majority of counsellors. Siobhan discussed the importance of supervision in terms of ensuring that counsellors do not bring their own agenda into the process, particularly in relation to possible collusion with women who have trust issues with men.

Several survivors also identified the importance of honesty, valuing the fact that they could tell their counsellor anything. Some of these participants discussed how they could share their feelings, no matter what they might be. Mark, a survivor of sexual violence in both childhood and adulthood, sums up these sentiments in the following quote:

*I never felt she ever judged and I felt like she was a, probably the best friend in my life up ‘til then, that I could tell any secret to and, god knows, I had to tell her secrets that nobody knew about, eh, in as much as I could. She was like clear water. You could trust it, it never rippled. It never seemed to be anything other than. There was clarity to it. It was pure. There was nothing. There was no element of [counsellor] in that room at any point in time, other than guiding me through where I was going.*

A small number of survivors, nonetheless, acknowledged that they have sometimes felt anger towards their counsellor. For Miriam, this anger has stemmed from discovering
painful details that she did not want to know. Mark attributed this anger to his counsellor picking up on something he has said and ‘using it against’ him, even though he recognised that this was done in a positive way. These participants noted the importance of being able to share these feelings of anger with their counsellor and it not fazing this individual in the least. Describing her counsellor as a rock, Mairead advised that it took her a while to build the relationship, as first she had to learn to trust herself. Mark explained that were times when he pushed his counsellor away and, yet, she always ‘stuck’ with him:

I’ve pushed (counsellor) away because I’ve been hurt really badly but never by her, by the way. You’ll only be hurt by yourself. I hated what I had ta face...She’s the one person in my life who hasn’t let me down, prior ta coming here...She’s something special. Everyone should have an (counsellor), but not everyone deserves an (counsellor).

An additional aspect of building the relationship of trust that was discussed by each of the counsellors involves ‘meeting the survivor where they are’. A number of these participants highlighted the importance of giving survivors the space to be who they are, where they are, while others discussed helping them to accept where they are currently at. The majority of counsellors stated that they adjust their approach according to the person’s ability and their needs. Several counsellors also discussed the fact that some survivors are unable to engage in deeper therapeutic work and, therefore, all that can be offered is support. According to Siobhan, who works in a large RCC, for some survivors, the only goal is getting their life back under control. Several other counsellors noted that if a survivor is on high levels of medication, it becomes difficult for them to get in touch with their emotions. In the following passage, Martin, who works in a medium-sized RCC, highlights how some wounds will never heal:

See years ago I would have felt that awareness was enough to get you out of something. It’s not. You can know a thing but it takes a lot more than that. It takes a lot more, and when stuff is so engrained in ya, you know, it takes a lot of understanding, a lot of courage and a lot of hard work to come out of it. It depends on how deep the scar is. Some scars will never heal, d’know, and all you can do is put a nice bandage. Did you ever get a cut and have no ointment for it and go home, wash it out, put some ointment on it, put a plaster on it? There’s a lovely
relief in it, do you know what I mean. Sometimes that’s all you can do, d’know, when the cut is too deep that it will never ever, ever heal. All you can do is dress it and nurse it, do you know what I mean, and give it some relief, mmm, you know.

**9.2  Coping with the Traumatic Impact of Sexual Violence**

According to a number of counsellors, the trauma of sexual violence affects every area of survivors’ lives and its myriad consequences are interconnected. Several survivors, predominantly those who experienced sexual abuse in childhood, reported coming to this realisation in the counselling process. Several counsellors advised that RCC counselling treats the whole person in terms of cognition, emotion and sensations. Many counsellors also described the process of facilitating survivors to develop adaptive coping strategies by helping them to become aware of current coping mechanisms in order to honour the fact that they worked in the past and to build on their strengths.

All of us have something that we hide so deep but sometimes in counselling there are things that they’re really so ashamed of and it takes them months and months, maybe sometimes years to say, something that they feel, okay maybe, the rape or the child abuse they can understand wasn’t their fault but this is really their fault and they carry that piece with them and eventually one day they blurt it out and you don’t judge them and it’s like, (sigh of relief), and you get them to look. Like, another thing I would say to clients is, you know, that you can see the abuse like measles and that all the things you’ve done, maybe the drinking, the drugs, the sleeping around, whatever it is, they’re like the spots. They’re the symptoms of the measles so, you know, if that, the measles hadn’t happened, you wouldn’t have had the symptoms. Maybe at the time it was all you could think to do and maybe at that time it was the best you could do to cope with the world, right now you can see the things that are unhealthy for you (Collette, counsellor in a medium-sized RCC).

While Mairead described her coping mechanism as ‘fire fighting’ at a time of great emotional difficulty, Stephanie observed that the ongoing abuse she experienced from childhood into adulthood became a normal way of life. Each of the survivors interviewed
identified a number of emotions that they had in the past, and in some cases, continued to struggle with, including shame, fear, grief and anger. There was a consensus among counsellors that these are the most common emotions they work with. Reporting that they found it difficult to accept what had happened, several survivors advised that they minimised the trauma or tried to pretend that it did not happen. Mairead described how she panicked and froze the night that she was raped, while Megan stated that she would ‘split off’ from the physical acts of sexual abuse that she experienced as a child. Many survivors of child sexual abuse described the pain of having a secret that they could not tell, running away from themselves as a result. A number of these participants discussed how they had buried their memories of the abuse and how their retrieval has taken time. Miriam advised that although she had a feeling that the sexual abuse she experienced in childhood began at a younger age than she had remembered, the truth only surfaced over time in counselling. The following quote illustrates the emotional turmoil that victims of child sexual abuse face:

*When you’re going through this as a child, you have a skewed perception and you’re questioning when you’re being abused, you know, ‘did I do something? Did I bring this on? Did I, I don’t understand because I love this person. Is this a demonstration of love? I don’t like it. Why are they pretending everything is normal this morning? Why are they looking at me with contempt when I should be feeling that way? Why are they asking me to be respectful when they have been disrespectful? But have they been disrespectful?’ And it’s such a confusing, a confusing range of emotions that you go through but you don’t have the, the life experience to be able to decipher and answer all of those questions so you just proceed and you go along.* (Megan, survivor of sexual violence in both childhood and adulthood).

Several survivors also reported that, in the past, they abused alcohol or drugs as a means of coping. Megan, however, explained that the only things that prevented her from drinking were the knowledge that her biological mother was an alcoholic and the awareness that she was seeking to suppress something. As she recognised that her drinking was a means of ‘killing the thoughts’, Tina addressed this behaviour once she began participating in counselling. John noted that although he has always enjoyed marijuana and it has helped to ease his anxiety, as its use had become irrational since the incident, he reported wanting...
to feel more in control of it. However, because he advised that he would probably never be able to forget what happened, he predicted that he would smoke for the rest of his life. Mairead advised that she coped by throwing herself into work as this distracted her from intrusive thoughts and nervous energy. Comparing her coping mechanisms at the time of the interview to those employed when she did not have the support of counselling, Stephanie described the impact of carrying the trauma alone as not truly living. As she was consumed with being a good mother and the happiness this has brought to her life, she failed to take care of herself. It was only with the help of counselling that she could acknowledge how well she has raised her children, thereby breaking the cycle of abuse. Stephanie observed that she has also learned the importance of self-care.

Each of the survivors, therefore, discussed how, for a long time, particularly in the case of child sexual abuse, they held their painful emotions inside. Rachel recognised how this prevented her from feeling joy, while Megan and Mairead described how they felt consumed or overwhelmed by the internal pain, the containment of which eventually lead to physical exhaustion. Sharing her thoughts on how she coped with her emotions, Stephanie, a survivor of sexual violence in both childhood and adulthood, said:

\[ I \text{ buried it. It would come into my head and I would say 'I don’t want to think about you now' and it’s like you’re detached, em, and you’re numb and you don’t. It would be very hard to show emotion, to be sad, to cry and it’s okay to cry. I never realised that it’s okay to cry. I don’t want my kids to see me upset so you swallow and keep going. Everything is packed in cause (pause), there’s no time to reflect.} \]

Many survivors reported that they have suffered from anxiety, depression, ill-health, agoraphobia and self-destructive, over-reactive, or event violent, behaviour as a result. A myriad of consequences such as eating disorders, self-harm, suicidal ideation and promiscuity were mentioned in this regard. John described the frustration and concern he felt once his friend made him aware of the fact that he had become increasingly introverted and how this resulted in him ‘snapping’ at people for no reason. Mairead, a survivor of sexual violence in adulthood, employed the metaphor of a boiling pot to describe the anxiety she felt:
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I had, kind of an inner anxiety, you know, where it’s like you’re always living, it’s like a pot on the boil. It’s not boiling over but it’s on a rolling boil. So for me it was always this constant kind of inner tension and an anxiety that then would often flare up... and so certain times that would be more intense and kind of harder to deal with.

Although, for some survivors, anxiety and depression persisted, it was on a much less frequent basis and they have, with the help of counselling, learned how to cope better when such problems arise. Describing her issues with food as representative of her emotional turmoil, Mairead observed that gaining the ability to control her eating without worrying about it would mean that she had reached a certain ‘level of healing’. Stephanie discussed how her counsellor has helped her to regain her love of nature and overcome her feeling of entrapment. In the following quote, Claire describes the progress she has made in managing her agoraphobia:

I couldn’t go out anywhere. I couldn’t do anything. Em, I had to work through all of that, like. I missed out on a million and one things, like, but, em, yeah. It’s like a blur now cause I’m just like, em (pause). I don’t know how to word it (long pause), just learning t push through it like, all the time. You always have ta, like. There was a million and one times now I’ve gone down [to the post office] and I’ve gone half way and I’ve gone home, crying, d’know, cause I’ve just been freaking out. Now, if it happens, I’m like, okay, whatever feelings, like. It’s just pure fake, whatever feelings you’re feeling because it’s just anxiety, like, so it’s just. Of course, I get, like, two per cent worried I’d say but I’m like, ‘what, no, go away, just keep walking, keep walking’, cause nothin’s gonna happen like, d’know.

A small number of survivors also discussed how, prior to participating in RCC counselling, they went through a period where they could not cease crying. Ruth, who had buried her memories of the abuse, advised that, she did not know what was wrong with her at the time, while Claire described being unable to express anything, as she did not know how she felt. Sam stated that although, at the age of seventeen, it was empowering to retrieve his memories of the sexual abuse he experienced in childhood, ‘sketchy’ as they were, he found that he had no emotional connection to them. In his words:
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The following morning I woke up and all the memories that I had were there, you know, as if I’d always known. And there was no shock, no horror, nothing like that, you know. It was just as if I’d always known in a way what I had, em (pause), em, so that was, it was empowering me to, to remember, to remember. I had, as I say, I had these memories but I had no emotional connection to the memories. It was almost as if it happened to someone else, you know.

The vast majority of counsellors reported minimisation, denial, substance misuse, anxiety and depression as commonplace among the survivors they have worked with. These participants discussed the phenomenon of trauma held in the body, whereby the emotions that were dissociated from at the time of the traumatic experience(s) become trapped. Described as a normal function, dissociation is heightened and more evident in an individual who has experienced severe trauma and is a common coping mechanism for child sexual abuse, according to several counsellors. With regard to adults, these participants described shock and freezing in terms of remaining very still in order to ‘split off’ from the pain or in order to survive.

As discussed by many counsellors, the survivor may not necessarily have a conscious memory of the event, yet the body holds the memory of the trauma and therefore signals to them that they need to address its consequences. The emotions that were never dealt with begin to intrude on their lives, leaving survivors feeling confused and overwhelmed as, for example, shame and self-blame manifest in anxiety held in the body. Counsellors discussed how the counselling process involves working with trauma that is held in the body in order to release it by working in the ‘here and now’ and ‘holding the space’. Survivors described working in the ‘here and now’ as getting in touch with their emotions and understanding where they are coming from.

9.3 Here and Now and Recovery at Survivor’s Pace

A number of counsellors noted that survivors are either stuck in the past or are fearful of the future. Advising that they work in the present, there was agreement among all of the counsellors that the focus of the counselling process is on the impact of the trauma. As
such, they place an emphasis on how survivors are currently coping and how they are feeling now, rather than the content of the story. The following quote from Mairead, a survivor of sexual violence in adulthood, illuminates the difficulty of being in the moment:

*I think that’s the problem with people who have gone through this experience. It’s hard to be in the moment because you’re looking back or what’s behind you is pressing on you, you know, um, asking you in a way, even though you’re not probably fully aware of it at the time, asking you to give it a voice that you haven’t given it.*

Several counsellors thus noted the importance of not having an agenda in terms of dealing with whatever issues arise as these often lead back to the abuse. According to Catriona, although she has sometimes gone into a counselling session thinking about what the survivor brought up previously, they wanted to discuss something completely different. However, Collette advised that if a survivor really does not know what to talk about, she asks them if they want to discuss an issue they raised the previous time that seems important in further detail. Many survivors discussed how their counsellor has begun each session by asking them how they were and if anything had come up for them over the previous week(s). While some survivors stated that they often or never knew what they would discuss in advance, others described feeling conflicted about a particular issue that they needed to address. Mairead advised that, at times, she would like to be directed. However, when she has struggled with knowing what to discuss, her counsellor has helped her to connect to whatever was going on for her at the time. All of the survivors were in agreement that their counselling sessions have mainly involved working on whatever issues arose.

Miriam also described the importance of routine in terms of coming into the room first, grounding herself and beginning in silence. She advised that she has often had so much going on in her head that she did not know where to start or she has had such a bad week that she did not want to reflect on it. As such, she reported valuing her counsellor checking in as this has enabled her to explore these issues in order to learn from the coping mechanisms she used. Sam similarly discussed the importance of his counsellor asking him how he has felt about an issue as, at times, unless he gave it a voice, he did not know that it
was there. Several survivors also confirmed the importance of being able to discuss any issue that they have struggled with. According to Miriam and Claire, this has given them a sense of freedom as these issues have always related to the trauma in some way. As he could not see how it would be possible to separate the abuse from the rest of his life, Sam similarly advised that he has found this beneficial.

Describing the counselling session as unique in terms of having its own process, a number of survivors also discussed how they work on whatever feelings come to the surface. Comparing the process to peeling off the layers of an onion, Rachel observed that she has worked with these feelings, but not with the memory of the abuse she experienced in childhood. Indeed, Mark, who participated in an interview on his last day of counselling, discussed how his counsellor would never know the exact details of what happened to him as he could never express it verbally. Working from an understanding that recounting the details of the experience of sexual violence can be re-traumatising for some individuals, each of the counsellors confirmed that survivors do not necessarily need to go into this type of deep work in order to heal. They also noted that some individuals tell the story, yet there is no emotional connection. As such, survivors tell as much of their story as they feel comfortable with, some needing to narrate the details in order to let them go.

A number of counsellors also noted the importance of reassuring survivors that they do not need to give them all of the details, particularly in the first session, as this helps them to relax and then they are more inclined to discuss what happened. According to Catriona, in some cases, a survivor may not want to recount the details at the beginning, yet as time goes on, this need arises. As discussed by a small number of these counsellors, although the full details of the trauma might never be told verbally, the story is always told psychologically, via the emotions that arise. Siobhan discussed how this way of working represents a shift for RCCs:

*We would have become more clear about what counselling is. When we started working at the beginning it was very much about catharsis and we brought people back into memories and they remembered and they got upset and they cried and I suppose that has been seen as not a good way to work now. That's seen as almost re-traumatising your client.*
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The vast majority of counsellors thus highlighted the importance of making it explicit to survivors that counselling proceeds at their pace, that they decide what they discuss and the level of detail they are comfortable with. The following quote from Catriona, who works in a medium-sized RCC, provides an insight into the complex nature of empowerment:

*It’s not about abdicating your own power in the counselling room. It’s about having equality if you can. That’s very much here and there at the start, d’know, because obviously the counsellor is the one and they have given over all their power all their lives so they do, because clients do it here too, certainly at the start and for the first. It’s different periods for everybody but certainly for a period of time and you can see it in them as they come along to, em, to really start taking on their own power and taking back their own power, that they really start to drive the sessions then themselves. They really start to come in and be much more specific about what’s troubling them now and what they’d like to figure out about it.*

A number of these counsellors advised that the process does not have a flowing pattern. Survivors might discuss an issue once in order to begin processing and then move away from it, only returning to the issue much further down the line once they have developed their grounding skills. However, a number of counsellors discussed how they would gently challenge survivors if they thought that they were avoiding a difficult issue previously raised by asking questions. Catriona maintained that if an individual is not ready to tackle the issue, together, they would decide to avoid it for another while. She also noted the importance of remembering that the survivor is the expert, even if she thinks that they are doing something that is bad for them. While she would discuss the issue with them, she would accept it if they chose to continue doing it, no matter how difficult this may be. In the following quote, Vivian, who works for a medium-sized RCC, shares her perspective on gently challenging survivors:

*We would follow their lead on what’s pressing to them at any, you know, at any given time. Em, there may be times when you go down the line in counselling, when you get to know a client better, whereby you know at times where you need to maybe push a little bit or, you know, maybe steer into the dark corners maybe that they’re still reluctant to go into at times. It’s very much. It’s not an exact*
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*science. It’s something you kind of, you just pick up as you get to know the client, but I think, by large, it’s kind of following their lead and letting them know that you trust them to know what’s best without pushing your agenda on them.*

Siobhan agreed with this sentiment, noting the importance of having the patience to sit with an individual’s insecurities and doubts, in addition to their inability to move forward for a long period of time. She, nonetheless, expressed the opinion that perhaps, at times, counsellors have not been challenging enough in relation to self-destructive behaviours that survivors felt they did not have to take responsibility for. She discussed issues such as addictions or anger that negatively affects one’s children or partners in this regard. Speaking of the difficulties involved, she said:

*Certainly in the past, I don’t know necessarily about now but I think we haven’t been willing to do that because it felt like we were no longer on the one side and even if I look back at my own work, I can see times where maybe I should have been stronger and said ‘look, what you’re doing is not okay, you know. You’re actually perpetuating a cycle here’.*

The vast majority of survivors confirmed the importance of being allowed the time and space necessary to heal and grow, valuing the fact that they could work at their own pace, that they have been enabled to make their own decisions in terms of what they worked on and chose to change, and that they have never been told how they should feel by their counsellor. Many of these participants also noted the importance of being gently challenged when they were avoiding something or of suggestions their counsellor has made based on an understanding of their needs. According to Rachel, although her counsellor has always requested to be made aware if she was ‘off the mark’, she has always understood exactly what was going on for her.

A number of counsellors also noted the importance of allowing survivors the space to come to their own realisations. They, along with some other counsellors, nonetheless, discussed providing interpretations when the time is right. This process was described as picking up on cues and asking if their analysis makes sense to the survivor. A small number of these
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counsellors also noted the importance of letting survivors know that they can disagree with the interpretation and then discuss with them how they feel about it.

I feel like a big mirror, with a lot of experience behind me and a lot of RCC trainings and all the rest so I'm like a big mirror and I sit there and go, I send wave lengths so it's also a very powerful place where you could get it wrong but even that, there's learning in that, you know, where they can maybe stand up for themselves and go, I'm not like that. Ok, why do you say that? Are you mad at me? You know, all of that and the learning is huge for both, for both, you know, you're still learning, all the time as a therapist because it's a different person every time, you know (Cathy, counsellor in a large RCC).

Martin, who works in a medium-sized RCC, acknowledged the difficulty of hearing that the counsellor does not have the answers, noting that survivors can get angry because they are in pain and want solutions. While she discussed the value of feeling in charge of the recovery process, Miriam observed that her anger has sometimes stemmed from a sense that her counsellor could see something that she, as yet, could not. Describing the therapeutic relationship as a complex one in which unrealistic expectations are revealed, Thomas acknowledged the conflict of sometimes wanting his counsellor to do the work for him or to push him more if he felt like he was not making progress, yet knowing that it was up to him. While she reported respecting the fact that her counsellor has let her come to her own realisations, Ruth admitted that she has also found it frustrating because she was aware that her counsellor knew why she was stuck and what she needed to do, yet would not tell her. Advising that she comes from a medical model, she has expected her counsellor to have all of the answers and to solve the problem for her. However, on the other hand, she also advised that she has not felt empowered by the RCC approach as she did not like having to ask for help and believed that she should have been able to figure it out herself:

I compartmentalise everything mmm, I work in intensive care, I'm extremely good at what I do you know, in my box, I'm well educated. I've done a lot of courses; I've a lot of experience. I've worked in major teaching hospitals in London, very high power jobs. I'm good at what I do but yet I can't figure this.
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As difficult as it is, the majority of counsellors referenced the importance of letting survivors struggle until they find their way. The importance of not rushing in to reassure, thereby allowing the survivor the time they need to let something deeper emerge, was noted in this regard.

9.4 Holding the Space

There was unanimous agreement among counsellors that they facilitate survivors to take control of the process by ‘holding the space’, as Colette termed it. According to these participants, this involves giving survivors the time to discuss an issue and then sit with it, while they remain present and pick up on cues. As counselling can be very distressing at the outset, Siobhan also noted the particular importance of holding the silence when new clients are ‘stuck’ or are finding it difficult to talk. The following passage from Martin, who works in a medium-sized RCC, poignantly captures the essence of this process, in addition to highlighting its difficult nature:

There’s a lovely, it’s not a parable, but there’s a lovely little saying about a man. I don’t know whether you heard it or not, a man watching a butterfly break out of a cocoon. Ok, so he’s watching a butterfly trying to break out of a cocoon and he’s watching it for hours and the butterfly was struggling and struggling and struggling and all of a sudden the butterfly stops struggling so the man goes off and he gets a scissors and he cuts the cocoon open because he couldn’t. He thought the butterfly was dying so when he cut the, when the butterfly came out, the butterfly’s wings were small and he just walked around. What the man didn’t know was in that struggle, right, this is what for me is the hard part for a therapist is to sit there and watch someone struggling and not cut them out of it. In that struggle, the butterfly needed to struggle because what it does is it pushes the fluid from its body into its wings so it can fly but the butterfly never flew, because he was cut out of the cocoon, do you know what I mean, so you have to say to them, watch somebody struggle, mmm, mmm, but there’s a great, there’s a great message in that for therapists.
Many counsellors credited their specialist training in this regard in terms of understanding the dynamics involved in the traumatic experience of sexual violence and how these relate to the recovery process. Each of the counsellors discussed how they facilitate survivors to process the trauma by helping them to connect with it and really feel the emotions that arise, to sit and cry or do whatever it is they need to do. However, given the vulnerability of survivors at the outset, in addition to the difficulties associated with the healing process, there was unanimous agreement that safety must be established before deep therapeutic work can begin. As dissociation often becomes the default coping mechanism for individuals who have experienced sexual abuse in childhood, it can take longer to establish safety with survivors of this type of trauma, according to several counsellors. By contrast, they maintained that adult survivors of a once-off rape who dissociated tend to have a greater awareness of this process because their personality has already been formed. Several counsellors advised that the trust that is built within the therapeutic relationship is central to survivors feeling comfortable to express their vulnerability and emotions.

According to a number of counsellors, survivors often spend a lot of time in their heads as it is too painful to be in their bodies and, therefore, they do not know what they are feeling. Each of the counsellors interviewed described how they encourage survivors to come out of their heads and become attuned to their feelings in order to understand how trauma manifests in their bodies. According to a small number of these participants, as it is safer in their heads, sometimes this is a gradual process. A number of counsellors noted that this is a stage in counselling where things are really deepening and, in these sessions, there is less focus on talking, voices are usually lowered and the survivor and counsellor tend to lean in towards each other as deep therapeutic work is usually taking place. Many counsellors stated that when the survivor begins to feel their emotions, they guide them by asking where they feel it and how it feels. Once an individual has touched into these feelings, these counsellors then help to ground them.

Many counsellors discussed how they help survivors to feel the emotions that arise by slowing things down. These participants described working with body awareness in terms of checking how survivors are feeling and then continuing at the appropriate pace, using the ‘break’ when necessary. They also advised that they teach survivors to recognise their
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sensations so that they can learn to use the break. The following quote illustrates the difficulty of connecting to painful emotions:

*It’s a process and again it’s a human response. It’s not male or female. It’s like, you know, if they’re going through something, slow down, you know. You’re speeding away on me and you’re going too fast and can you just come back here to me for a minute and let the emotion come in or, you know, see what happens with that. They might get very mad at ya and say, I don’t want to do that or they might feel it and start crying so it’s being able to contain it, em, and lovingly meet them in it and go it’s okay, you know, I’m here, I’m not going anywhere, you know, I believe you, em, all the things they possibly haven’t felt before or received* (Cathy, counsellor in a large RCC).

According to a number of counsellors, discrepancies between an individual’s physical and verbal communication are important indicators of dissociation. As such, asking a survivor how they are feeling can help them to connect to something deeper that they have possibly been completely unaware of. Noting that they sometimes have to be slightly ahead of the survivor, these participants, nonetheless, highlighted the importance of gauging if the individual is ready to feel that level of emotion or if it is okay for them to dissociate again. According to many counsellors, giving survivors the words to name the sensations they feel in their bodies is very powerful as they have never actually described them before. The vast majority of counsellors also discussed how they facilitate survivors to make sense of their emotions and integrate their experience by helping them to understand that what they are feeling now relates to the trauma and any memories they discuss. Reiterating how they work with what arises and always in the present, they advised that if survivors discuss memories, they work with the associated emotions. If, on the other hand, survivors talk about how they are feeling, counsellors help them to link their emotions back to the past so that they could understand where they were coming from. A number of counsellors also asserted that sometimes survivors come in with a feeling that they are left with as a result of a fight at home, for example. According to these participants, exploring such feelings can be a route back into an old feeling of entrapment.
Many survivors highlighted the value of being given the space in the counselling session to feel the emotions that arise and to work through them in their own time. A number of survivors also discussed the importance of their counsellor helping them to name their emotions and to understand why they were feeling a certain way. John reported feeling down or elated, at times, yet not knowing the reason why until he discussed it with his counsellor. Instead of telling him why he was feeling a certain way, she let him come to his own realisations. He, along with Stephanie, noted the importance of being able to address how they were feeling once they understood what had given rise to their emotions.

A number of survivors of child sexual abuse discussed this process in terms of connecting with their ‘inner child’. According to Rachel, this has involved finding a balance between her inner child and her adult self. As such, her counsellor has helped her to tease out issues she felt conflicted about by suggesting ways of listening to her inner child and letting the emotions out without it encroaching too much on her day to day living. A small number of counsellors described working with the ‘inner child’ as helping individuals to understand that what they are feeling now is how they felt as a young, vulnerable girl or boy. As such, they facilitate survivors to trust themselves to care for that child so that they do not act out of these feelings. A number of counsellors also advised that survivors sometimes spontaneously get in touch with a child aspect of themselves. In the following quote, Martin discusses the intricacies of this type of work:

>I work a lot with the inner child, getting them to, to understand when they’re anxious and when they’re feeling all this pain that what they’re feeling is the, is the anxiety and that of a little, young child, a young, vulnerable, hurt child but that there’s an adult counterpart to them that if you get the dialogue right and if the child can trust the adult part of ya, that the child part of ya that wasn’t looked after as an adult will be looked after by the adult that’s in you now, do you know what I mean, but it’s about getting that understanding, that balance, and the problem is that child is so frightened. It don’t trust anyone. It doesn’t even trust the adult in theirselves, do you know what I mean, so I work a lot that way.

There was unanimous agreement among counsellors that as trauma is held in the body, they help survivors to release or let go of the emotions that arise. Several counsellors
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noted the importance of encouraging survivors to become aware of their body movements in this regard, while others discussed how they impart techniques to help them manage panic attacks, intrusive thoughts and flashbacks. Shame, grief and anger were the most common emotions that both the survivors and the counsellors interviewed discussed. Michael, a counsellor in a large RCC, described shame as an emotion that is difficult to grasp. According to Molly, as shame is the opposite of support, it is always someone or society in general that makes an individual feel this emotion. She, along with Colette, noted how the therapeutic relationship of trust in terms of listening without judgement helps to lift the shame felt and once this happens, the easier it becomes for survivors to trust others.

9.5 Releasing Trapped Emotions

Noting that shame and self-blame are deeply entrenched and often permeate survivors’ lives, a number of counsellors discussed how the cognitive process of naming this emotion is followed by working with it in order to let it go, first in one’s head and then in one’s heart. Several counsellors discussed how they facilitate survivors to look at where the feeling of shame is coming from with regard to their upbringing and cultural myths about sexual violence in order to understand that they are not to blame. These participants also noted the importance of reassuring the survivor that what happened was not their fault and that they did not deserve for it to happen. Advising that it took her two years to be able to even say that she was raped, Stephanie detailed her progress in these terms.

The majority of counsellors made reference to working with the ‘inner child’ in relation to tackling the shame felt by survivors who have experienced sexual abuse in childhood. These participants described how they ask survivors to identify with a child they know who is the same age as they were at the time of the abuse so that they can understand the power dynamics involved. As noted by several counsellors, this helps survivors to recognise that they are viewing the abuse they experienced as a child based on an adult’s understanding of the world. Mark described how his counsellor helped him to forgive himself in this way by helping him to imagine his son being in the same position he was in as a child.
I’m not ashamed anymore. I’m disgusted by what I’ve had to do but that’s as an adult relating to what a child did, not as a child, which is what we all need to forgive seemingly. It’s the child that needs to be forgiven. The child has forgiven himself a couple of times over now at this stage. The child is pissed off and he wants retribution too so we’ll have to see that through, in a nice evenly-balanced way though.

Discussing the difficulty of trying to analyse as an adult how she was as a child, Ruth, who continued to struggle with self-blame, reported feeling very little compassion towards her inner child. For Tina, the struggle has stemmed from knowing that she was not to blame, yet finding it challenging to let go of a familiar way of thinking. Megan similarly advised that although she knew that she was not responsible, her inner child still did not believe. According to Sam, his counsellor had tried to help him to connect to his inner child, yet he could never really achieve this by talking alone. He observed that although there were a lot of tears as a result of discussing the impact the trauma has had on his life, he was aware that there was still a huge well of emotion inside that he was unable to access. For instance, he found that his anger was so well buried that he could not get in touch with it until he began complementary intense holotropic breath work. While he acknowledged that there was still work to be done, he reported feeling much closer to his inner child and valuing the fact that a lot of intense feelings have begun to surface in his counselling sessions. Discussing how counselling has complimented the breath work in terms of discussing the shift that has taken place in his worldview, he advised that he no longer held his emotions inside, instead, for example, crying if he felt like doing so.

A small number of other survivors of child sexual abuse reported the same difficulty with accessing their anger. Describing it as an old anger inside that wants to manifest itself, these participants observed that this struggle has emanated from being forbidden to express this emotion as children. Rachel, who reported being punished because of its negative connotations in Ireland, advised that once she was able to let go of the shame and the guilt she felt, she found that her anger began to surface. Megan, on the other hand, reported feeling rage only when she has touched something that belonged to her adoptive mother (perpetrator). Linking this to her high functioning autism, she expressed
uncertainty that the emotional work involved in counselling survivors would be suitable for individuals with autism or Asperger’s syndrome. Making reference to the way in which she was blamed for the abuse, she also noted that she compartmentalised her mother into the woman she loved and the woman she hated. While Thomas discussed how he has struggled to connect to his anger in his counselling sessions, he advised that it could be triggered by certain situations in the everyday world.

A number of counsellors described how anger almost becomes like a friend to individuals who have been carrying it for many, many years. Questioning who they would be without it, some survivors hold onto this anger as it protected them and even though these counsellors may think that the survivor should let it go, they discussed the importance of respecting that. According to Michael, some survivors are happy with their anger in this sense, while others are not. He noted that as it is often disguised at the beginning, anger is a good indicator of where in the process a survivor is. He discussed how he advises survivors that anger is an okay emotion, while making them aware of its negative consequences once ‘let loose’. Molly similarly characterised anger as a good feeling to work with as there comes a time when survivors need to express this emotion in order to move on to the next step. Many counsellors highlighted the importance of releasing anger physically. These participants described working with anger as helping survivors to learn how to recognise when it is building in their bodies in order to manage it in a way that is safe so that it is not destructive to them or those around them. They also discussed the importance of helping survivors to find safe ways of expressing it, such as footpath pounding. Tina, a survivor of sexual violence in adulthood, confirmed that counselling has helped her to understand where her anger is coming from and also that she has used it to push her husband away. Although it has not been easy, she reported that she was learning how to control this emotion at the time of the interview.

Also believing that survivors often use anger as their ‘armour’, Rachel described how it has served her well in the sense that it has enabled her to raise issues that she would not have had the courage to previously. For instance, it helped her to challenge her mother by bringing the abuse out into the open. She, nonetheless, described feeling empty and how this emptiness was followed by the fear that came from realising that the anger was there
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and always had been. She also found that once she let go of her anger, the rawness surfaced and hidden underneath was hurt and pain. She, nonetheless, reported that counselling has helped her to let go of a lot of these emotions. The following quote from Catriona, who works in a medium-sized RCC, further highlights the layered nature of survivors’ emotions:

_So people might go through a period of deep grief and move on from that, em, to looking at how they’re going to cope with a particular situation in their life and then might begin to feel huge anger towards the person who abused them because they very often have come with huge anger but they can’t direct it at the person that, who actually really caused it, so they tend to lash out at lots of people, em, and they maybe work their way through that and find ways of expressing it and venting it that are safe, em, and then they might come back to the grief again because it’s just not done with._

Miriam discussed the extreme sadness she felt in the past and its connection to the anger she reported feeling towards her father since she came to the realisation that he failed to protect her. Describing it as if something had opened, she reported feeling angry at the fact that, for a period of time, she could not stop crying, yet could not understand why. Grief was discussed by a small number of counsellors in relation to child sexual abuse as a bereavement of the childhood, the parent or the life that one could have had or, for adult survivors, the safe world they thought they lived in. A number of counsellors discussed how they allow survivors the space to feel their grief and to cry as this is a good way of releasing this emotion. Catriona added the importance of letting survivors know that it is okay to feel grief as we usually associate this emotion with death, yet there are many losses as a consequence of sexual violence.

Stephanie, who experienced sexual violence in both childhood and adulthood, reported valuing the fact that if she needed to, she could ‘cry her eyes out’. She also advised that her counsellor has helped her to draw on her resources when she was feeling low. For her, resources could be items such as a picture that has helped her to feel good about herself and also to feel safe. Both Mark and Claire discussed the importance of their counsellors’ help in figuring out ways to express their feelings. As he is right-handed, Mark has found
writing with his left hand beneficial in this regard. Tina has also found writing about her feelings helpful in terms of getting issues out of her head. Vivian, a counsellor in a medium-sized RCC, likewise recommended art as she observed that this helps survivors to bypass their cognitive mind, enabling them to connect to their feelings. A number of survivors also highlighted the importance of their counsellors’ help in relation to ensuring that they have not gotten too upset or in grounding themselves by breathing slowly when panic has arisen in a counselling session. Discussing the importance of having control over how deep he has gone, Thomas noted that generally his emotions have been quite contained as he has had to return to the ‘real world’ afterwards. However, he reported that when he has felt that it needed to be done, he has worked at a deeper level, facilitated by his counsellor to get more in touch with his emotions.

Mairead, a survivor of sexual violence in adulthood, discussed the tentative nature of the process of releasing the emotions that have been held inside in terms of learning to relinquish long-held coping mechanisms. Describing it as working at a deeper level, she has found the sessions involving breath work the most difficult, yet most healing, as slowing things down has enabled her to feel the emotions that have come to the surface. As she could get very upset, she noted the importance of trusting both herself and her counsellor. She reported finding that as she ‘gained ground’, she trusted herself a little bit more and this has sustained her on her journey:

So even though it’s quite upsetting I find kind of, say six to eight weeks after a session on something, you actually have really let it go. You start to kind of feel lighter. It’s like a spinning top. You know, you push down the handle and the thing is spinning and then unless you put your two hands on it you have to just wait ’til it stops itself and then it does and it’s gone. So you get to verbally and physically express something that you knew was there but never came out. You know, so that’s the kind of pattern and I trust the pattern now.

Mairead also discussed the importance of self-care following each counselling session and also when she has a bad day. As she reported knowing that the fear will pass, rather than resisting it, she has learned to allow herself time to sit with the emotions that arise and to cry if she needs to. In a similar way, a small number of participants discussed how their
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counsellor has encouraged them to be kind to themselves after a session. Indeed, Megan, who experienced sexual violence in both childhood and adulthood, noted the difficulty of ‘shaking off’ the emotions that have arisen in counselling, particularly if she has discussed a very difficult issue. She also advised that she has either urinated or defecated after a particularly good session as this released the emotions held. In a similar way, Rachel reported that a chest-related illness was part of processing her grief and shame. John asserted that he continued to feel ‘off’ for a couple of days after a counselling session and he has found it difficult to remember what he talked about. However, he stated that he understood that this was part of the process and he reported always knowing when he felt better. He described feeling ‘off’ as not feeling like himself.

9.6 Non-Clinical Approach

Each of the elements of the counselling process detailed thus far is indicative of the RCC person-centred, empowerment approach. Indeed, a number of survivors contrasted this approach with that of the clinical services they formerly engaged with. Referring to their negative experiences with psychiatrists, psychologists and GPs, these participants noted the inter-related problems of a directive approach, misdiagnosis and a sole reliance on medication. Some of these survivors advised that instead of trying to get to the root of the problem, these professionals only prescribed medication that the survivors either refused to take or they found caused additional problems. Thomas advised that if he had not had the support of the RCC, he would have found this to be ‘crushing’. According to Mark, his counsellor was unable to help him really process the trauma until he came off the medication he was prescribed, a decision he made for himself. The following quote encapsulates these sentiments:

There, there’s, a clumsiness I’ve come across in the professionals that, eh. I’m surprised they’re allowed practice but then again you don’t have to learn about this stuff in college. You just have to learn about scripts and medications and symptoms but, but they’d missed something in front of them, which was I’d been abused as a child. Having come with *** [counsellor], I’ve come down off of massive amounts of medication. I haven’t seen a doctor in two years. I take no medication. I don’t need ta but she liberated that. She freed the whole thing up but she was the person who listened and heard. The rest of them were just happy
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*enough to suppress whatever was there, whatever was actually going after it. Well, you can treat a symptom. You can’t treat a person and these people are not inclined to treat people* (Mark, survivor of sexual violence in both childhood and adulthood).

A small number of survivors also discussed the importance of RCC counsellors’ specialist knowledge, in addition to not feeling like they were being formally assessed. For Stephanie, having access to the helpline at any time should the need arise has been vital. Also highlighting the importance of RCC specialist knowledge in terms of understanding the dynamics involved in sexual violence, Catriona, who works for a medium-sized RCC, noted that some of her clients who previously participated in counselling with a general practitioner experienced negative responses. These ranged from shock, wanting to ignore the issue in favour of focusing on symptoms such as depression or trying to address the trauma without the requisite training. However, she advised that some non-specialist counsellors have referred survivors to the RCC.

Many counsellors also discussed their experiences with clinical services in relation to some of their clients. Catriona, Saoirse and Martin were similarly critical of the over-reliance of some psychiatrists on medication and also of GPs who only recommend CBT because they view it as economically cheap and as a ‘quick fix’. A small number of counsellors, nonetheless, noted that as long as it is not mood-changing, sometimes medication is required to ‘take the edge off’ what is unbearable. Michael, a counsellor in a large RCC, advised that counselling and medication can go hand in hand, depending on the severity of the psychiatric condition. According to Siobhan, in her clients’ experience, talk therapy with a psychiatrist consisted of approximately fifteen minutes once a month in order to check how things were going.

While she has found most psychiatrists to be quite supportive of counselling, Catriona maintained that some disagree with it or believe that the survivor is unable to participate. She noted that, in some cases, psychiatrists have previously told clients to ‘just put it behind you and get on with it’. Although, in the past, many of her clients reported that
psychiatrists had dismissed their trauma, Siobhan advised that she no longer came across this very often. Indeed, according to Catriona and Siobhan, some psychiatrists, psychologists and GPs refer their clients to RCCs. Furthermore, as RCC counsellors are not qualified in this area, Chantel and Molly noted the importance of working in conjunction with a psychiatrist if both practitioners think that a reduction in medication would be helpful to a survivor’s recovery process. However, Catriona reported that although she does not diagnose symptoms, it can sometimes be helpful to advise a survivor that the consequences they experience are consistent with PTSD as this provides them with a framework in which to put their feelings and experiences. Indeed, Mairead, who experienced sexual violence in adulthood, asserted that having the knowledge that individuals who experience rape can suffer from symptoms such as anxiety, depression or eating disorders would help prepare survivors for the overwhelming nature of the traumatic impact. It would also encourage them to keep going when the process becomes difficult. Several counsellors advised that if they thought that a survivor needed medication for a psychiatric condition or were suffering from depression, they would adjust their approach and advise the individual that it would be helpful to talk to their GP.

According to Monica and Saoirse, who work for large RCCs, if a survivor has been diagnosed with a psychiatric condition, the RCC would look for a referral letter confirming their ability to participate in counselling. Both she and Chantal noted that if a survivor has a psychiatric condition or a very fragmented sense of self, deep therapeutic work cannot be undertaken. In addition, as noted earlier, several counsellors maintained that when a survivor is taking strong medication, it becomes difficult for them to get in touch with their emotions. According to Chantel, if a survivor has an underlying psychiatric condition, the counsellor is dealing with both this and the consequences of the trauma. As these individuals would have been functioning as well as they could prior to the trauma, that level of functioning is the baseline from which she works. Siobhan also contrasted RCC counselling with that provided by the HSE in terms of the importance of offering a service that is not time-limited or goal-oriented, thus ensuring that survivors can access counselling for as long as they need to. Although they can only offer support to survivors who are unable to participate in deep therapeutic work, she noted that, without this, there would be a greater economic cost to the state. However, given the long waiting lists arising from the financial constraints
facing RCCs at the time of the interview, Siobhan advised that recent discussions had revolved around whether the RCC approach needed to change.

9.7 Suggestions to Improve RCC Counselling

The majority of counsellors identified increased funding as a means of improving their counselling services as this would address both cuts in training and waiting lists. Collette shared her concern that the support provided by RCCs to ongoing clients would come to a sudden end due to lack of sufficient funding. A number of counsellors also expressed their interest in ongoing training. Siobhan noted that she would like to see more training in relation to working with trauma held in the body as this would help to unify each counsellor’s approach. She would also like to see increased group supervision so that counsellors could learn more from each other, while Collette recommended team building that would take place outside of the centre. Vivian and Chantal identified the need for greater inter-agency work with GPs and psychiatrists. However, Chantal and Saoirse identified the divide between the clinical and non-clinical models as an obstacle in this regard. In a similar vein, Cathy and Saoirse noted that the RCC’s strict adherence to survivor confidentiality might minimise an individual’s growth. She discussed the difficulty of striking a balance between protecting the individual and reporting to another agency such as the guards or HSE in terms of their duty of care under Children First Guidelines.

Saoirse, Monica and Martin suggested the possibility of charging survivors a minimum fee as then they might value the service more. According to Monica, RCCs’ charitable status might mean that they are perceived as non-professional. Although she identified herself as a die-hard radical feminist, she also wondered if the feminist analysis of sexual violence has alienated some men from accessing the service as it might not be broad enough. However, she also expressed her concern that RCCs were losing their feminist identity:

You know what, we don’t put out the feminist stuff as much as we used to. We really don’t. I think we’ve responded probably to external pressure. Em, I don’t think the need to bang the feminist drum is as intense now as it was in 1987. Em, I know that certainly at points I would have been very vocal in the fact that we were losing our feminist identity. Em, I think now because myself and **** run all of the
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*training that we do, em, we can fairly put in the feminist agenda and we do. We really, really do, em, and I suppose, in that sense, I feel we nurture the next generations coming along.*

Recounting his experience at a small number of seminars aimed at bringing counsellors from various centres together, Martin got the impression that, in one or two RCCs, men were seen as the enemy. While he agreed with the policy of only women answering the phone, he noted that all centres should have male counsellors so that clients would have that option.

9.8 Conclusion

These findings provide important insights into how RCC counselling is translated into practice, in addition to how counsellors view their role and survivors have experienced the counselling process. Trauma held in the body emerged as a salient theme in relation to coping with the profound and often interconnected impact of sexual violence. As such, the relevance of counselling as a safe space and the trust that is built in the therapeutic relationship take on an even greater importance. Counsellors discussed a number of elements of the RCC approach, such as working in the ‘here and now’ and ‘holding the space’, in terms of addressing the myriad emotions that arise in the counselling session. Counsellors and survivors also illustrated the complexities of the empowerment approach and the therapeutic relationship. Furthermore, some counsellors highlighted the salience of the specialist nature of RCC counselling in terms of understanding the dynamics involved in sexual violence trauma. Each of the counsellors also described supervision as an important means of ensuring self-awareness around their practice and well-being. Finally, increased funding was the main suggestion made by counsellors to improve RCC counselling services. In the next chapter, I present the findings relating to the factors that influence the recovery process.
Chapter 10. Factors Influencing the Recovery Process

In this chapter, I present the findings from the interviews with survivors and counsellors in relation to the factors that influence the recovery process. When asked about these factors, the counsellors interviewed did not identify gender. However, when specifically asked about gender, a number of themes arose in relation to the various ways in which norms of femininity and masculinity influence the healing journey within the context of RCC counselling and these are echoed by the findings from the interviews with survivors. The vast majority of counsellors focused on the impact of norms of masculinity. I begin this chapter by detailing the importance of a survivor’s readiness to deal with the consequences of sexual violence. This is followed by a description of the gendered responses to the trauma of sexual violence that are commonplace among survivors. Next, I illustrate the influence of gender on the RCC counselling process in terms of acknowledging one’s vulnerability and processing one’s emotions, and also on the relationship between a survivor and their counsellor. Finally, I outline the importance of complementary support, both in the RCC and externally.

10.1 Readiness

The vast majority of counsellors and survivors highlighted readiness as a very important factor influencing the recovery process. Counsellors noted the salience of individuals making the decision to participate in counselling for themselves as otherwise it will not work. Discussing the need adult survivors of rape commonly have for their lives to normalise almost immediately, a number of counsellors maintained that individuals who begin counselling shortly after the traumatic event only do so because this is what their family want. However, the trauma begins to take over and the survivor then realises that they need to deal with its consequences. According to these counsellors, in such cases, survivors tend to participate in counselling for a few sessions and then leave knowing that they can return if they want, doing so when they are ready. Indeed, several counsellors discussed the importance of letting survivors know that if they need to leave for any reason, they can return at any time. By contrast, Catriona and Saoirse advised that sometimes survivors come to counselling as they think that they are ready and then realise that they need more time.
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However, according to several counsellors, the majority of survivors come to counselling and work through how the trauma is currently affecting them for whatever length of time is necessary. As these participants reported viewing the recovery process as an ongoing journey, they advised that issues may still arise for survivors at different times of their life, but because they have learned to cope, usually they can deal with these issues themselves. However, some survivors who are triggered return to counselling as, for them, the process involves going deeper. Noting that issues arise when the time is right, many survivors, predominantly those who experienced sexual abuse in childhood, discussed readiness in terms of the evolving nature of dealing with the impact the trauma has had on their lives. Although Tina reported feeling that her life would have been easier had she known that this support was available to her twenty years ago, she acknowledged that perhaps she began counselling when she was ready. Rachel described how she returned to the counselling process once greater security had been established in her life and that this has possibly allowed her to revisit issues at a deeper level. She advised that she found the process less overwhelming as a result and she noted that she could see the benefits almost immediately. In her words:

*When you get resolved around something it’s very immediate you know it’s like things, it’s like pieces of a jigsaw but a lot of the jigsaw is done. It’s like having all the edges done (laughs) and you’re filling in the bits, you know, so it’s, it’s probably an easier process for me this time around.*

According to Miriam, if she had been told what she was going to learn about herself or what recovery would involve, she would never have decided to participate as she would not have been able to cope. As such, she reported valuing the fact that her journey has been a powerful one, upon which she has dealt with the issues that arose when she was ready. Describing how she was searching and in need of assistance, Stephanie, nonetheless, highlighted that it is a dangerous road that one goes down in the immediate aftermath of trauma. She, therefore, reported believing that had time elapsed between her most recent experience of sexual violence and beginning counselling, the process would not have worked as well. Indeed, many survivors identified obstacles to the recovery process such as stubbornness and fear of change. They asserted that although an individual may be unhappy, sometimes it is more comfortable to keep going as they are as this is all that they know. According to Mark, in order for counselling to work, one must really want to do it.
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He, nonetheless, reported understanding the anger and bitterness that survivors often feel, in addition to the difficulty of facing the consequences of abuse. Helen also acknowledged that she has sometimes questioned why she should have to change her behaviour. In the following quote, she discussed how RCC counselling has helped her to cope with these feelings:

*I think you kind of get used to being the way you are and, as awful as it sounds, sometimes you don’t want to get better, em, because. I don’t know. It’s not that you’re forgetting that it happened to you or it’s not that you’re saying that it didn’t affect you but it’s, it’s very complicated. Like, in some ways, you know, you wish that you were, you know, perfectly happy and, you know, how you’re meant to be and in another way you kind of just have to say, yeah, I am going to have a few bad days because, you know, whatever people go through is horrific, you know, and everyone goes through different things when it comes to places like this. I think that’s, and that’s a big part of here as well. They’re kind of. They’re trying to teach you how to cope with that and to accept that, which is a huge part of, you know, being a survivor (laughs).*

10.2 Gender

10.2.1 Gendered Response

According to a number of counsellors, as sexual violence perpetrated by men against other men tends to be very violent, shock is a common response. By contrast, it is generally more coercive for women and thus more common for them to stay very still in order to survive. Several counsellors also noted that whereas women tend to internalise their suffering, it is more common for men to act out of their pain. As such, they have found self-harm, depression or eating disorders commonplace among women and aggression or addictions more frequent among men. These participants further added that while men’s anger tends to be more obvious because it is vented externally, women are more inclined to direct their anger towards themselves. Alternatively, women tend to contain this emotion and do not allow themselves to feel it. A number of counsellors also discussed how some men who have abusive fathers experience difficulties allowing relationships with women to develop naturally as they fear that they will not be able to control their anger.

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The vast majority of counsellors also advised that as men who have experienced sexual violence often believe that they should have been able to protect themselves, they tend to question their masculinity and this leads to an additional layer of shame. While a small number of these participants noted that this is particularly the case where adult rape is concerned, many discussed how even survivors of sexual abuse in childhood struggle with this issue. Cathy, who works for a large RCC, attributed this response to the internalisation of rape myths. According to Catriona, a counsellor in a medium-sized RCC, men lose their sense of being able to protect themselves. Both Mark and Thomas discussed how the trauma has affected their sense of masculinity. Mark, a survivor of sexual violence in both childhood and adulthood, stated that sexual violence is more shameful for men as it strikes something ‘lower down than emotion’, something that is ‘written into one’s brain’. Believing that it is a large part of being a male survivor, Thomas, who experienced child sexual abuse, discussed his difficulty being in the company of men due to his fear of their aggression. He described this aggression as ‘male energy’. However, he credited his RCC support group for men with helping him to overcome this difficulty in terms of feeling comfortable enough to express his emotions with other men.

Several counsellors also observed that male survivors who were abused by men tend to question their sexuality or fear that others will. While Michael noted that such questioning has prevented some of his clients from forming relationships with women, in Monica’s experience, men who feel this way tend to act virile and macho in order to prove their masculinity. Mark acknowledged his fear that the rape he experienced in adulthood meant that he was homosexual and he wondered if the perpetrator perceived him in this way. According to a number of counsellors, men who have experienced child sexual abuse often harbour guilt as a result of physically responding to the sexual acts enforced upon them. Martin and Michael have found this to be a real struggle for their male clients, one which leads to confusion. However, Cathy, Saoirse and Catriona advised that this has been an issue for some of their female clients who experienced child sexual abuse also. Although Martin has not often found this to be the case with women, he stated that they tend not to go into the same level of detail as men in this regard. Also, it is important to note that Michael had just begun seeing his first female client. Each of these counsellors discussed how they reassure survivors who do harbour guilt that they are not to blame. They also noted the importance of reassuring men that this does not necessarily mean that they are
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homosexual or, for those who are, that this is the reason why. They further asserted that they make survivors aware of the dynamics involved in child sexual abuse so that they can understand that a physical response is perfectly natural. For instance, Michael illustrated how he demonstrates unconscious reactions to external stimuli:

What I usually do is I stand up, walk over to them (claps his hands once) and do that in front of their face and say, what happened, and, eh, they say, well I blinked, and I say, yeah, you did, it’s an external stimuli, stimulus, which has affected your body. I didn’t tell you to blink. You responded to something without even knowing it and the same thing happens when, em, when people are abused, men and women, they can be actually turned on, so, em, just because you got an erection during this abuse or whatever, em, doesn’t mean that, anything, it doesn’t mean anything at all. So, yeah, if you were not gay before it happened, you’re probably not gay now.

A small number of counsellors also noted that men, unlike women, who have been abused in childhood, sometimes fear that they will become a perpetrator of sexual abuse or that if others find out that they were abused, they will harbour this concern. None of the male survivors in this study reported feeling this way. However, advising that she needed reassurance in this respect, Megan, who was sexually abused by her adoptive mother, shared her fear that she would abuse her own daughter.

10.2.2 Gender and the Recovery Process

Several counsellors have found that it can be harder for men to acknowledge that they are victims and that they need help. Cathy related this to norms of help-seeking, masculinity and sexuality. A number of counsellors also added that men struggle with talking about what happened to them more than women. As noted by two of these participants, it is new for men to participate in counselling and discuss their feelings, whereas women have had more opportunities to do so. However, while Monica has found that women talk at quite a deep level, she advised that men who have been involved with organisations such as GROW are usually more comfortable with having more meaningful conversations about themselves. As such, she noted that they are generally better at talking about their emotions, both inside and outside of the counselling session.
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Mark and Thomas made reference to the fact that they are facing a whole other level of taboo as a male survivor. Thomas noted there must be a large number of men who never disclose to anyone, while Mark declared that men will never talk about the sexual violence they experience because of the shame they feel. Mark also reported a succession of judgemental responses he has received from guards, a solicitor and a number of healthcare professionals based on the fact that he was disclosing adult rape. He was laughed at by a nurse, disbelieved by a solicitor, asked on a number of occasions how he could have let it happen and judged by the female guard whom he had felt more comfortable disclosing to. While he described his current partner as very supportive, she initially could not understand how a man could rape him and she thought that the perpetrator must be homosexual. In a similar vein, Megan, who was sexually abused by her adoptive mother as a child, has found that people generally do not want to believe that such violence can happen. Thomas described his disclosure of child sexual abuse as a challenge to the notion that men are not abused and also as a challenge to the expectation that he should feel shame as a man. He, nonetheless, stated that in one way it may be easier for a man to disclose such abuse as they, generally, have the right to speak more than women in society. According to John, it takes a lot of courage for anyone to disclose sexual violence. As such, he advised that although his friends have described his disclosure of sexual assault in adulthood as impressive, he has not viewed it this way. While he noted that he has simply done what he felt he had to do, he reported his annoyance at the fact that society is less willing to believe men who come forward and also at the belief that men do not cry or are weak if they seek help.

A small number of counsellors also maintained that men can struggle more with knowing how they feel. According to several counsellors, who discussed men’s inclination towards aggression, women tend to get in touch more easily with the ‘softer’ emotions, such as grief. By contrast, they have found that men can, generally, get in touch with their anger more easily. Roger noted that his male clients tend to present a macho image, yet underneath they are struggling. However, several other counsellors advised that men tend to find it more difficult to get in touch with all of their emotions and, generally, feel less comfortable with their vulnerability. While not making a comparison between women and men, Michael agreed that men tend to struggle in this way. A number of counsellors also asserted that it can be quite hard for men to allow themselves to cry as they have never felt
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that this was acceptable. According to some of these participants, once men really feel their sadness for the first time, they allow themselves to ‘fall apart’. The following quote from Michael illustrates this point well:

Occasionally you’ll find, I don’t know, maybe ten per cent, em, who will quite happily cry in front of me, if that isn’t a contradiction in terms, happily cry in front of me but they’ll tear up and reach for their tissue and, em, some will, and then be really apologetic about it, and I’ll assure them that there’s many a man that’s sat in that chair and cried their heart out in front of me, yeah. There was a couple of guys who used to crawl up on the bench into the foetal position and sob and cry and (bangs on the table), bang, bang.

Speaking about the general population, Siobhan observed that women may find it much easier to get in touch with their softer emotions than men. She noted that men who have suffered severe abuse may be dominant and angry in their relationships. However, she along with a number of other counsellors, advised that such men are unlikely to participate in counselling. In their experience, RCC male clients tend to be a bit more reflective or generally have had years of practice suppressing their anger and are choosing to meet the consequences of the trauma. According to Michael, such men can control their anger, letting it dribble out, until something triggers it and then it builds inside them. Siobhan also characterised the men who access RCCs as generally feeling victimised in their lives and wanting to ‘solve it for their selves’. As such, counselling for these men involves helping them to take back their power and to use this power and the anger that they are frightened of in a more positive way.

These counsellors further advised that there can sometimes be a duality to women’s anger, as although they might find it difficult to connect to this emotion in a session, they may take it out on someone less powerful, such as children. However, they may not disclose this for a long time. Describing this anger as possibly being the means of survival for these women, these participants discussed how the process involves helping them to manage their anger in a more constructive way. As these counsellors have encountered some very angry women, more so than men, they identified the fact that women can be too angry or angry in a way that is destructive to them, their children or their partners as something that
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got lost in the early stages of RCC work. If a survivor is experiencing difficulty connecting with particular emotions, several counsellors noted, first and foremost, the importance of respecting who they are and not directing them or telling them how they should feel. These participants made reference to the fact that anger or vulnerability, as with any other emotions or feelings, are accessible to some individuals but not to others. As such, they stated that the process involves helping survivors to become aware of the emotions that arise in order to find a way to connect to them, if this is what they want and are ready to do.

Several counsellors advised that they help survivors to explore their beliefs about the emotions they have difficulty with and what has informed these beliefs. Gender norms, personality and upbringing were identified as possible factors in this regard. For example, the expression of anger may have been considered unacceptable in the family home, an individual may not be inclined to express their anger or women may feel that it is inappropriate because of their gender. Indeed, Rachel, who has struggled with her anger, noted that although she was forbidden to express this emotion as a child, it was acceptable for her brother. A number of counsellors also discussed how they explore gender norms in relation to particular emotions. Noting the importance of building the relationship and ensuring safety when working with anger that has been suppressed by her female clients, Monica stated that she discusses how society teaches women that it is unacceptable to be angry. Describing this process in relation to one particular woman, she said:

Like, I’m thinking of one client, em, who would have said to me ‘I’m so full of anger and I’m so full of rage but I’m afraid that if I get in touch with it, I’ll put you and me out through the window’, d’know what I mean so that’s, she had suppressed it to that extent so in order for her to do any piece of work around it, we had to do an awful lot of things around it, including looking at how does society teach women, you know, how to express emotions.

A small number of counsellors discussed how they explore gender conditioning with men in terms of assuring them that it is okay to be vulnerable and to have feelings as we are all human and have the same range of emotions. Roger noted that a male client recently advised him that counselling has taught him to be aware of his feelings and that it is okay to
express them. However, Catriona, Martha and Collette advised that they only discuss
gender conditioning with men if these clients identify masculinity as an issue in relation to
difficulties they are experiencing. Catriona discussed how she explores what vulnerability
and manhood means for men and if these meanings have changed as a result of their
experience(s). In the following quote, Collette illustrates how she works with men who find
emotional exploration difficult:

*I say that I recognise that men may have more trouble connecting with their
emotions and I reassure them that I won’t be shocked by anything they say.
Because of our association of masculinity with strength, I cannot put my finger on it
but there is something sacred and awe-inspiring about sitting with a man’s
vulnerability as it takes extra strength to be open.*

A small number of counsellors have also found that men tend to want a ‘quick fix’,
effecting counselling to be like a clinic, where they say their piece and then leave. This
usually involves recounting the entire story at the outset, thus rendering it impossible to
deal with the ‘here and now’. These counsellors described such recounting as a defence
mechanism, as there is no emotional connection to the narrative due to the belief that it
will make no difference. According to Michael, most men avert their gaze at the beginning,
particularly when they are discussing the details of the abuse. Catriona has also found that
men, generally, expect their counsellor to be more directive in terms of coming up with a
strategy and asking questions that only require a yes or no answer. As such, she suggested
that being told, ‘You deal with whatever you want to deal with’, can be more frightening for
men. While there was an agreement among counsellors that men do deal with their
emotions, several of these participants advised that, by contrast, they tend to be more
practical and task-oriented than women. Michael, who had just begun seeing his first
female client, has also found that men tend towards such pragmatism. The following quote
encapsulates these sentiments:

*It’s harder for them [men] to empathise with the hurt, helpless, lonely boy in
themselves, which I think women can much more easily identify with that hurt little
girl* (Siobhan, counsellor in a large RCC).
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In this regard, it was advised by a small number of these counsellors that, once they grasp the process, men tend to move more quickly through it, tending to be more focused in terms of dealing with specific issues. They have found that it is more common for women, on the other hand, to deal with a lot of emotions and to be more fluid in their approach to engaging with the issues that arise. However, a small number of counsellors disagreed with these sentiments. According to Saoirse, Vivian and Cathy, once men have established trust with their counsellor, they become comfortable with expressing their emotions.

Finally, when discussing how counselling helps survivors to address their issues with sexual intimacy, Siobhan outlined a gendered approach. She characterised this type of work with women as helping them to become comfortable with their bodies, whereas with a few of the men she has worked with, the focus has been on helping them to overcome their fear of being sexually aggressive.

**10.2.3 The Therapeutic Relationship and Gender**

The majority of counsellors who work with both women and men asserted that they have not found it more difficult to build the therapeutic relationship with men. A small number of these participants advised that this is because the men who access counselling have made a decision to talk about the trauma and are relieved that they have finally found a safe place to do so:

> Sometimes I think men are so relieved that they have a space where they can come and talk, d’know, em, that’s really, really (sighs), it bypasses a lot of stuff because there is a sense that, oh thank god, I’m finally talking and, guess what, you’re not going to be involved in my life, d’know what I mean, I’m not going to see you down the pub. You’re not going to be involved in my life but yet I have a safe, secure place that I can figure all this stuff out in. Em, yeah, I do find that piece, yeah. I think there can be a bit of relief (Monica, counsellor in a medium-sized RCC).

However, noting that they generally do not stay in touch the way women often do, Catriona reported that she has sometimes found it harder to build the relationship with her male clients.
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According to Roger, for some survivors, the gender of their counsellor is not a factor as they just want to participate in counselling. Indeed, a small number of the survivors interviewed stated that they did not have a preference for a woman or a man as their counsellor. Confirming that he has had no problem opening up with his female counsellor, Sam attributed this to the fact that he was used to working in mixed groups in GROW and also that all he wanted was a sympathetic ear. Although the RCC was concerned that she would have difficulty working with a female counsellor, Megan, who was sexually abused by her adoptive mother, advised that she does not have a problem with women. She also noted that this was difficult for the RCC to understand as they were not used to dealing with female survivors of sexual violence perpetrated by women. She reported being very happy with her male counsellor, nonetheless.

However, a small number of counsellors discussed the importance of gender in the therapeutic relationship. Although Cathy advised that it may be easier for men to work with a counsellor who is the opposite sex to the perpetrator, she noted that it can be good for men who have been abused by their mothers to work through their trust issues with a female counsellor. She would recommend that this only happen after they have reached a place with a male counsellor where they are ready to do so. According to Martin, women who have a problem trusting men need to work through these issues with a male counsellor. A similar sentiment was expressed by Siobhan. She noted that although it is better for women to work with female counsellors initially, once they have been participating in counselling for a while, there is a lot to be gained from seeing if they would then like to work with a man. However, she advised that this is something that the RCC would be slow to do. She also maintained that it might be empowering for men who have been working with a female counsellor to follow this work with a man who adopts a more ‘father-like role’. In this way, counselling would first tap into men’s ‘soft’ emotions and then it would encourage their strong side. However, she noted that female counsellors have the ability to empower men also.

According to Martha, men who were abused by a man would find it more difficult to admit this to a male counsellor. Although Cathy observed that it may be easier for such men to work with a female counsellor, she noted that there can be greater shame and
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embarrassment for men in relation to discussing the trauma with a woman than with a man. She has found that some men feel that they need to prove to her that they are heterosexual. While she characterised the work with men as intense at first because of the stronger feelings involved, she has found that the intensity is handled better with experience and that, fundamentally, the approach is the same. According to Collette, many men choose to work with a woman because of shame and the fear that a male counsellor will not respect them. However, she also noted that men find it particularly difficult to get in touch with their emotions and to feel comfortable with their vulnerability if the counsellor is a woman. She attributed this to feeling weak due to gender conditioning and also to a concern that their story is too upsetting for a female counsellor. Finding that it tends to be easier for a woman to be vulnerable with another woman, she advised that gender conditioning of both the counsellor and the survivor is a factor in this regard. Indeed, Michael noted that maintaining eye contact appeared to be difficult for the woman he had just begun working with and he expressed his concern that his efforts to do so would be perceived as threatening.

Speaking about his personal experiences, Thomas, a survivor of child sexual abuse, identified a number of gender-based issues relating to the counselling process. He noted that, at the beginning, he felt safer with a female counsellor as he found it more difficult to be open with a man and he needed what he described as ‘nurturing female energy’. However, he found it impossible to get in touch with his anger at the time, as he feared that he would physically harm the woman he was working with. He also feared that a male counsellor would harm him if he expressed his anger and, over time, he felt that he needed to work though this particular issue. He has been participating in RCC counselling with a male counsellor and he has found the nurturing of a fatherly nature, as he described it, has enabled him to get in touch with his anger and his softer emotions. Rachel observed that, prior to RCC counselling, she worked with a male counsellor until he recognised that there were trust issues and recommended that she work with a woman instead. Having participated in counselling with a generic female counsellor over the following two years, she found that she was in a really good place and she has continued to work through the impact of the trauma with another female counsellor in her local RCC. As Mark, who also experienced sexual abuse as a child, began accessing the RCC only a few months after he was raped, he was uncomfortable being ‘questioned’ by a man as he felt like he was being
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groomed. Having decided that he would not return, he received a phone call from a female counsellor who asked him to come in to complete some paperwork. This woman became his counsellor, seeing him for the next two and a half years, up until his last session the day I interviewed him. As she has found it difficult enough to discuss intimate issues with her female counsellor, Ruth advised that she could not work with a man.

Several counsellors noted that gender also influences whether or not survivors have external support. According to these participants, women tend to have the support of family and friends, whereas men generally do not tell anyone else about what they are going through. Vivian has found that, outside of counselling, men generally do not want to be seen to have difficulties coping, getting emotional or taking time off work. According to Chantal, it can be more difficult for a man to tell a partner or friend that he needs a hug. The importance of complementary support was highlighted by both survivors and counsellors, nonetheless.

10.3 Complementary Support

Catriona, a counsellor in a medium-sized RCC, discussed complementary support in terms of survivors having access to the RCC helpline outside of their counselling sessions if they are in crisis or simply need to ask a question. A number of survivors also highlighted the importance of the availability of RCC support groups. Adding to the praise previously reported in relation to the men’s support group he attends, Thomas noted the benefit of not having to discuss specific details as everyone has an idea of where each other is coming from. This has ensured understanding and sensitivity to potential triggers. Advising that one to one counselling can be isolating, he highlighted the importance of also participating in group work in terms of offering and receiving support. Mairead similarly described the importance of being part of an RCC survivor group in terms of having safety and privacy. As she maintained that the trauma is too big to really share with individuals who have not experienced sexual violence, she reported valuing that fact that she could discuss how she feels with others who understand. She also highlighted the benefit of group members being at different stages of the recovery process. Advising that it has opened her up to the possibility of reporting to the police, she reported valuing the insight and encouragement she has received from a man who had taken his abuser to court.
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When considering the possibility of becoming a mixed gender group, Thomas and the other members felt that it would be beneficial for women in terms of overcoming their trust issues with men. Advising that she has not had many men in her life who have really listened to her, Mairead discussed how the recent inclusion of men in her group has helped her in this way. She also commended the facilitators for asking group members first how they would feel about this change as they needed time to consider it. She observed that although men and women deal with issues differently, at the core, we are all the same:

> What I have seen with them, and I don’t know if they’re aware of it themselves, is a vulnerability that’s actually quite touching. It’s quite tender...It was quite freeing, you know, because all of their perpetrators were male and, eh, they were no less angry or upset or frustrated or in pain or dealing with addictions than the rest of us. It was just, we were all one.

Mairead has found the men in the group to be more practical and less outwardly emotional and ‘male pride’ is something they have discussed in this regard. Also, while the women have used phrases such as ‘I feel’ or ‘I wish’, the men have discussed what did or did not happen. Asserting that it has completely altered the dynamic of the group in a positive way, she advised that they are learning from each other. While the more practical approach of the men has helped the women to be more grounded and less caught up in the past, the women have helped the men to open up more. She also discussed the lighter side of the group in terms of sharing desserts with each other and being able to laugh at some of her obsessive behaviours. She was, however, critical of the HSE as a lack of funding has threatened the continuation of the group and she firmly stated that as RCC support is at the core of addressing the impact of sexual violence, it prevents individuals from requiring services such as AA in the future. Tina described the comfort she has gained from participating in an RCC support group in terms of realising that other individuals feel the way she has felt.

A small number of other survivors similarly expressed their interest in participating in group work in terms of sharing a common experience and having ongoing support once counselling has come to an end. Helen noted that seeing other individuals at different stages of their journey would be comforting in terms of helping her to realise the progress
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she has made and also to know that there is an end to the counselling process. However, she expressed concern that an individual may think that their story is not as bad as someone else’s, thereby feeling that they do not deserve to be there. She would recommend that facilitators reassure survivors at the outset that each individual’s experience is different and what matters is how it affects them.

As he advised that talk therapy has not been enough, Thomas has found Capacitor, which involves Tai Chi, meditation and mindfulness exercises, very helpful. A small number of survivors discussed the importance of having access to complementary therapies in the RCC in order to ensure that survivors feel safe. The following quote from Thomas encapsulates these sentiments:

Yeah, having it [Capacitor] here has made it, you know, that’s, I feel, you know, I feel like I’ve suffered through, em, it’s been difficult for me to participate in things that would otherwise be good for me because I felt too, a bit vulnerable. Em, yeah, I used to do a lot of dance as therapy and I, and I found that too much as well because I was too open and vulnerable so that’s kind of where the centre does have this uniqueness I think. It’s the, I’ve never felt that it’s not safe, you know, em, stuff that I wouldn’t feel comfortable with outside, I do feel about here

The value of meditation was also noted by several other survivors in terms of relaxation, quieting the mind, relieving anxiety and sharing with other survivors who feel the same way. Helen further discussed its benefits in terms of inner peace as she noted that it is important for survivors to take time for themselves. Although Sam has found it difficult to let his thoughts go, he described ‘meditation on compassion’ as relaxing and physically heart-warming. The following quote from Miriam characterises meditation as a peaceful way of bringing an individual into the ‘here and now’ in the context of a group of female survivors:

The meditation was lovely, em, and then it was, we shared afterwards as we would in an AA meeting and just shared about whatever, whatever went on in meditation, or different emotions or whatever and, eh, that was really, really, really good, really good, just really comfortable...Yeah, I think the journey has been quite lonely up
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until I got here, em, but I know that there’s other women out there, em, cause we did a meditation as well up here so there was a group of us there and there was a great comfort in that...like, to sit in that room, we did, even though we didn’t know each other’s stories. We don’t have to share our stories. We just know. I understand that pain.

Rachel, a practising therapist, discussed the value of Reiki in terms of beginning to truly love herself once she felt how loved she is in a session. She stated that there have been times when she would not have been able to engage in the deep therapeutic work of counselling without the solace and support of Reiki because it replenished her when she felt raw, vulnerable and quite drained. Art, music and poetry were also identified by a number of survivors. Louise discussed how art therapy helped her to open up and overcome her fears.

In the following quote John discusses the importance of poetry for him:

I’ve one [poem] that I carry around in my wallet called Dulce Et Decorum Es and it was about, em, time spent during world war one and I think it’s a very, very good poem and I carry it around in my wallet because there are times when I’ll be on a bus where I won’t really be able to do anything except pop out the poem and have a read of it so I do carry it around with me everywhere. I find it’s quite helpful. Em, yeah, really, anything at all really, that just happens to be a favourite of mine from my school days. Em, in fact for a long time it was about the only poem I did like so, I find it’s helpful.

The vast majority of counsellors also asserted that a sense of belonging is integral to the recovery process. These participants discussed the importance of external support and, to a lesser extent, finding a way of being in the world that survivors are happy with in terms of family, hobbies and career. In the following quote, Molly describes the importance of survivors engaging in activities that bring them joy:

It’s all about support and self-support, self-esteem, have something you’re really passionate about, like a surfer who loves to go out into the sea might be better off than somebody who sits at home, has nothing to do and is depressed. Like, I saw a guy once and he surfed and he obviously came in the evenings here for counselling
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and on nice days we agreed that he might go for a surf. He said, ‘that feels so good’. It’s really like the positive, the opening into nature, into the sea, you know, so the good days he went surfing and then at some point he said, yeah, I think I’m ok. I’m opening up to all these new things.

According to Monica, having a partner who is supportive of the survivor finding their core strength and building their self-esteem is vital to recovery. She, along with Catriona and Saoirse, identified pressure from a partner to give up counselling because they do not like how the survivor is changing as a significant obstacle to the healing process. Colette also highlighted dysfunctional relationships, in which the survivor allows themselves to be put down, as an impediment. The majority of survivors confirmed the importance of the support they have received from family, friends and partners. Describing this support as vital, John advised that being able to tell those close to him was a massive weight off his shoulders. He also discussed the importance of being believed by the first person he disclosed the assault to. Although this friend has continued to support him, he identified not having to depend on her too much as one of the benefits of the RCC. Claire has also found the support of her family to be very important and she has helped them with the way they have felt about the abuse she experienced in childhood. Although she described her relationship with her father as awkward at times because the perpetrator is his brother, she has been able to discuss the abuse with him. Noting that it is very difficult to be the partner of a survivor, a number of counsellors made reference to the fact that RCCs also provide support to these individuals.

Reflecting on the importance of her family’s support, including her children who were not aware of the abuse, Rachel said:

He’s [husband] been great, he’s a real rock in my life, and the kids. In their own way, you know, just the support, just having them and knowing the way they love unconditionally and accept you, it’s wonderful...when they love you unconditionally and, and if that’s the very first time I’ve been loved unconditionally it can be a very healing thing, and it was from me you know, throughout even with the colic and everything else like, this little child needed me and loved me and, didn’t matter what faults I had, or how much I’d screwed my life up, he loved me and that gave
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"me em, it yeah gave me great healing but it also kind of, think allowed me to (pause), to em, and give me the, the will to change, you know, the desire to change and to make it better."

However, both Thomas and Megan discussed the problem of partners or friends finding it difficult to come to terms with the new, assertive persons they have become. Indeed, Megan advised that she has lost friends because she was no longer the same person. Also, her partner has assumed that all of the difficulties they have experienced in their relationship will be resolved as a result of the counselling she has participated in, even though he had not faced his own issues. Noting that her counsellor has been her only source of support, she asserted that sometimes she would like more. Although Tina’s husband was initially unhappy with her participating in counselling due to his concerns regarding confidentiality, he has accepted it. She advised that this has made it difficult for her to deal with her emotions and, while she has shared most of the details of her life with him, she has only received support from her counsellor. Describing herself as a private person, she maintained that this has been all the support she has needed, nonetheless.

Several counsellors also observed that if a survivor discloses and is not believed, they suppress their emotions further and healing can only begin once they are believed and validated. Both Vivian and Collette also noted that delay in disclosure negatively affects the recovery process. Mark advised that he told his mother about the abuse when he was a child, yet she failed to act. He has not disclosed the rape he experienced as an adult to either of his parents as he noted that they were too old and, as he was brought up to believe that only homosexual men have sex, he was concerned that his father would disown him. A small number of survivors noted that they had not disclosed their experience(s) of sexual violence to certain members of their family or friends as they were concerned that they would murder the perpetrator or cease talking to this individual. On a similar note, Miriam stated that she has not been able to share the abuse with her family as it would only trigger anger and upset. Although she has had support from her friends, she reported feeling isolated.
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According to Mairead, the RCC has been her only real support as her siblings had let her down. Her sister did not believe her and, while her brother was initially very empathetic and checked in with her regularly, he had ceased this contact. Describing her parents as quite ‘tough’, she has chosen not to tell them as she expressed the concern that they would interrogate her actions. Also, the small number of friends she had disclosed to did not know how to deal with it. However, she discussed the importance of having one friend who has genuinely cared and checked in with her regularly. For Thomas, support has come from the other members of his men’s support group, both in the group and externally. However, as he has found it difficult to relate to people, he reported feeling isolated. He has also found it difficult to cope with the rejection of his family and friends who could not support him. These sentiments are poignantly reflected in the following quote:

“That’s why, you know, there’s a whole importance for me of being around people that, if it does come up, that it’s okay to talk about, em, because it’s a part of my life. It’s a big part of my life. Em, yeah, other people’s attitudes towards it are very difficult I think, em, yeah and things where I don’t see a problem, where, d’know, I, I just kind of feel it’s absolutely natural for somebody to be able to imagine how someone would feel if that happened to them, em, and that’s kind of strange when I go, well, why don’t you get that, like (laughs), so there’s a bit of alienation I suppose.

Rachel likewise noted that she has found the lack of support from her wider family difficult. Although Stephanie’s family did not know how to deal with her disclosure, she reported viewing this as their issue. While she has disclosed the recent rape to some of her children, she had not confided the full details of the sexual violence she experienced because of its private nature, in addition to her concern that it would be too much for them to carry. As such, she has received support from some of her children, yet she has found the journey lonely overall. However, although she had not really socialised since she was raped, she reported enjoying her own company. She also noted that the support she has received from the RCC has sufficed. Grow and AA have continued to be very important aspects of Sam’s and Miriam’s lives, respectively. According to Sam, it was in GROW that people began to value what he said for the very first time and he reported valuing the fact that he has been part of an organisation, as a member and also as a volunteer.
10.4 Conclusion

As we can see, readiness and complementary support are two important factors that influence the recovery process. It appears that no matter how good another’s intentions may be in terms of encouragement, counselling will only work when the survivor is ready to deal with the consequences of their traumatic experience(s). As recovery is not an easy process, support from one’s family and friends can, nevertheless, provide valuable assistance and encouragement. Some survivors also discussed support groups and complementary therapies in this manner. Although counsellors did not originally identify gender as a factor that influences the recovery process, their accounts illustrated its critical importance. From an individual’s response to their traumatic experience, to the therapeutic relationship, norms of femininity and masculinity may play a significant role. Though there was agreement among counsellors that gendered norms may impede survivors’ exploration and expression of emotions, their experiences in relation to the dynamics involved differed. Several counsellors noted the importance of exploring gender conditioning in relation to helping survivors who experience difficulties in this regard. The counsellor’s gender is also an important factor in the therapeutic relationship. Not only may their gender conditioning influence their expectations of survivors to behave in certain ways, survivors with trust issues may have a preference for a counsellor of a certain gender. In the next chapter, I discuss the meaning of the interview findings in relation to the literature that I have reviewed in previous chapters.
Chapter 11. Discussion of Interview Themes

As highlighted in the previous chapter, a number of important themes emerged from the interviews with survivors and counsellors, enabling an in-depth knowledge of the intricacies of the RCC counselling process, in addition to how survivors’ experience recovery. In this chapter, I analyse the views and experiences of both survivors and counsellors in order to construct a narrative that illuminates the role that Irish RCC counselling plays in the recovery process. By distilling their meaning in relation to the conceptual framework that guides RCC counselling, I provide an insight into the complexities involved. Guided by the theoretical framework I developed in chapters two and three, I also situate the interview findings within the wider sexual violence, trauma and recovery literature in order to highlight their contributions to these areas of study. In line with the previous findings chapters, I begin with a discussion of the three themes that emerged in relation to recovery in terms of the importance of an integrated understanding. With a focus on the trauma-based and survivor-centered nature of the RCC approach, I next discuss the intricacies of RCC counselling. Finally, I conclude with an exploration of the factors that influence the recovery process, namely survivors’ readiness, gender and complementary support.

11.1 Recovery as a Process and an Outcome

A number of writers in the area of mental health argue that recovery is both a process and an outcome (Liberman & Kopelowitz 2005, Ramon et al 2007). This conceptualisation has enabled a shift in focus from promoting an individual’s return to a pre-illness state to a more holistic view of healing. The RCC humanistic approach that is in keeping with this understanding is exemplified in the three overlapping themes of recovery that emerged in chapter seven. The interview findings provide important insights into the complexities involved. Reflecting theories that recognise the complex and unique nature of healing in relation to sexual violence (Sgroi 1989, Harvey 1996, Herman 1997), recovery was characterised as a personal journey by each of the survivors and the vast majority of counsellors in this study. Depicting this journey as never-ending, several of these participants spoke of its slowly evolving nature in terms of different issues arising or of issues manifesting in different ways as an individual progresses through their life. This finding is consistent with Sgroi’s (1989) description of the recovery process as a spiral,
within which earlier issues are continually revisited on a higher level of integration. It is also mirrors Herman’s (1997) belief that although the healing process enables resolution of trauma, it is never final. ‘The impact of a traumatic event continues to reverberate throughout the survivor’s lifecycle. Issues that were sufficiently resolved at one stage of recovery may be reawakened as the survivor reaches new milestones in her development’ (Herman 1997, p. 211).

Further illustrating the fact that recovery does not necessarily conclude when one reaches the end of the counselling process, some survivors made reference to the importance of knowing that they could return to counselling should the need arise. This finding also highlights the important role that RCC counselling plays in the healing journey. Signifying a sense of finality, nevertheless, John and Ruth spoke of reaching a place where the trauma would no longer colour their lives. It is understandable that some individuals would hope for such an outcome, particularly if they come from a clinical model, as Ruth does. The findings indicate that, in keeping with RCC training, RCC counselling mirrors the stages of the recovery process outlined by Herman (1997). These stages incorporate an understanding that recovery does not follow a simple linear progression. However, Thomas and Cathy conveyed discomfort with the idea that recovery can be delineated into stages. Indeed, Thomas, a survivor of child sexual abuse, maintained that the term ‘cycle’ would be more appropriate. It seems likely that this finding further highlights the deeply complex and unique nature of the healing process. Cathy, a counsellor in a large RCC, described the importance of protocol in terms of providing counsellors with an idea of how to work. However, she maintained that the more experience they gain, the more they come to understand that there really are no stages. It would appear that this finding encapsulates the tension that can exist between theory and practice.

It was once again clear from the perspectives gleaned from the interviews that recovery is also a struggle (Sgroi 1989, Harvey 1996, Herman 1997). Portraying it as a time of turmoil, uncertainty and apprehension, the findings reveal the difficulty involved in taking that first, often tentative, step to participate in counselling. Counsellors identified feelings of confusion, chaos and weakness as commonplace among survivors. They also discussed the fear associated with essentially facing the consequences of sexual violence for the first
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time, particularly in the case of sexual abuse that occurred in childhood. Many survivors described this fear in terms of having to revisit the traumatic experience in their mind or having to do something that they did not want to do. Others spoke of the trepidation they felt regarding their ability to cope and of facing the truth and the emotions that have been suppressed for so long. Rejection, being disbelieved and the possible repercussions associated with others finding out emerged as additional fears among survivors. Counsellors and survivors described the difficulty involved in facing the emotional and physical impact of the traumatic event(s) for the first time in terms of dealing with the myriad emotions that come to the surface. Frustration with regard to the length of time healing involves was also highlighted as an issue by these participants. These findings mirror those of Phillips & Daniluk (2004), whose participants also described the recovery process as a long and difficult journey. However, the survivors in the current research drew attention to the importance of RCC counselling in terms of enabling them to acknowledge the impact of the trauma and to cope. Discussing the value of working through it, Rachel and Mairead described the process as overwhelming, yet they reported feeling strongly that choosing not to address the consequences would cause an even greater amount of pain. However, Rachel identified unawareness of one’s courage as an obstacle in this regard. Once again highlighting the important role RCC counselling plays, the findings also indicate that the majority of survivors continue to participate in counselling despite the difficulties they encounter or the fact they may not know where the process will take them.

As discussed in previous chapters, a common criticism of the traditional clinical model is that its focus on symptom relief fails to recognise the fact that the journey of recovery in the context of psychotherapy may involve periods where symptoms are intensified (Briere 1989). This finding is borne out in the accounts provided by survivors who discussed the turbulent nature of the recovery process in terms of encountering times when it becomes more difficult to cope. RCC counselling places the focus on coping mechanisms, rather than the recurrence of symptoms, such as anxiety, and this is again reflective of integrated frameworks for understanding the multidimensional nature of recovery from the cumulative effects of trauma (Sgroi 1989, Harvey 1996, Herman 1997). This is a theme that will be returned to later in this chapter. Discussion by Thomas of the mixed emotions that accompany the continual cycle of making breakthroughs provides significant insights into the process of working through the difficulties encountered. It seems likely that
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reassurance from counsellors in terms of the time and commitment involved can be helpful in this regard. While Tomas advised that he has sometimes felt like he was not making any progress, he has accepted that healing is a gradual process. By contrast, Ruth, who expressed her frustration in relation to feeling ‘stuck’, seemed to view this as a negative reflection on her ability to ‘figure this out’. However, survivors’ readiness emerged as a key factor in the healing process and this is another theme that will be discussed in greater detail later in this chapter.

It is evident that recovery is thus a process involving struggle, yet it is also an outcome. The interview findings provide further insights into the intricate nature of developing adaptive coping strategies in this respect. As we can see from the struggle described above, coping is context-dependent and it involves learning how to call upon positive strategies when problems arise. The findings also enhance our understanding of the numerous additional outcomes that can be attributed to working through the consequences of sexual violence in RCC counselling previously established. ‘It appears, in fact, that allowing the trauma to have an impact, rather than avoiding the distressing aspects of it, is critical for post-traumatic growth’ (Tedeschi 1999, p. 324). Despite the difficulties encountered along the way, each of the survivors in this study conveyed positivity in relation to the progress they have thus far made and the transformations that have taken place. Once again highlighting the evolving nature of the recovery process, a small number of these participants reflected upon their journey in terms of honouring how far they have come, while having hope for the future in relation to continued growth. Several counsellors discussed this aspect of the journey in terms of survivors integrating the trauma into their present life and the person that they are now in order to ‘move on’ (Sgroi 1989, Harvey 1996, Herman 1997).

A number of writers discuss the ways in which the self-perception of individuals who have experienced sexual violence evolves as their recovery process unfolds (Bass & Davis 1997, Sgroi 1989, Herman 1997, Phillips & Daniluk, 2004). According to Bass & Davis (1997), in the early stages of recovery, women’s experience of child sexual abuse often dominates their identity and significantly informs their sense of self. In the current research, a number of survivors made reference to the importance of naming their experience(s) as sexual violence and accepting that they were victims. Several counsellors were in agreement with
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the significance of this first step in the recovery process, with some noting the particular difficulty this can pose for certain individuals. These counsellors, nonetheless, discussed how those who have experienced child sexual abuse may become lost in the abuse identity, as this has become the only way they know. The process of reclaiming control of their lives was thus described as empowering, yet frightening, by Catriona, who is a counsellor in a medium-sized RCC.

According to writers such as Phillips & Daniluk (2004), as individuals begin to externalise the traumatic experience and acknowledge their strength, they experience a significant shift in identity, from that of ‘victim’ to that of ‘survivor’. This finding is borne out in the accounts provided by a number of counsellors in the current study. A number of survivors also discussed the importance of viewing themselves as survivors in terms of gaining their independence and no longer letting the perpetrator control who they are, while others expressed the hope that, one day, they would no longer be defined by their past. Catriona maintained that clients do eventually begin to move past the survivor identity. This finding is consistent with the accounts provided by the participants of Phillips & Daniluk’s (2004) research, who described the later stages of their therapeutic work as involving the relinquishing of this identity in order to allow other aspects of themselves to emerge. Describing recovery as beginning a new life, Mark, who had just come to the end of the counselling process, spoke to each of these stages in the recovery process. His narrative detailed his progression from acknowledging victimhood, to recognising his strength as a survivor, to seeing himself as much more than what happened. The discomfort expressed by survivor, Helen, and counsellor, Martin, nonetheless, indicates the problematic nature of the term survivor in terms of its connotations of an individual hanging from a cliff (Lew 1993).

Dictionary definitions describe recovery as ‘returning to a normal state’ or ‘regaining something stolen or lost’ (Soanes 2007). The latter understanding is important with regard to empowerment. However, it seems to me that the former, which resonates with traditional clinical conceptualisations of recovery (Warner 2004), denies the reality of trauma as it pertains to life’s journey. As I believe that one can never be the same again, recovery involves integrating the experience into one’s life narrative in order to heal and
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grow (Sgroi 1989, Harevy 1996, Herman 1997). The thoughts of the survivors in this study provide further important insights into the myriad ways an individual who has experienced the trauma of sexual violence may view the recovery process in relation to the self. Reflecting the first understanding of recovery, a small number of survivors highlighted the importance of reclaiming one’s life and not letting the perpetrator have control. Indicating a belief in an inner essence, many of the participants who survived child sexual abuse discussed how counselling has helped them to discover their true selves. However, the accounts provided by two of these survivors highlight an important variation in meaning. While Mark spoke of returning to an immutable self that has probably always existed, Helen discussed the process of becoming the individual she was always meant to be. John, a survivor of sexual assault in adulthood, described recovery as returning to a pre-trauma state of being. Each of these accounts appears to deny the impact of the trauma, in addition to the transformative aspect of the healing journey discussed above. However, a contradiction was evident in the account provided by Helen, as she also acknowledged that, as horrible as the experience was, it has made her the person she is today. Interestingly, the counsellors who discussed these issues framed their thoughts in terms that would appear to reflect this thinking. They noted the importance of survivors discovering who they are in terms of getting to know themselves for the first time or, in the case of adult trauma, in a new way, as this helps them to move much more into the present. As such, the self is understood as existing in the present, and the present incorporates all that has come before. Mairead characterised recovery as a re-creation of the self in this sense, while Stephanie discussed how she has learned to simply be.

In the process of building a new identity, the capacity for establishing appropriate trust and intimacy is developed, enabling survivors to negotiate and maintain physical and emotional safety in relationships (Herman 1997). As is the case with numerous other studies (Hunter 1991, McGee et al 2002, Chu 2011), the current research highlights the deleterious impact sexual violence tends to have on survivors’ ability to form close relationships or to maintain healthy boundaries with others. Given the dynamics involved, this is particularly the case for survivors of child sexual abuse. The findings indicate that the trust that is built in the therapeutic relationship helps survivors to build trust in themselves and their own lives. Illuminating the different places they were at in their recovery process, several survivors discussed how they felt about their connection to the world and others. Some of these
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individuals have overcome their trust and boundary issues, with the help of counselling. For others, the establishment or restoration of personal bonds represented something they have been striving towards, a hope for the future. ‘In reflecting on their current life, the women were particularly proud of the depth and integrity of their relationships with friends and loved ones and saw these relationships as one of the significant rewards of their healing’ (Phillips & Daniluk 2004, p. 82). In the current research, a similar sentiment was shared by Sam, who reported no longer living in isolation. A survivor of child sexual abuse, he advised that it has only been through relationships and closeness with people that he has begun finding meaning in his life.

As survivors’ sense of safety and power increases, they begin to develop self-caring routines, in addition to a new or newly restored sense of self-worth (Sgroi 1989, Herman 1997). The findings of the current research indicate that an important part of the healing journey for survivors involves learning to love and care for themselves again, outcomes that a number of survivors reported counselling has helped them to achieve. The trauma of sexual violence also often causes survivors to question fundamental issues, such as life’s meaning and spiritual basis (Tedeschi & Calhoun 1995, Smith et al 1988, Knapik et al 2011). As such, ‘recognizing meaning may allow a person to experience emotional relief and lead to a new philosophy of life that alters basic assumptions people hold about life’ (Tedeschi 1999, p. 324). Indeed, the importance of finding meaning has been highlighted by writers such as Herman (1997) and Repper & Perkins (2003). Discussing how survivors’ beliefs are challenged by their traumatic experience(s), a small number of counsellors maintained that coming to an understanding of the trauma and its effects leads to a new world view. For survivors of child sexual abuse, acceptance, forgiveness and spirituality emerged as important themes in this regard. Some survivors characterised acceptance as knowing that the abuse is part of their lives and always will be, while others discussed accepting the parts of themselves that they cannot change or being able to honour where they are at. Framing acceptance in terms of making sense of their traumatic experience(s), a number of contrasting perspectives were shared by survivors. Some asserted that there is a reason for everything that happens in one’s life, while others highlighted the importance of finding purpose by looking for the positives in order to cope better with the trauma. However, Helen stated that bad things simply happen and what is important is how one deals with
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Mairead, who experienced sexual violence in adulthood, maintained that individuals can only make sense of the trauma by addressing its consequences in RCC counselling.

According to Kottler (1994), the transformation of blame into forgiveness may promote growth. The problematic nature of the term forgiveness in relation to the self was discussed in chapter six, and the interview findings provide an important insight into the views of a small number of survivors of child sexual abuse, two of whom also experienced rape as an adult. Forgiveness of the self and/or the perpetrator emerged as an integral aspect of the healing journey for these participants. For Miriam, self-forgiveness served as a catalyst to begin looking at forgiveness of the perpetrator. However, the problematic nature of the term in relation to the self was reiterated. While she maintained that it is not necessary in order to move on, Vivian, a counsellor in the current study, highlighted the importance of forgiveness of the perpetrator, particularly for those of a spiritual nature. Describing forgiveness as the ‘final kind of peace’, an important distinction was made between the perpetrator and their inexcusable behaviour. I can see the beauty in transitioning from a place of self-blame, to transferring the blame to the perpetrator, where it rightfully belongs, to eventually transcending into a place of forgiveness. However, each of the accounts provided by these survivors capture the long, difficult road to forgiveness and the complexity of its personal meaning. Spirituality has been identified as a salient factor in recovery from sexual violence for some survivors (Bass and Davis 1997, Lew 1993, Knapik et al 2011). In the current research, spirituality was discussed by a small number of survivors in terms of the solace and the strength it has provided in relation to coping. Interestingly, two of these participants are among those individuals who also spoke about forgiveness.

It is also evident that strength and wisdom are valuable characteristics that many survivors in this study have gained from their experience(s) of trauma and of working through its consequences. This finding is consistent with those reported by the survivors who participated in the research of Phillips & Daniluk (2004). As Ruth, a survivor of child sexual abuse who participated in the current research, has continued to struggle with self-blame, she hoped that she would learn to be more compassionate with herself. A small number of survivors also identified compassion and understanding towards others as attributes that
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have resulted from the process of coming to terms with the trauma of sexual violence. The healing power of being able to help other individuals, particularly in terms of inspiring hope by sharing their learning with other survivors on the same healing path, was discussed in this regard. However, it is evident that there is a danger of becoming overly compassionate in terms of feeling an inappropriate amount of sorrow for others’ suffering. For Thomas, compassion has presented a conundrum, as sometimes he has found it difficult to have compassion for others, and, at other times, he has been overly compassionate.

The findings provide additional important insights into the nature of the recovery process in the context of RCC counselling. Reflecting their empowerment approach, which is consistent with the person-centred therapy advocated by Rogers (1961), the vast majority of counsellors described their role as accompanying survivors on their journey by facilitating them to find their own answers. Several survivors confirmed the importance of their counsellor’s help in these terms. However, the various descriptions provided by Mark, who has survived both child sexual abuse and rape in adulthood, reveal the deep bond that can form between a therapist and their client. While he characterised his counsellor as a guide who sustained him on his journey, he also likened her to a caring mother. This finding highlights the nurturing role of RCC counsellors and how this role takes on a particular significance for individuals who have never previously experienced this type of support. It is not surprising, then, that Tina expressed her fear of becoming overly dependent on her counsellor. However, the fact that she reported trusting that the counselling process would reach a natural conclusion highlights how appropriate boundaries have been put in place.

11.2 Insights into the Importance of the Person-Centered Approach

Building upon the findings of the questionnaires, many survivors interviewed elaborated upon their characterisation of RCC counselling as a safe space. It is evident that having a place where they can relax, talk openly and express their emotions has been really beneficial for their recovery. Highlighting its role as a site of closure, Rachel also discussed leaving her sessions feeling that she has dealt with whatever issues came up for her and that she has left them there. While the energy and atmosphere of the counselling room also emerged as an important theme among some survivors, Claire advised that being with
her counsellor is all that has mattered. Counselling is not an easy process for anyone and the profound impact of sexual violence is one of the most difficult issues an individual can face. As vulnerability lies at the heart of sexual violence, rendering oneself vulnerable in counselling by sharing one’s innermost thoughts and feelings takes immense courage and strength. Outlining the interpersonal difficulties that commonly result from this type of trauma, particularly when experienced in childhood, each of the counsellors interviewed thus reiterated the particular significance of building the therapeutic relationship of trust. As it has helped them to understand the dynamics of sexual violence, in addition to exploring their own values and judgements, RCC training was credited by a small number of counsellors in terms of creating a safe space.

The findings provide valuable insights into the elements involved in building the therapeutic relationship. A number of counsellors highlighted the salience of the first session in terms of establishing trust by ‘learning the survivor’s language’, namely their way of being in the world and in the counselling session. According to these participants, this ensures that the individual leaves feeling grounded, validated and, most importantly, hopeful for the future. It is evident that ‘meeting the survivor where they are’ is another way in which counsellors build trust. Reflecting the emphasis placed on empowerment, the majority of counsellors confirmed that they adjust their approach to the individual’s ability and needs. Honesty was also identified as an integral component of the therapeutic relationship in terms of reciprocity. Survivors spoke of the importance of being able to share anything with their counsellor, while counsellors appear to embody the humanistic principles (Rogers 1961) by ensuring open communication in relation to their practice. Providing important insights into the complexities involved, a small number of survivors discussed the anger they have sometimes felt towards their counsellor as a result of the difficulties they have faced. For Miriam, this anger has stemmed from discovering painful details that she did not want to know or sensing that her counsellor could see something that she, as yet, could not. These participants reported valuing the fact that they could share these feelings with their counsellor, without it causing any problems between them. Discussing how he sometimes pushed his counsellor away, Kevin poignantly captured the essence of the delicate nature of the relationship between a survivor and their counsellor. As he was previously let down on a continual basis, he reported feeling a strong need to protect himself.
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It is important for counsellors to understand the unconscious processes that can transpire in the therapeutic relationship (Rogers 1961, Herman 1997, Rothschild 2000). The counsellors interviewed discussed the establishment of boundaries in terms of building trust and negotiating power and it is evident that self-awareness around one’s practice is a key component in this regard. As the provision of therapy to survivors of sexual violence can lead to vicarious traumatisation and burnout, the importance of supervision and peer support has been highlighted (Schauben & Frazier 1995, Pearlman & Mac Ian 1995, Pearlman & Saakvitne 1995). According to Cohen (1980), there is a consensus among theorists and therapists that supervision is also an essential element of good therapy practice. Counsellors in the current research described supervision and peer support as vital in terms of both counselling practice and counsellor well-being.

The importance of making it explicit to survivors that they are in control of the counselling process and that it proceeds at their pace was, therefore, highlighted by the vast majority of counsellors. It is evident that survivors can either be stuck in the past or are fearful of the future. As healing takes place in the present, the description of counselling as unique in terms of having its own process illuminates a number of central elements of RCC counselling. The findings indicate that counsellors encourage survivors to decide what they want to talk about by checking in with them at the beginning of the session. Miriam credited this non-directive approach with helping her to know where to start when she has felt overwhelmed by all that she has had on her mind. While some survivors advised that they often or never knew what they would discuss in advance, others described sometimes having an awareness of a particular issue that was on their mind. Regardless, it appears that RCC counselling sessions revolve around whatever issues arise. Given that sexual violence tends to affect every area of survivors’ lives, the fact that these issues do not necessarily have to relate directly to the trauma highlights an additional aspect of the importance of a holistic approach. Once again mirroring the description of the recovery process as a spiral, within which earlier issues are continually revisited on a higher level of integration (Sgroi 1989), it is evident that counselling does not follow a linear pattern. The finding that survivors sometimes return to an issue at a later stage once they have developed more grounding skills also speaks to the importance of readiness, a theme that will be discussed in greater detail later in this chapter.
Discussion of Interview Themes

The complexity of the empowerment approach has been discussed in previous chapters and the interview findings provide additional insights into this process. The salience of counsellors gently challenging survivors when they are avoiding difficult issues emerged. As dialogue is paramount, it is evident that asking questions is one way in which this can be achieved. Questioning whether counsellors are challenging enough when survivors are doing something they consider to be harmful, Siobhan highlighted the difficulties of striking the correct balance in this regard. However, in keeping with RCC training, the importance of allowing survivors the space to come to their own realisations, while cautiously providing interpretations when the time is right, also emerged. By checking if their analysis makes sense to the survivor and letting them know that they can disagree with the interpretation and then discuss how they feel about it, counsellors can ensure that survivors are respected as the experts of their own lives.

Even when survivors value feeling in charge of the recovery process, the inherent struggle can lead to conflict for certain individuals. Describing the therapeutic relationship as a complex one in which unrealistic expectations are revealed, Thomas highlighted the tension that can exist between sometimes wanting the counsellor to do the work and knowing that this is not the nature of the healing journey. An interesting contradiction was also evident in the account provided by Ruth, who acknowledged that she comes from a medical model of recovery. For her, the struggle has involved the expectation of her counsellor to have all of the answers and to solve the problem for her, yet disliking having to ask for help. As such, she maintained that she has not felt empowered by the RCC approach. As she, nonetheless, reported valuing the help she has been receiving, it seems likely that this relates to her struggle with acceptance and self-compassion. It is evident that empowerment itself may represent a challenge for survivors as it can be difficult to decide what path to take and to find the answers oneself. This is particularly the case when one is in pain or for survivors of child sexual abuse, who never had power. For instance, Miriam described how, at times, she has just wanted her counsellor to make the pain stop. From the counsellor’s perspective, the difficulty involves watching a survivor struggle, yet the importance of letting something deeper to surface cannot be underestimated.
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Indeed, the focus that is placed on the impact of the trauma in terms of working with how survivors are currently coping and how they feel now emerged as a salient theme. According to Herman (1997) and Rothschild (2000), recounting the details of the trauma narrative is an important aspect of the recovery process in the context of therapy. However, it is evident from the RCNI training manuals that RCCs value the importance of talking through the memory of the traumatic event only when the survivor feels that this is what they need to do. Each of the counsellors interviewed confirmed that survivors do not necessarily need to go into the deep work of revisiting the details of the story in order to heal. Working from an understanding that recounting these details can be re-traumatising for some people, counsellors highlighted the importance of enabling survivors to tell as much of their story as they feel comfortable with. The findings indicate that their reassurance is important in this regard as it can help survivors to relax and to feel comfortable sharing the details at a later stage of the counselling process should this need arise. Given how survivors are silenced, narrating one’s story while the counsellor bears witness is a powerful thing. However, it appears that verbal communication of this kind is not a prerequisite for integration to take place as what really matters is what the individual is left with in terms of how the experience makes them feel. A small number of counsellors advised that the story is always told via the emotions that surface. This finding was borne out in Mark’s account as he had come to the end of his counselling process, having worked through the consequences of the trauma, without discussing the narrative in its entirety. As this way of working represents a shift for RCCs, these findings once again validate RCC specialist training in terms of counsellors understanding the dynamics involved in this particular type of trauma. They also speak to the importance of the non-goal oriented approach of RCC counselling in terms of allowing survivors the space to bring their awareness to the present moment in order to connect with their emotions. These themes will feature strongly throughout the remainder of this discussion.

Each of the counsellors advised that they facilitate survivors to work in the ‘here and now’ by giving them the time to discuss an issue and then sit with it, while remaining present and picking up on cues. Despite a plethora of research on the neurobiology and psychobiology of stress, trauma and PTSD, the psychotherapist had few tools for healing the traumatised body as well as the traumatised mind until relatively recently (Rothschild 2000). However, integrative approaches to trauma recovery that emphasise working with the body in order
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to release trapped emotions or blocked energy, which, in turn, affects emotion, cognition and behaviour, have become an established practice (Rothschild 2000, van der Kolk 1994, Levine 2010). Indeed, in an investigation of biodynamic therapies provided to women accessing domestic violence services in Ireland, Saint Arnault (2014) found that this approach may be useful as a short-term holistic intervention that promotes health, reduces symptoms and improves quality of life. The current findings suggest that working with trauma held in the body is an integral aspect of the recovery process within the context of counselling. The distinct relationship between the RCC empowerment approach and this psycho-physiological work is exemplified by the process of ‘holding the space’.

The majority of the survivors interviewed highlighted the value of being given the space in the counselling session to feel the emotions that arise and to work through them in their own time. In keeping with integrated theories of recovery (Sgroi 1989, Herman 1997), it is evident that the counsellor’s role involves making it safe for survivors to process the trauma in this way. The importance of establishing safety before deep therapeutic work can be undertaken was discussed in terms of the vulnerability of survivors at the outset, in addition to the difficulties associated with the healing process. As dissociation has often become their default coping mechanism, this process can take longer for those who have experienced sexual abuse in childhood (Herman 1997). The findings indicate that the trust that is built in the therapeutic relationship is central to survivors feeling comfortable to express their vulnerability and emotions, and that RCC specialist training enables counsellors to ‘hold the space’. As the process of recalling painful memories of the trauma may be re-traumatising for survivors, the findings confirm concerns regarding the directive nature of treatments such as exposure therapy and EMDR (Cook et al 2004, Shapiro 2001, Saint Arnault 2014). The findings suggest that the approach advocated by Rothschild (2000) is a preferable option. They are also in keeping with the ethos of the BDT approach, which only deals with whatever psychological issues arise in the therapeutic session (Boyesen in Saint Arnault 2014).

Dissociation, denial and minimisation are commonplace among survivors of sexual violence, particularly those who experience abuse in childhood, and emotions such as fear and anger are suppressed as a result (Sgroi 1989, Harvey 1996, Rothschild 2000). The accounts
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provided by the participants in this study reflect this. According to a small number of counsellors, survivors tend to spend a lot of time in their heads as it is too painful to be in their bodies. The consequences of trauma are so great that it can seem easier to avoid them, yet doing so leads to even greater problems, as though the mind may choose to forget, ‘the body keeps the score’ (van der Kolk 1994). Allowing oneself to feel the trapped emotions in a safe environment is, therefore, integral to processing the trauma. According to Rothschild (2000), consciousness of current sensory stimuli is our primary link to the here and now, making it possible to gauge an individual’s state of arousal. Counsellors likewise described working with trauma held in the body in terms of slowing the process down and encouraging survivors to become attuned to their feelings, while guiding them through body awareness. Illustrating the importance of ‘being present’, discrepancies between the way a survivor behaves and what they say provide important clues. Asking an individual how they are feeling in that moment can help them to connect to something deeper that they have possibly been completely unaware of. A number of survivors confirmed the importance of their counsellor’s help in these terms. A number of counsellors also discussed how their role involves being slightly ahead of the survivor in order to gauge their readiness.

‘One of the goals of trauma therapy is to help those individuals to understand their bodily sensations. They must first feel and identify them on the body level. Then they must use language to name and describe them, narrating what meaning the sensations have for them in their current life’ (Rothschild 2000, p. 44-45). The current findings illuminate the importance of the counsellor’s role in helping survivors to name their somatic sensations and to make sense of the associated emotions. Reflecting the ethos of working in the present, the findings indicate that the focus is on how the survivor feels in the moment, as counsellors help them to relate these feelings to the trauma and any memories they discuss in order to integrate the experience. This process is described by Rothschild (2000) as uniting implicit and explicit memories into a comprehensive narrative of events in order for them to be relegated to the past. It is evident that the exploration of current feelings can also be a route back into the way an individual felt at the time of the traumatic experience. John, a survivor of sexual assault as an adult, described the salience of coming to an understanding of why he is feeling a certain way in terms of being able to address whatever issue he is facing once it has been identified. As a realisation of the training provided, these
findings once again highlight the intricate nature of empowerment in the context of trauma work and the way in which its understanding has shifted in order to accommodate counsellors’ specialist knowledge. While the vast majority of survivors confirmed the importance of being empowered to work at their own pace, an important part of the counsellor’s role involves employing this knowledge in order to help survivors to connect to their emotions in a safe way. As such, the survivors’ pace is actually dictated by their somatic sensations, rather than their cognitive consciousness, and it is the counsellor who monitors their state of arousal and also imparts this learning.

Discussion of the ways in which survivors are then enabled to release or let go of the emotions that were trapped in their bodies yielded a number of significant insights. Several counsellors highlighted the importance of moving in the ‘here and now’ in this regard. Relating the process of working with trauma held in the body to specific emotions, each of the counsellors discussed how they enable survivors to process their feelings of shame, grief and anger. ‘There is the “you” that’s out in the “real” world, and then there’s the child inside you who is still a frightened victim’ (Bass & Davis 1997, p. 111). Both Bass and Davis (1997) and Lew (1993) discuss the importance of survivors of child sexual abuse connecting with their inner child in terms of honouring their strength, hearing their pain and caring for themselves. The current findings indicate that working with the ‘inner child’ is a powerful means of addressing the emotions that become trapped during sexual abuse in childhood. It seems that once survivors are facilitated to understand that what they are feeling now is how they felt as a young, vulnerable child, they learn to trust themselves to care for that child so that they do not act out of these feelings. This particular aspect of the process was illustrated by Rachel, who described how her counsellor has helped her to find a balance between her inner child and her adult self in terms of teasing out issues that she has felt conflicted about. As such, her counsellor has suggested ways of listening to her inner child and releasing the emotions, without it encroaching too much on her day to day living.

It appears that inner child work is particularly useful for tackling shame. By identifying with a child they know that is now the same age they were at the time of the abuse, survivors are enabled to connect to their inner child and to recognise that their perception is based on an adult understanding of the world. Mark advised that imagining his son in his place
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enabled him to forgive himself both cognitively and in his heart and he reported no longer feeling ashamed. ‘One of the difficulties with shame is that it does not seem to be expressed and released in the same way as other feelings...Acceptance and contact appear to be keys to relieving shame’ (Rothschild 2000, p. 62). The thesis findings indicate that the support and non-judgemental reassurance that are characteristic of the RCC therapeutic relationship help to lift the shame that is felt by survivors. Illustrating how deeply entrenched shame can become, it is evident that it is not enough to know that one is not to blame. It seems that survivors let go of shame, first in their heads, and then in their hearts. The exploration of where this feeling is coming from in terms of familial upbringing and cultural myths about sexual violence emerged as an important part of this process as it can help individuals to understand that they are not to blame.

Anger emerged as a dynamic and frightening emotion in the current research. According to Rothschild (2000, p. 61), ‘anger is an emotion of self-protection...It is also a common response to having been threatened, hurt or scared, or to the person who caused it’. Illustrating its familiar and self-protective aspect, the findings indicate that some survivors who have been carrying their anger for many, many years can experience difficulty in letting it go. It is also evident that some survivors are comfortable with their anger, while others find it difficult to access because it has been suppressed for so many years. Describing it as an old anger that wants to manifest itself, both Megan and Rachel highlighted the inherent struggle involved in connecting to an emotion whose expression was forbidden in childhood. Rachel also identified the positive function of her anger in terms of providing the impetus to challenge her mother by bringing the abuse out into the open. Although many negative connotations are associated with anger, it is evident that it is a natural part of the healing process (Rothschild 2000). Highlighting the importance of releasing it physically, many counsellors described their role in terms of helping survivors to learn how to recognise when anger is building in their bodies and to find ways of expressing it that are safe. Sam’s need to practice intense, holotropic breath work, externally, in order to begin the process of getting in touch with this emotion indicates that RCC counselling may not be enough for survivors whose anger is buried very deep. However he has found that counselling compliments this process in terms of discussing the shift that has taken place in his worldview as a result. Also, at times, a lot of intense feelings have surfaced that he never thought he would be able to get in touch with through talking alone. ‘Grief
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usually emerges at various steps along the way in trauma therapy when an aspect of the trauma is resolved and the internal experience changes from present to past’ (Rothschild 2000, p. 63). The findings illuminate the importance of survivors having the space to feel their grief and to cry as this is a good way to release this emotion. According to Catriona, as grief is usually associated with death, it is important to let survivors know that it is okay to feel sad about all that they have lost.

The narratives shared by Miriam and Rachel draw attention to the, difficult, interconnected and multi-layered nature of the emotions that survivors experience. Highlighting how an individual can become overwhelmed by the process of finally allowing themselves to feel the deep well of sadness they have kept hidden for so long, Miriam evoked the image of floodgates opening. The fact that she could not understand why she was unable to cease crying also left her feeling angry. Rachel described how the process of letting go of one emotion allowed another emotion to surface, revealing the depth of feelings underneath. Although counselling is a haven from the outside world, a place where survivors can be at one with themselves, it is also temporary, as survivors have to return to the day to day demands of their everyday lives. Reiterating the importance of the empowerment approach, Thomas discussed this facet of the process in terms of having control over how deep he goes into his emotions. It is evident that survivors may feel fragile following a counselling session or even experience illness as a result of processing the emotions they have held inside for so long. Survivors’ accounts once again highlight the evolving nature of recovery in terms of how much progress they have made in relation to understanding and expressing their feelings and letting go of their shame, anger, hurt and pain. These findings also provide important insights into the interconnected nature of the holistic approach in terms of working with the biological, psychological and social components of the trauma response (Sgroi 1989, Harvey 1996, Herman 1997). As Megan wondered if this way of working is applicable to individuals with autism or Asperger’s syndrome, the fact that counsellors adapt their approach to meet the needs of the individual takes on an even greater significance. It also raises the question of whether counsellors need to learn more about these disabilities.
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Indeed, a question that emerged in the content analysis of RCNI training manuals is what a counsellor would do should, for instance, it become evident that a survivor has a pre-existing psychiatric condition that requires medication. Counsellors expressed mixed views concerning the efficacy of clinical services. Although some counsellors and survivors levelled criticism at GPs and psychiatrists in terms of the inter-related problems of a directive approach, misdiagnosis and a sole reliance on medication, both implicit and explicit links are in place. In keeping with the non-diagnostic ethos, several counsellors advised that if they think that a survivor is suffering from depression or a psychiatric condition, they would advise them that it would be helpful to talk to their GP. However, it is clear that it may be helpful for counsellors to advise a survivor that the impacts they are experiencing are consistent with PTSD, as it would provide them with a framework to put what they are feeling and experiencing into. It may also prepare survivors for the struggle ahead and sustain them on their path. It is also evident that some psychiatrists refer their clients to RCCs. Monica noted that if a survivor has a diagnosed psychiatric condition, the RCC would look for a referral letter confirming that they are currently able to participate in counselling. As therapists are not qualified in this area, Chantel and Molly further noted the importance of working in conjunction with a psychiatrist if they both think that a reduction in medication would be helpful to a survivor’s recovery process.

The findings indicate that both psychiatric conditions and high levels of medication negatively affect survivors’ ability to engage in deep therapeutic work. Indeed, Mark advised that his counsellor was unable to help him really process the trauma until he came off a certain amount of medication, a decision he made for himself, thanks to gaining autonomy with the help of RCC counselling. It is clear from survivors’ narratives that when medication is prescribed in place of trying to understand what is causing the issue, significant problems ensue. However, a small number of counsellors maintained that as long as it is not mood-changing, sometimes medication is required to ‘take the edge off’ what is unbearable. As RCC counsellors are trained to adjust their approach based on each survivor’s needs, it seems likely that counselling and medication can go hand in hand, depending on the severity of the psychiatric condition. This finding mirrors Liberman and Kopelowitz’s (2007) recommendation that the use of medication only be a part of the strategies available to individuals with psychiatric conditions. The negative responses that some survivors received from practitioners who do not have the requisite training further
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illuminate the necessity of RCC counsellors’ specialist knowledge. However, a small number of survivors discussed the importance of not feeling like they were being formally assessed. Stephanie’s account also provides evidence for the efficacy of the link between SATUs and RCCs. However, the need for greater inter-agency work is evident. It is clear that a number of difficulties would first need to be overcome, among them the divide between the clinical and non-clinical models. This raises the question of what links RCCs have with services that assist survivors with eating disorders or addictions.

It is evident that, in contrast to a clinical or HSE counselling model, a defining characteristic of the RCC approach is that it is not time-limited or goal-oriented. However, RCCs do not operate in an economic vacuum and their provision of adequate services is dependent on state-funding. Given the long-waiting lists that result from financial constraints currently facing RCCs, it is not surprising that the large RCC that Siobhan works for has been forced to re-evaluate their approach. This represents an extremely uncomfortable ethical dilemma for RCCs, whose services are constrained no matter which option they choose. As highlighted by Siobhan, what is most frustrating about this untenable situation is the fact that, even when support is all that can be offered to an individual, the provision of adequate funding now would prevent an even greater economic cost to the state in the future. This is one of the main findings from a recent report on the economic cost of domestic violence perpetrated against women in Vietnam (Duvvury et al. 2012). These thoughts were echoed by Mairead, who discussed her annoyance at the HSE in relation to funding cuts imposed on the RCC support group she has been participating in. It is this type of short-sightedness that many frontline social services currently encounter. Unsurprisingly, given the current economic climate, improved funding again emerged as the most common suggestion made by both survivors and counsellors to improve RCC counselling, with waiting lists and training highlighted as repercussions. The possibility of charging clients for the counselling service was also raised.

11.3 Factors Influencing the Recovery Process

It is evident that a number of factors influence the recovery process and the first of these reiterates the importance of adequate funding to ensure that waiting lists do not impede an individual’s access to the support they require. As discussed earlier in this chapter,
recovery is a personal journey involving both struggle and growth. The profound impact of sexual violence cannot be underestimated and it can often prove too much to bear, particularly in the case of child sexual abuse. It is, therefore, understandable that recovery is a slowly evolving process involving moments of clarity, in addition to moments of frustration. Building on the findings of the questionnaires, it appears that a survivor’s readiness is an integral factor in their decision to access counselling and it also seems to influence the manifestation of issues when the time is right. Embarking on the life-changing journey that is recovery by acknowledging the impact the trauma has had on one’s life is no simple task, and it is only the first step. Individuals then begin to meet the consequences they have, in many cases, avoided for so long in order to survive. For healing to begin, one must disclose the very story they so desperately hid for months and, in many cases, for years, breaking not only the silence but the very defences that were put in place in order to protect themselves. As it seems that recovery is an ongoing journey, the findings indicate that even though survivors, generally, leave counselling having worked through the effects of the trauma up until that moment in time, issues may still arise at different times in their lives. It appears that survivors can usually employ their coping mechanisms to deal with these issues themselves. However, some survivors return to counselling as the issues serve as a signal that they are ready to go deeper. As Rachel’s narrative indicates, the process of revisiting the trauma may be less overwhelming. Once again, the importance of being able to access counselling whenever one needs it is highlighted.

It appears that in order to embark on the journey of recovery, one must make the choice themselves and they must really want to do it. Speaking both personally and at a general level, a number of survivors identified stubbornness, bitterness, anger and fear of change as obstacles in this regard. However, each of the survivors interviewed bear testimony to the capacity for the human spirit to triumph. These findings reiterate the importance of the fact that RCC counselling is not goal oriented, that it allows survivors the time and space to acknowledge and understand the impact of the trauma and to address the issues that arise at their own pace. In keeping with the questionnaire findings, it is evident that delay in disclosure or help-seeking can negatively influence the recovery process, nonetheless. Stephanie’s account poignantly captures the importance of having access to support in the immediate aftermath of rape, when one is in need of assistance. The interview findings
further indicate the damage that results when a child’s disclosure is ignored or individuals are not believed. As readiness is of central importance and seeking any kind of help requires immense strength and bravery, it is vital that the appropriate support is received. It seems likely that readiness may also be influenced by the social context within which sexual violence is experienced, as shame, self-blame and lack of awareness may hinder survivors help-seeking (O’Sullivan & Carlton 2001, Shanks et al 2001, McGee et al 2002). The importance of complementary support is discussed later in this chapter, but first I explore how norms of femininity and masculinity influence the recovery process.

Given their predominance as survivors, women have been the almost exclusive focus of research and support in relation to sexual violence to date. As survivor is equated with woman in the RCNI training manuals, it is not surprising that the vast majority of counsellors focused on norms of masculinity when asked how gender influences the recovery process. However, the interview findings speak to the complex ways in which women and men ‘do’ and ‘undo’ gender (West & Zimmerman 1987, Deutsch 2007). Dissociation was discussed earlier in this chapter as a coping mechanism commonly employed by survivors, particularly those who experience sexual violence in childhood. The counsellors in the current study illuminated an important gendered distinction in relation to an adult’s response at the time of the traumatic event. As the sexual violence perpetrated by men against other men tends to be more physically violent and less coercive than that experienced by women, shock is a common reaction. Women, by contrast, tend to stay very still. These findings speak to the influence of sexual scripts on the manifestation of the abuse of men’s power in terms of active and passive gender roles (Simon & Gagnon 1967, Gagnon & Simon 1974, Gagnon 2004). Reflecting and expanding research that highlights the possible gendered responses of survivors of child sexual abuse (Feiring et al 1999, Chandy et al 1996, Garnefski & Arends 1998), the findings from several counsellors in this study indicate that women, generally, internalise their suffering, whereas men tend to act out of their pain, regardless of when the sexual violence was experienced. These counsellors identified self-harm, depression or eating disorders as more common in women, while aggression and addictions were found to be more common among men. While men’s anger tends to be more obvious, women are more inclined to direct their anger towards themselves or, alternatively, they contain their anger and do not allow
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themselves to feel it. These findings pertain to sexual violence experienced in both childhood and adulthood.

Counsellors and survivors discussed a number of additional ways in which hegemonic norms of masculinity may influence men’s responses to victimisation. Since being a victim transgresses these norms, sexual violence becomes a process of emasculation (La Fontaine 1990, Lew 1993, Kwon et al 2007). Culminating in feelings of shame, men who have experienced sexual violence often internalise victim-blaming attitudes, which dictate that they should be capable of fighting back or escaping a confrontational situation (Davies et al 2001). Discussing how such men tend to question their masculinity, as they believe that they should have been able to protect themselves, the vast majority of counsellors in the present study identified an additional layer of shame experienced by many of their male clients. Indeed, it is evident that shame may be intensified among those who experience sexual violence in adulthood. As the majority of men are raised to believe that they are strong and that sexual violence is something that happens to women, it is understandable that they may lose their sense of being able to protect themselves. Mark, who experienced both sexual abuse as a child, in addition to rape as an adult, maintained that sexual violence is more shameful for men because it strikes something ‘lower down than emotion’, something that is written into one’s brain. It seems likely that this finding speaks to the adherence to traditional norms of masculinity that is commonplace among men. However, Thomas characterised his disclosure of child sexual abuse as a challenge to the assumption that he should feel shame as a man.

As men are more likely to have been abused by same-sex perpetrators (Finkelhor et al 1990), they may also question their sexuality and become fearful that they will be identified by themselves or others as homosexual (Gilgun & Reiser 1990, Lew 1993, Dhaliwal et al 1996). Men who experience sexual violence in adulthood may also respond in this way (Peel et al 2000, Sivakumaran 2005, Kwon et al 2007). The accounts of several counsellors in this study indicate that this is commonplace among the men who participate in RCC counselling. While it is evident that some men may refrain from forming relationships with women as a result, others may act virile and macho with women in order to prove their masculinity, a finding that echoes those reported by Lew (1993). Sharing the fears that he
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has faced as a survivor, Mark advised that he was originally petrified that he was gay and wondered if the perpetrator of the rape he experienced in adulthood thought this also. A small number of counsellors also highlighted the gendered nature of the guilt that can be harboured by adult survivors of child sexual abuse as a result of physically responding to the sexual acts enforced upon them. In line with the writing of Lew (1993), the findings suggest that this is a particular struggle for men or, at least, one that they are either more comfortable sharing or are more fearful of in terms of what they think this says about their sexual orientation. Reiterating the importance of RCC specialist training, it seems that reassurance and an understanding of the dynamics involved are central to helping survivors overcome these feelings of guilt and confusion.

According to Lew (1999), one of the most difficult issues for men who survive child sexual abuse is the fear of perpetrating and this idea of the ‘cycle of abuse’ in relation to men is one that is strongly held in society. A small number of counsellors in the current research observed that men who have been abused in childhood sometimes fear that they will become a perpetrator of sexual abuse or that others will harbour this concern if they are aware of the past trauma. Although the ‘cycle of abuse’ argument is sometimes used to explain women’s perpetration of sexual abuse (Bourke 2007), the fact that they are so rarely reported as perpetrators could be the reason why this is not a common fear among female survivors. It is essentially the same argument. However, the way in which it is invoked depending on the gender of the individual highlights, once again, the power of norms of masculinity and femininity. For women, the argument is used to arouse a sense of pity, whereas it frames men as a threat. Interestingly, the only survivor in this study who shared their fear of becoming a perpetrator was Megan, the woman who was abused by her adoptive mother. This could mean that being the same gender as the perpetrator is also an important factor.

It is evident that cultural beliefs based on gender norms may also influence individual’s responses to disclosures of sexual violence and this can have a detrimental effect on one’s recovery. Indeed, Mark and Thomas reported feeling like they are facing a whole other level of taboo as a male survivor. The ill-informed and judgemental responses Mark received from his partner and a number of professionals based on the fact that he was
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disclosing adult rape speak to deeply entrenched cultural myths. These findings also highlight the limited knowledge of this type of sexual violence among the general population as a result of the fact that it is very rarely a topic of informed discussion. An interesting contradiction emerged from Thomas’s account of disclosing child sexual abuse, nonetheless. Despite his earlier description of challenging traditional norms of masculinity, he maintained that disclosure may be easier for men in the sense that they, generally, have the right to speak more than women in society. I agree that men, generally, have greater power in this respect and sexual violence continues to be a difficult violation for anyone to disclose. It would seem that it is more shameful for men, nonetheless. As it transgresses norms of masculinity, it strikes at the very heart of what it means to be a man in the eyes of a patriarchal society. Speaking to the even greater taboo that is sexual violence perpetrated by women (Denov 2001, Denov 2003a), Megan has regularly encountered disbelieving attitudes to the sexual abuse perpetrated by her adoptive mother. Once again, such crimes challenge our assumptions of femininity in ways that are not easy for many individuals to reconcile.

Discussing his annoyance at the cultural belief that men do not cry or are weak if they seek help, John maintained that he should not be considered any braver than women who disclose sexual violence. Despite these prevalent discourses, he reported simply doing what he felt he had to do. However, it is evident from the narratives of a number of counsellors that men can struggle more with talking about what happened to them and with knowing how they feel. Clearly, it is new for men to participate in counselling and to talk about their feelings, whereas women, generally, have had more opportunities to do so. Given that characteristics such as sensitivity and expressiveness are viewed as feminine and, therefore, unmanly in patriarchal societies (Connell 1995, Segal 1990, Schippers 2007), these findings are not surprising. How can one know what an emotion feels like if they have never allowed themselves to feel it? However, Monica highlighted how mental health organisations, such as GROW, are helping Irish men to become more comfortable with expressing their feelings. As will be discussed further in the section detailing the ways in which gender influences the therapeutic relationship, Sam is representative of one such man. It is heartening to see that progress is being made in this respect.
Discussion of Interview Themes

As discussed in chapter six, male therapists working with men frequently report the difficulties their clients experience with emotional exploration or expression (Scher 1981, Robertson 2001, Rowan 2004). The current research paints a more nuanced picture, as counsellors were divided in their opinions on this matter. A similar finding was reported by several of these participants, who advised that their male clients tend to find it more difficult to get in touch with all of their emotions and, generally, feel less comfortable with their vulnerability. The men who participated in Lisak’s (1994) study similarly identified the articulation of helplessness as one of the most difficult aspects of their abuse experience. Several other counsellors maintained that their female clients tend to find it easier to get in touch with the softer emotions, such as grief, while their male counterparts, generally, find it easier to get in touch with their anger. These are the same counsellors who earlier noted men’s inclination towards aggressiveness as a response to the trauma of sexual violence. This finding is consistent with the literature discussing the particular emotions that are deemed acceptable for women and for men (Segal 1990, Connell 2000, Schippers 2007). A small number of counsellors specifically discussed how it can be hard for a man to allow himself to cry as he has never been allowed to before. Describing the process of really feeling one’s sadness for the first time, two of these participants highlighted the overwhelming nature of allowing oneself to express an emotion that has been suppressed for so long.

Many men in Lisak’s research also reported being afraid of their anger or feeling confused about how and when to express it appropriately, some actively suppressing it as a result. This finding is consistent with the accounts shared by Thomas and Sam, who discussed the difficulties they have experienced with getting in touch with this emotion. Echoing the findings of the content analysis, the counsellors who discussed their male clients’ difficulties with any kind of emotional expression observed that aggressive men are unlikely to participate in RCC counselling. They maintained that their male clients are generally a bit more reflective or have had years of practice suppressing their anger. However, as trauma is held in the body, it is evident that suppressed anger can be triggered by frustrating situations and this may lead to self-destructive or over-reactive behaviour. The fear and confusion associated with this emotion also highlights the complexities that may arise for men who have held their emotions inside in order to cope or who do not want to be like the perpetrator. It seems that some men who had abusive fathers have difficulties allowing
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relationships with women to develop naturally, as they fear that they will not be able to control their anger. In a similar vein, Siobhan described the work with men who experience sexual intimacy issues as helping them to overcome their fear of being sexually aggressive, whereas with women it involves helping them to become more comfortable with their bodies (Bass & Davis 1997). While it is evident that each of the four male survivors who participated in this study are representative of a more reflective type of man, it is unclear as to whether this was the case at the outset of counselling or whether it is as a result of this process. In a similar way to the small number of men discussed by Emslie et al (2006), they have chosen to adopt an alternative masculinity that promotes healthy behaviours.

Anger also emerged as a difficult emotion for female survivors. Writers, such as Segal (1990), have discussed how women are sensitised to condemn female aggressiveness, yet Bass and Davis (1997) highlight how women may turn their anger on partners, friends and children. As it is evident that, like fear and grief, anger is a natural part of the healing process, the narratives of a number of counsellors provide important insights into the complexities involved. It is evident that there can be a duality to women’s anger, as although they may find it difficult to connect to this emotion in a session, they may take it out on someone less powerful, such as children. Based on the accounts provided, it seems likely that the importance of challenging traditional norms of femininity meant that the sometimes problematic nature of women’s anger was initially overlooked by RCCs. A small number of female survivors also discussed the role anger has played in their recovery process. Highlighting how they subverted traditional norms of femininity, Miriam and Helen described a time in their lives when they were angry and destructive as a result of the trauma. For Miriam, the journey has involved the emergence of anger towards her father for not protecting her. It would seem that counselling has helped her to connect to her anger, as opposed to acting out of feelings that she did not fully understand. However, Rachel and Megan reported difficulties with getting in touch with the anger they knew lay inside. While both of these survivors identified their upbringing in terms of the unacceptability of expressing their anger as a factor in this regard, Rachel also related her difficulties to hegemonic norms of femininity. It is evident that counselling has helped Rachel to connect to this anger and to use it in a positive way.

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See chapter two for a discussion of Connell’s theory of masculinities.
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Advising that they help survivors to explore their beliefs about the emotions they have difficulty with, several counsellors similarly identified gender norms, familial upbringing and personality as possible inhibiting factors. It is evident that the exploration of gender norms in relation to working with particular emotions can help women to see that it is acceptable to express anger and men to know that feeling vulnerable does not negate manhood. Indeed, one of Roger’s male clients recently advised him that he has learned from counselling that not only does he have feelings, but also that this is okay. However, in keeping with the empowerment approach, several counsellors discussed the importance of respecting survivors’ individuality and not directing them or telling them how they should feel. If a survivor is experiencing difficulties connecting with a particular emotion, the process thus involves helping them to become aware of the emotions that arise in order to find a way to connect to them, if this is what they want and are ready to do. For Collette, this includes reassuring men who find it difficult to connect to their emotions that she won’t be shocked by anything they wish to share. The tendency for men to recount the entire story at the outset, observed by a small number of counsellors, is reminiscent of the ‘blustering’ male self-protective mask identified by Lew (1993). It is understandable that men who do not want to have any emotional connection to the trauma may believe that all they need to do is recount the details of their story. However, Catriona has also found that men, generally, expect their counsellor to be more directive in terms of coming up with a strategy and asking questions that only require a yes or no answer. As such, she maintained that being told that you choose what you want to deal with can be more frightening for men. This finding provides an interesting contrast to the discussion in chapter six, involving the likelihood of the RCC empowerment approach to appeal to men who characterise help-seeking as negating autonomy in relation to becoming dependent on other people to make decisions (Addis & Mahalik 2003, Emslie et al 2006).

The findings suggest that, despite the difficulties men may experience with emotional exploration and expression, they do deal with their emotions in RCC counselling. However, once again highlighting the influence of gender on the recovery process, it is evident that women and men may engage with the process in different ways. It appears that men are, generally, more practical and task-oriented than women, tending to move more quickly through the process and to be more focused in terms of dealing with specific issues. Women, on the other hand, tend to deal with a lot of emotions and to be more fluid in their
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approach to engaging with the issues that arise, it seems. This finding was borne out in Mairead’s description of the benefits of participating in a mixed gender RCC support group. The more practical approach of the men has helped the female members to become more grounded and less caught up with the past, while the women have helped the male members to open up more. These benefits represent an important consideration for RCCS that currently provide support groups or are considering this option. In chapter six, I noted that Robertson et al’s (2001) suggestion that counsellors may benefit from reconsidering the modes of emotional expression considered healthy and appropriate for men may involve collusion with masculine ideals. Having explored the importance of connecting to, and releasing, the emotions that become trapped in the body as a result of trauma, I believe this to be the case. While this may be more difficult for men, it seems that once they have established trust with their counsellor, they become comfortable with expressing their emotions.

Although Scher (1981) characterises men’s difficulties with emotional exploration or expression as somewhat disheartening in terms of therapeutic intimacy, he similarly advocates patience and respect. The experiences of counsellors in the current study provide new insights into the dynamics involved. Michael, who had just begun working with his first female client, advised that he has not encountered difficulties with building intimacy in the therapeutic relationship. Furthermore, the majority of counsellors who have worked with both women and men stated that they have not found this process to be more difficult with their male clients. A small number of these participants maintained that this is because the men who access counselling have made a decision to talk about their traumatic experience and are relieved that they have finally found a safe place to do so. It is possible that this relates to the societal silencing of sexual violence survivors, who may attach a particular significance to disclosure and help-seeking as a result. This finding again mirrors the suggestion that men of a more reflective nature choose to participate in RCC counselling. However, why these men appear to be different to those discussed in previous research is unclear. It is possible that the RCC approach is a factor in this regard. It may seem contradictory that several of the counsellors who have not found it more difficult to establish the therapeutic relationship with men also observed that it is, generally, more difficult for them to connect to their emotions. However, upon reflection, I wondered if this actually means that the dynamic is simply different. I fortunately had the opportunity
to discuss this at a later stage with Cathy and she confirmed this to be the case in her experience. She stated that while it is generally more difficult for men to maintain trust in any relationship, they either tend to stay in counselling for a shorter period or they develop this trust in their own way. It seems that the bond between a counsellor and a survivor can be different, depending on the survivor’s gender.

The findings also provide an important insight into the nature of the therapeutic relationship in terms of the counsellor’s gender. Fenton et al (1987) found that women prefer female psychiatrists and that, regardless of gender, individuals agreed that female therapists formed a more effective therapeutic relationship than their male counterparts. However, the current findings indicate that while some survivors do not have a gender preference, for others, this can be a factor. Sam attributed his ability to open up with his female counsellor to the fact that he was used to working in mixed groups in GROW and that all he wanted was a sympathetic ear. However, as she has found it difficult enough to discuss intimate issues with her female counsellor, Ruth advised that she could not work with a man. Zlotnick et al (1998) have previously suggested that a therapist’s gender may be important for women who have experienced male-perpetrated interpersonal violence. As trust is integral to the therapeutic relationship (Herman 1997), the current findings show that the gender of the perpetrator may determine female and male survivor’s preference or it may emerge as an issue over time. It is evident that it may also influence what a counsellor feels is best for their female clients. However, the findings highlight the potential value of survivors working through their trust issues with a counsellor of the same gender as the perpetrator. Cathy and Siobhan maintained that this should only happen when survivors have gotten to a place with a counsellor of the opposite gender to the perpetrator where they can address these issues. However, Megan’s account illuminates the problematic nature of being overly concerned that such problems will transpire. As she was abused by her adoptive mother, the RCC found it difficult to understand that working with a female counsellor did not pose a difficulty for her.

A small number of counsellors also discussed the dynamics of the therapeutic relationship in terms of how norms of masculinity may influence the preference for a therapist of a certain gender. These participants were divided, nonetheless, in relation to the ways in
which these issues may play out in this context. The shame that men who experience sexual violence may feel has previously been discussed in terms of the belief that they should have been able to protect themselves (La Fontaine 1990, Lew 1993, Kwon et al 2007). Whether or not it would be more shameful for a man to discuss the trauma with a woman than with another man obviously depends on the individual. However, the thoughts expressed by these counsellors highlight a possible dilemma facing men. Echoing the concerns men may have regarding their sexuality discussed above, Cathy observed that some men feel the need to prove their heterosexuality to her. Further discussing the complexities involved, Collette asserted that men tend to find it particularly difficult to get in touch with their emotions and to feel comfortable with their vulnerability with a woman. She attributed this to feelings of weakness and to a concern that their story will upset a female counsellor. Having found that it tends to be easier for a woman to be vulnerable with another woman, she asserted that gender conditioning of both the counsellor and the survivor is a factor in relation to these issues.

That the gender conditioning of the counsellor may also be an important factor in the therapeutic relationship raises the question of the possible expectations they may have for a survivor to behave a certain way because of the survivor’s gender. A therapist’s perception of power and dominance can affect both their practice and the response of their clients (Felton 1986). Wisch and Mahalik (1999) also found that experienced male therapists’ beliefs regarding gender norms influenced their attitude towards their male clients who enacted traditional or non-traditional gender roles. According to Scher (1981) and Mahalik et al (2003), in order for counsellors to help men overcome the difficulties they often experience in counselling, they must be aware of their beliefs and values regarding men, in addition to their desires for how they should behave. The current findings further highlight the complexity of the influence of gender on the therapeutic relationship. While Cathy advised that the approach is fundamentally the same, she characterised the work with men as more intense because of the strength of their feelings. Michael’s concern regarding his efforts to maintain eye contact being perceived as threatening by the woman who had just become his client represents another challenge gender may pose. Although he has found that men tend to avert their gaze at the beginning of counselling, he did not express the same concern in relation to any of his male clients.
Siobhan also discussed the relevance of the counsellor’s gender in terms of their ability to help men to access particular types of emotions. In keeping with gendered norms (Segal 1990, Connell 2000, Schippers 2007), she maintained that female counsellors can ‘tap into’ the softer side of men, while male counsellors adopt a more father-like role that encourages their strong side. As such, she reiterated the possible benefit of men working through different aspects of the trauma with counsellors of both genders. Given that she noted that female counsellors can also help men to access their power, it is possible that her earlier assertion relates to her own gender conditioning. The account shared by Thomas detailing his experiences with both female and male counsellors highlights an additional layer of complexity. Although he originally felt safer working with a woman in terms of opening up, his description of both counsellors as nurturing his softer emotions in different ways provides an important insight into the nature of the therapeutic relationship. Seemingly associating aggressiveness with men, he found it impossible to get in touch with his anger with his female counsellor because he feared that he would hurt her, yet he also feared that if he expressed his anger with a male counsellor, they would hurt him. The fact that he experienced male-perpetrated abuse appears to be an important factor in this regard. Over time, he felt the need to work through his fear of anger with a man and he reported doing so in the RCC at the time of the interview. It is thus clear that the gender of the counsellor may influence a survivor’s comfort with expressing particular types of emotions in different ways. However, the findings indicate that this is not necessarily a prohibiting factor, as survivors may learn to access both their anger and their ‘softer’ emotions, regardless of the counsellor’s gender. As such, it would appear that norms of femininity and masculinity influence the recovery process in a number of complex ways. It seems likely that there is a potential effect of gender conditioning on how a counsellor views working with women and men. The findings also highlight how such conditioning may influence the counsellor’s approach and the survivor’s perception of the process. As such, trust is, once again, highlighted as a central element of a nurturing therapeutic relationship that fosters healing. Indeed, it is likely that the RCC person-centred approach will go a long way towards transcending any gender-related issues that may arise. It is also evident that it would be beneficial for centres to have more male counsellors in order to accommodate the possibility of survivors working with both women and men.
Discussion of Interview Themes

Mirroring research conducted by Ullman (1999), the findings of the thesis also highlight support from family and friends as an important factor influencing the recovery process. The particularly moving account shared by Rachel illuminates the healing power of love and acceptance for survivors of child sexual abuse. It is evident that the isolation that may stem from a lack of understanding and support from one’s family or friends, in addition to the problems posed by unsupportive partners or friends who are unhappy with the more self-assured person the survivor has become. As it appears that survivors often gravitate towards dysfunctional relationships, beginning anew can represent an important transition for them. However, the findings also reveal the difficult nature of being in a relationship with a survivor, thereby confirming the importance of RCC support for partners. Indeed, it is evident that survivors may be mindful of protecting those who are close to them from the full impact of the trauma. As such, the findings illuminate the intricate balance between a counsellor’s support and that of a friend or family member.

Building on the findings of the questionnaires, the complementary nature of group work also emerged as an important factor influencing the recovery process. It appears that there are many benefits to this type of support, including the opportunity for survivors to share a common experience, the safety of being with others who understand where they are coming from and the possibilities for acknowledging one’s progress. Furthermore, support groups were discussed in terms of ongoing support for survivors once counselling comes to an end and as a means of breaking isolation. As the questionnaire findings also identified reconnection with others as a particularly difficult aspect of the recovery process, this latter finding is especially significant. Confirming the findings of writers such as Greenberg and Westcott (1983), Thomas noted the added benefit of reciprocity in terms of both receiving and providing support to others. The importance of careful facilitation was, nonetheless, identified in relation to members understanding that the focus is on the consequences each individual faces, rather than the severity of the traumatic experience(s). As the role of RCCs has evolved into the provision of individualistic therapy (Matthews 1994), it is also evident that group work may represent a means of reconnecting to their collectivist roots. This may appeal to counsellors, such as Monica, who expressed her fear that RCCs are losing their feminist identity. Although group work would not appeal to all survivors, the importance of the availability of such support is evident.
Discussion of Interview Themes

Interesting intersections have also emerged between group work and gender. It is evident that mixed gender support groups may be beneficial for both women and men in terms of challenging gendered norms, enabling survivors to work through their trust issues, and finding a balance between practical and emotional approaches to the recovery process. In addition, Thomas credited his male support group with helping him to feel comfortable with expressing his emotions with other men. In addition to the holotropic breathing discussed earlier, mediation, Reiki, art, music and poetry also emerged as important complementary factors in the healing process. It is evident that meditation can help survivors to come into the here and now, create inner peace and ease anxiety. As counselling renders one vulnerable and can be emotionally draining, the value of Reiki was discussed in terms of replenishing the soul via the solace and support it engenders. It seems that if these complementary therapies were made available in all RCCs, they would ensure that survivors feel safe. In addition to providing solace, the findings show that art may also be helpful for survivors who are struggling to open up. It would appear that this medium enables some individuals to bypass their cognitive mind, allowing them to connect to their feelings.

11.4 Conclusion

The findings from the interviews with counsellors and survivors provide important insights into the positive outcomes of RCC counselling, in addition to illuminating numerous ways in which the approach is translated into practice. The discussion of the three themes of recovery provides an insight into the difficulties survivors face on their journey, in addition to an understanding of how the process of overcoming these difficulties enables post-traumatic growth. They also speak to the understanding of recovery as both an outcome and a process. As such, the findings highlight the importance of an integrated approach to recovery, one that recognises the complex and unique nature of the healing journey. However, a tension between theory and practice in relation to the delineation of the stages of recovery emerged. Enhancing the understanding that healing takes place in the present, counsellors discussed the importance of survivors recounting the full details of the traumatic event(s) only if this is what they wish to do. Previous literature has highlighted the salience of both empowerment and the therapeutic relationship in terms of fostering recovery. These findings provide important insights into a number of ways in which these elements are realised in RCC counselling, enabling an understanding of the complexities
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involved. ‘Holding the space’ emerged as a key aspect of the RCC approach to working with trauma held in the body, thus illuminating the essence of the psychophysiology of trauma treatment advocated by Rothschild (2000). The findings also provide a more in-depth understanding of the myriad ways gender influences the recovery process, from survivors’ responses, to the therapeutic relationship to emotional exploration and expression. In addition, it is apparent that some survivors leave counselling and get on with their lives, while others continue to need this support for years to come. This is why the fact that RCC counselling is not goal-oriented is of vital importance. Individuals can stay as long as they need in order to get the help they need. In the next chapter, I draw together the salient themes that have emerged in the study, in addition to making a number of recommendations for further research, RCC practice and national policy.
Chapter 12. Conclusion and Recommendations

Sexual violence is among the most frequent forms of lived trauma in the contemporary world (Websdale 1998). However, it remains a largely hidden crime, one that elicits cultural judgements that influence its meaning to those who experience it and to those to whom it is disclosed. The profound consequences of sexual violence are both multidimensional and far-reaching. As a violent crime of a sexual nature, it affects not only one’s body, but also their mind and even their soul. Indeed, its consequences are influenced by the social context within which the trauma is experienced, as rape myths linked to norms of femininity and masculinity culminate in victim-blaming attitudes that are often internalised by survivors. Such norms influence individual’s responses to victimisation, in addition to men’s help-seeking behaviour. Recovery from sexual violence is, therefore, a complex process, calling for an integrated approach that addresses its physiological, as well as its psychological impact. Given their predominance as survivors, women have been the almost exclusive focus of research and support in the area of sexual violence to date. However, the growing number of studies exploring the sexual abuse, sexual assault and rape of boys and men has broadened the discourse around sexual violence and gender identity.

In 2002, the only national study documenting experiences of sexual violence in the Irish context revealed that this is a serious issue in society. Irish RCCs emerged from the national feminist movement in order to provide support services to survivors and to function as a vehicle of change by means of campaigning work and by influencing policy making on their behalf. Irish RCC counselling offers survivors a safe space in which to explore the consequences of their traumatic experience(s). These services were originally provided to women only, yet once it became apparent that quite a number of men were also coming forward to disclose sexual violence, particularly in childhood, the vast majority of centres began to address their support needs also. Although RCCs have been at the forefront of the Irish response since 1979, no systematic assessment of their services has been conducted to date. Indeed, there is a dearth of evidence on the experiences of survivors, particularly men, participating in sexual violence counselling at both the national and international levels. Given the increasing number of men accessing the counselling services
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of Irish RCCs, the need for counsellors to have knowledge of gender relevant interventions is of vital importance.

In the thesis, I, therefore, set out to investigate the nature and effectiveness of Irish RCC counselling in order to develop in-depth understandings of the factors that influence recovery from sexual violence and the responses required. As a social category and analytical lens, gender functioned as a central and cross-cutting concept across four specific objectives:

- To examine the conceptual framework underpinning the RCC response to sexual violence
- To assess the outcomes of the counselling services provided
- To understand the role of RCC counselling services in the recovery process from sexual violence
- To identify ways in which RCC counselling may be improved.

As the central research aim is multi-faceted, I deemed a multi-stage and mixed-strategy design as the most appropriate to capture the different layers of data required to answer the research objectives. Seeking to reveal specific parts of the overall story, I employed the quantitative and qualitative aspects of this study with a view to achieving complementarity and expansion (Bryman 2006, Mason 2006, Johnson & Onwuegbuzie 2004). Although I had not chosen the research methods in order to triangulate the findings, numerous significant overlaps emerged. By conducting a content analysis of the RCNI training manuals for counsellors, I examined the RCC approach to counselling. As such, I gained an insight into the dynamics of the overarching goal of these services, namely to assist survivors in their recovery process. Next, I assessed survivors’ self-reported outcomes of RCC counselling via a self-completion questionnaire. As I included a qualitative element, the findings also further illuminated the dynamics involved. I then explored the intricacies of the findings thus far established via interviews with survivors and counsellors in order to understand the role of RCC counselling in the recovery process. The interviews also provided me the opportunity to explore how the counsellors view recovery and the ways in which they facilitate survivors to find their own path. Moreover, this stage of the field-work enabled an understanding of what recovery means for the survivors and how they view the role RCC counselling plays in their lives. As a unique and deeply personal process, counselling has an
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ethereal quality that is not easy to capture. However, pieced together, the findings provide salient insights into the complex nature of recovery in the context of Irish RCC counselling. They also enabled me to identify suggestions for service enhancement and I make a number of recommendations below. First, I present the main findings of the research.

12.1 The Central Findings and Themes

What makes RCC counselling unique in the Irish context? Both humanistic and holistic, the RCC approach is underpinned by a specialist understanding of trauma. As RCCs draw upon feminist analyses of sexual violence as an abuse of power and control, empowerment is the guiding principle and goal of their therapeutic work. The survivor is thus viewed as an active agent in their own recovery. RCCs conceptualise sexual violence as primarily a violent act that is manifested sexually, thus enabling counsellors to address its implications for an individual’s sexuality. Indeed, RCC counselling is undepinned by an integrated framework that recognises the deep psychological, emotional and physiological impact of sexual violence, in addition to the social context within which recovery takes place. Although RCCs recognise PTSD as a common consequence of sexual violence, their approach is non-diagnostic. RCC counselling places an emphasis on survivors’ coping strategies and the therapeutic relationship is conceptualised as the focal point of the healing process in which trust, boundaries and self-worth can be re-learned. Aiming to foster wellbeing and growth, the RCC approach is not goal-oriented or time-limited.

According to the survivors who participated in the thesis, RCC counselling predominantly involves a trusting relationship that creates a safe, non-judgemental space, a place where they could be themselves, share their pain and be honest about their feelings. It appears that individuals who participate in counselling embark upon a personal journey, a process involving both struggle and growth. A myriad of conflicting emotions may be experienced at the outset, ranging from fear to hopefulness. It seems that the difficulties individuals encounter become intensified as they begin to really face the emotional and physical impact of the traumatic event(s) for the first time. Indeed, the profound impact of sexual violence can often prove too much to bear, particularly in the case of child sexual abuse. Survivors’ readiness emerged as an integral factor in their decision to access counselling and it also seems to influence the manifestation of issues when the time is right. The
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decision to participate in counselling is not one that is easily made and it seems that survivors must do it for themselves and must really want to do it. Although the process can be overwhelming and survivors may feel, at times, that they are making no progress, the value of working through the consequences of sexual violence with the help of RCC counselling is evident. Each of the survivors in the study conveyed positivity in relation to the transformations that have taken place with the help of counselling. Indeed, some of these individuals advised that they have hope for the future in relation to continued growth. Several counsellors discussed this aspect of the journey in terms of integrating the trauma into one’s present life and self in order to ‘move on’.

Survivors thus reported numerous positive outcomes, such as strength, knowledge and self-awareness. Many survivors who participated in an interview discussed their identity in terms of how counselling has helped them to discover their true selves. Others spoke of a recreation of the self or learning to simply be. Although RCCs employ the term survivor in order to honour an individual’s resilience and strength, acknowledging one’s victimhood emerged as an important first step in the recovery process. Indeed, individuals may eventually move past their survivor identity, which itself seems to represent problematic terminology, given its connotations of mountain rescues. Many survivors also noted the importance of being believed, coming to an understanding that the sexual violence they experienced was not their fault and developing self-caring routines. However, it is evident that counsellors should not assume that self-blame is an ever present consequence of sexual violence. Although just over half of the survivors who completed a questionnaire reported continuing isolation, despite counselling, this does not appear to be a flaw of the RCC approach. It seems that reconnecting with others is a particularly difficult aspect of recovery. Moreover, the personal meaning that isolation has for different individuals varies, as although counselling may be the only support that one has, it can be all that a survivor needs. However, it seems likely that the trust that is built in the therapeutic relationship helps survivors to build trust in themselves and their own lives. For survivors of child sexual abuse, the importance of forgiveness, acceptance and compassion also emerged. Given the complexity of the healing journey, it seems that while survivors, generally, learn how to cope with the consequences of sexual violence, they may encounter times when they revert to old, maladaptive coping mechanisms. Indeed, it appears that the slowly evolving nature of the recovery process is never-ending as issues may continue to
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arise at different times in a survivor’s life after they have completed counselling. While it seems they can, generally, employ the coping strategies they have learned with the help of counselling, some individuals need to return as these issues serve as a signal that they are ready to go deeper. However, Thomas, a survivor, and Cathy, a counsellor in a large RCC, challenged the idea that recovery can be delineated into stages.

The significance of counsellors accompanying survivors on their healing journey by facilitating them to find their own answers emerged as an important theme. Given the particular significance of the therapeutic relationship, it seems that once survivors begin to trust their counsellor and realise that they will be there for them throughout their journey of recovery, they begin to relax into the counselling process. A number of counsellors discussed how they establish trust by ‘learning the survivor’s language’, namely their way of being in the world and in the counselling session. However, the therapeutic relationship is not without its difficulties. Some survivors who participated in an interview discussed the negative emotions they have sometimes felt towards their counsellor as a result of difficulties they have faced. However, it appears that counsellors truly embody the humanistic principles by ensuring open communication, while establishing appropriate boundaries. As self-awareness around their practice was identified as a key component, supervision and peer support were characterised as crucial in terms of both counselling practice and counsellor well-being. The importance of the RCC empowerment approach has also emerged very clearly in the thesis. However, it is evident that even when counsellors facilitate the recovery process to take place at the survivor’s pace, this does not necessarily equate to individuals feeling in control. Highlighting the complexities involved, it appears that counsellors need to gently challenge survivors if they think that they are avoiding difficult issues. Indeed, Siobhan, who works in a large RCC, raised the question of whether counsellors are challenging enough when it comes to behaviour that is destructive to one’s self or one’s family and friends. Furthermore, it seems that a crucial aspect of the counsellor’s role involves employing their specialist knowledge in order to help survivors to connect to their emotions in a safe way. While the vast majority of survivors confirmed the importance of being allowed the time and space necessary to heal and grow, it is evident that it can be difficult to decide what path to take and to find the answers oneself, particularly for survivors of child sexual abuse. From the counsellor’s perspective, the
difficulty may involve watching a survivor struggle, yet the importance of letting something deeper emerge cannot be underestimated.

As healing takes place in the present, it seems likely that survivors do not necessarily need to recount the full details of their traumatic experience(s) in order to heal. It seems that although these details may never be told verbally, the story is always told psychologically, via the emotions that arise. The process of working with trauma that is held in the body, therefore, emerged as an integral aspect of the recovery process within the context of counselling, whereby counsellors ‘hold the space’. Counsellors described this process in terms of helping survivors to slow things down and encouraging them to become attuned to their feelings, while guiding them through body awareness. Counsellors’ assistance in naming somatic sensations and making sense of the associated emotions in order to release or let them go also emerged as a salient theme. Siobhan discussed how this way of working represents a shift for RCCs. As it appears that dissociation has often become their default coping mechanism, this process can take longer for individuals who have experienced child sexual abuse. It seems likely that the trust that is built in the therapeutic relationship is central to survivors feeling comfortable to express their vulnerability and emotions. Each of the survivors who participated in an interview discussed the progress they have made in relation to understanding and expressing their feelings and letting go of their shame, anger, hurt and pain. As RCC specialist training provides an understanding of the dynamics involved in sexual violence, it appears to help counsellors to be non-judgemental and to facilitate survivors to process their emotions in their own time. It is evident that psychiatric conditions and high levels of medication may negatively affect a survivor’s ability to engage in this type of deep therapeutic work. Several counsellors thus advised that if they thought that a survivor needed medication for a psychiatric condition or were suffering from depression, they would adjust their approach and advise the individual that it would be helpful to talk to their GP. However, Megan, a survivor who is high functioning autistic, questioned the suitability of the emotional work involved in counselling survivors for individuals with autism or Asperger’s syndrome.

Indeed, the majority of counsellors stated that they ‘meet the survivor where they are’. As such, an individual’s readiness was reiterated as a salient factor influencing the recovery
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process. It is evident that gender is also an important factor in this regard. The conceptual framework underpinning the RCC approach to counselling survivors is predominantly informed by their work with women, in addition to feminist analyses of sexual violence. In order to account for men as survivors and women as perpetrators, RCCs recognise that gender is not the sole source of power, nevertheless. Moreover, counsellors are made aware of the possible gendered consequences for men, in addition to the ways in which norms of masculinity influence responses to victimisation. As such, RCCs recognise the importance of helping men to access the emotions that lie beneath the male self-protective masks that may be employed to hide their pain. However, it would appear that gendered norms influence the recovery process in a number of complex ways. Several counsellors maintained that women, generally, internalise their suffering, whereas men tend to act out of their pain. It also seems that men tend to question their masculinity and/or sexuality. Moreover, the guilt that survivors can harbour as a result of physically responding to the sexual acts enforced upon them appears to be a particular struggle for men or, at least, one that they are either more comfortable sharing or are more fearful of in terms of what they think this says about their sexual orientation. It seems likely that reassurance and an understanding of the dynamics involved are central to helping survivors overcome these feelings of guilt and confusion. Although it appears to be more commonplace for male survivors to fear that they will become a perpetrator of sexual violence, the only survivor in this study who shared this concern was Megan, who was abused by her adoptive mother. Indeed, she reported experiencing disbelieving attitudes in relation to the abuse. Mark likewise advised that he encountered a number of negative responses to the adult rape he disclosed.

It is evident that it may be harder for men to acknowledge that they are victims and that they need help. They may also struggle more than women with talking about what happened to them and with knowing how they feel. However, there was disagreement among the counsellors regarding the exploration and expression of emotions. While several counsellors maintained that men, generally, find it more difficult to get in touch with all of their emotions, several others reported that survivors tend to find it easier to get in touch with the emotions that are deemed acceptable for their gender. Anger emerged as a frightening and complex, yet dynamic emotion in the research. Although some female and male survivors discussed the difficulties they have experienced with connecting to this
emotion, the importance of expressing it in a safe way is evident. It is also clear that while women may find it difficult to connect to this emotion in a session, they may take it out on someone less powerful, such as children. Several counsellors stated that they help survivors who are experiencing difficulties to become aware of the emotions that arise in order to find a way to connect to them, if this is what they want and are ready to do. As gender norms, familial upbringing and personality were identified as possible inhibiting factors, they also reported helping survivors to explore their beliefs. Catriona, a counsellor in a medium-sized RCC, maintained that being told that you deal with whatever you want to deal with can be more frightening for men. Although some counsellors have found men to, generally, be more practical and task-oriented than women, there was unanimous agreement that men do deal with their emotions.

Although the majority of counsellors interviewed advised that they have not found it more difficult to build the psychotherapeutic relationship with men than with women, it is evident that the dynamic may be different. Indeed, gender emerged as a factor influencing this relationship in a number of ways. It is evident that while some survivors do not have a preference for a woman or a man as their counsellor, for others, this is a consideration. A number of salient factors were identified in this respect, among them the gender of the perpetrator. The potential value of survivors working through their trust issues with a counsellor of the same gender as the perpetrator was thus highlighted. However, the problematic nature of being overly concerned that such problems will transpire is also apparent. It is evident that the gender of the counsellor may influence a survivor’s comfort with expressing particular types of emotions in different ways. However, this is not necessarily a prohibiting factor, as survivors may learn to access both their anger and their ‘softer’ emotions, regardless of the counsellor’s gender. It also seems likely that there is a potential effect of gender conditioning on how a counsellor views working with women and men. Indeed, such conditioning may influence the counsellor’s approach and the survivor’s perception of the process. Support from family and friends was also identified as a factor influencing the recovery process. As it can be difficult to be in a relationship with a survivor, RCCs provide support for partners. However, problems may arise in relation to unsupportive partners or friends who are unhappy with the positive changes occurring in the survivor’s self-esteem.
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As we can see, the survivors who participated in the thesis, generally, framed their experiences of RCC counselling in positive terms. Indeed, all of the survivors who completed a questionnaire would either strongly recommend or suggest RCC counselling, the vast majority (87.5 per cent) opting for strongly recommend. The fact that RCC counsellors are sexual violence trauma specialists was an important factor in this regard. Improved funding emerged as the most common suggestion among survivors and counsellors to improve RCC counselling, with waiting lists and reduced training highlighted as repercussions of recent budget cuts. Moreover, Siobhan, a counsellor in a large RCC, asserted that centres may have to reconsider their non goal-oriented approach if they continue to struggle economically. Although some difficulties were identified, among them the divide between the clinical and non-clinical models, the need for improved inter-agency work is evident. Finally, group work and complementary therapies, such as Reiki, were recommended by some survivors. Indeed, interesting intersections emerged between gender and group work. It is evident that mixed gender support groups may be beneficial for both women and men in terms of challenging gendered norms, in addition to finding a balance between practical and emotional approaches to the recovery process. It seems likely that the availability of complementary therapies in RCCs would ensure that survivors have access to additional support in a way that is safe. I will now discuss these findings in relation to the theoretical framework underpinning the thesis, thus revealing their contribution to theory, practice and policy.

12.2 Thesis Contribution

The thesis verifies numerous established findings in the sexual violence literature in a different cultural context. It also makes new contributions to theory and methodology in the areas of sexual violence, sexuality, gender, trauma and recovery. Furthermore, the findings provide important insights that will hopefully inform RCC training and practice, in addition to national policy. Underpinned by feminist analyses of sexual violence formulated by writers, such as Millett (1977), empowerment has always been a core principle of the RCC counselling approach. The 2006 training manual represents a significant shift in thinking in terms of sexual violence and gender identity, yet problems persist. Irish RCCs have expanded their understanding of the feminist conceptualisation of sexual violence as an abuse of power and control by acknowledging that gender is not the sole source of power. However, there is no alternative theory for them to draw upon. By
producing a theoretical framework that transcends the male perpetrator-female victim paradigm, the thesis contributes to the development of the central feminist argument and this will hopefully prove helpful to RCCs. By synthesising the various strands of research on sexual violence that have since emerged, this framework also provides a more comprehensive insight into the links between the concepts of gender, sexuality and sexual violence. Moreover, it addresses the contradiction evident in marrying Herman and Hirschman’s (1981) socially deterministic conceptualisation of gender with literature that recognises men’s negotiations with cultural norms. However, I believe that the engrained equation of the concept ‘survivor’ with woman evident throughout the 2006 manual is problematic. Furthermore, I view the under-exploration of female perpetrators as a gap that needs to be addressed.

This is the first comprehensive study of RCCs both nationally and, indeed, internationally. A number of writers have documented the genesis and ethos of RCCs (Matthews 1994, Mahon 1995, Smyth 1988), yet a thorough examination of the framework underpinning their approach has not been conducted to date. There is also a growing number of studies seeking to evaluate the effectiveness of services provided to survivors of sexual and domestic violence. Indeed, a small body of this research documents the outcomes of RCCs in the US and the UK (Henderson 2012, Westmarland & Alderson 2013, Wasco et al 2004). The findings from the thesis provide further support for the efficacy of RCC counselling services in terms of assisting survivors in their healing process in line with their humanistic ethos. The outcomes established mirror those reported by survivors who participated in the US and UK studies in terms of, for instance, the development of positive coping strategies and empowerment49. The way in which the underlying dynamics of the RCC approach influenced the impact on survivors’ lives was not explored in the UK and US studies, nevertheless. The thesis provides valuable insights into the strengths and weaknesses of this approach, in addition to illuminating the role that RCC counselling plays in the recovery process in the Irish context. By addressing the dearth of evidence regarding the needs and experiences of survivors participating in counselling, particularly men, the current findings also advance our understanding of the support that is required. Moreover, they provide valuable insights into the factors that influence the recovery process, in addition to highlighting a number of suggestions for service enhancement.

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A national assessment of RCCs, within the umbrella organisation of the RCNI, is significant at the local, national and international levels, seeking to achieve the multiple objectives of informing practice, targeting funding and raising community awareness of this serious and widespread problem. In line with the National Strategy on Domestic, Sexual and Gender-based Violence, as reflected in the research goals of Cosc, it is envisaged that the study will also contribute to the evidence base required to inform future policy directions in this area. Indeed, the findings may be helpful for RCCs in other countries, particularly those providing counselling to men or considering this option. Finally, it is hoped that the study will contribute to a better understanding of contemporary Ireland, prompting future research on other aspects of the response to sexual violence.

We live in a world that is increasingly focused on the achievement of one’s goals. As such, it is not surprising that a common clinical approach reduces the consequences of sexual violence to a discrete set of symptoms that can be treated by an expert (Briere 1989, Janoff-Bulman 1985, Bazzano 2011). Recovery is thus viewed as definitive, a final destination that survivors reach within a specified time-frame. Feeling safe and having a sense of belonging; I think most people would agree that these are among the basic requirements for enjoying a peaceful existence. However, we are each on different journeys in this life and, unfortunately, for some, these are the very elements that are shattered by the trauma of sexual violence. Therefore, recovery is much more complex than the traditional clinical framework purports. Indeed, I believe that what we may call symptoms are actually akin to signposts that signal to the individual that the trauma goes much deeper than what can be seen on the surface. Irish RCC counselling offers an important alternative to traditional clinical models as its approach is both humanistic and holistic (Rogers 1961). As beautifully put by Mark, a survivor of sexual violence in both childhood and adulthood, these services treat people, not symptoms. In acknowledgement of each individual’s unique process, the approach is neither goal-oriented nor time-limited and it is imperative that RCCs receive adequate funding in order to ensure that survivors are allowed the time and space to acknowledge and understand the impact of the trauma and to address the issues that arise at their own pace.

The three themes of recovery that emerged from the findings thus highlight the importance of integrated theories that recognise the complex and unique nature of healing in relation to sexual violence (Sgroi 1989, Harvey 1996, Herman 1997). Although Herman (1997)
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acknowledges that recovery does not follow a simple linear progression, she has delineated the process into stages, which appear to be mirrored in the RCC counselling process. However, the current findings highlight the tension that can exist between theory and practice in relation to this understanding. Theories enable valuable insights into complex concepts, yet the intricacies involved may elude such definitive frameworks. Perhaps the term ‘cycle’ would better reflect our understanding of the recovery process as a spiral. The findings also provide support for the conceptualisation of recovery as both a process and an outcome, which is gaining ground in the wider literature on mental health (Liberman & Kopelowitz 2005, Ramon et al 2007). Although sexual violence theorists, who advocate an integrated understanding of recovery, describe healing as a process involving both struggle and growth, the positive changes that survivors experience are not always specifically referred to as outcomes. By placing the findings of the thesis in the context of the debate evident in the wider mental health literature, I further extend the conceptualisation of recovery as both a process and an outcome into the area of sexual violence. Indeed, the concept of post-traumatic growth is gaining momentum in the recovery literature in this area (Tedeschi 1999, Woodward & Joseph 2003, Ullman 2014). As I consider each of the various outcomes that have been identified in the thesis as indicative of such growth, I contribute to this growing body of literature.

Integrated theories of recovery from sexual violence prioritise emotions, cognitions and sensations. Indeed, the necessity of working with trauma that is held in the body has gained recognition within psychotherapeutic practice, both of a clinical and a more holistic nature (van der Kolk 1994, Rothschild 2000, Levine 2010). The findings of the thesis provide further evidence of the salience of this psycho-physiological approach. Moreover, the relevance of focusing on the impact of the trauma, as opposed to the content of the story, took on a particular significance in the thesis. According to Herman (1997) and Rothschild (2000), recounting the details of the traumatic event(s) is an important aspect of the recovery process in the context of therapy. However, the current findings indicate that this type of conscious processing is not a prerequisite for integration of trauma, as it appears that the story is always told at the emotional level. Indeed, the recall of painful memories may be re-traumatising for survivors. The findings thus confirm concerns regarding the directive nature of treatments, such as exposure therapy and EMDR, in this regard (Cook et al 2004, Shapiro 2001, Saint Arnault 2014). They also provide support for the approach advocated by Rothschild (2000), in addition to contributing to her work in this area. Given
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the primacy attributed to the avoidance of re-traumatisation, the thesis enhances our understanding of the recovery process within the psychotherapeutic context. The findings in relation to the interconnected and multi-layered nature of emotions, in addition to the after effects of working with these emotions in the counselling session, represent additional, important aspects of this contribution. Moreover, the fact that counsellors are trained to adapt their approach to meet the needs of the individual takes on an even greater significance in the context of emotional work with individuals who have autism or Asperger’s syndrome. It also raises the question of whether counsellors need to learn more about these disabilities.

The concept of ‘holding the space’ exemplifies the distinct relationship between the RCC empowerment approach and this psycho-physiological work, thereby providing a conceptual space for better understanding the complexities involved. The findings indicate that RCC counsellors, generally, facilitate survivors to find their own path to healing. However, it appears that an important aspect of their role involves employing their specialist knowledge when working with suppressed trauma. The thesis thus provides valuable insights into the intricacies of the empowerment approach advocated by theorists, such as Herman (1997). The findings also enhance our understanding of the therapeutic relationship. The importance of a strong emotional bond between a counsellor and their client in ensuring positive treatment outcomes has been established to date (Horvath & Symonds 1991, Martin et al 2000, Saunders 2000). The thesis provides valuable insights into the elements involved in building the relationship of trust, such as ‘learning the survivor’s language’. By emphasising the value of open communication when difficulties arise, it also enhances our understanding of the complexities involved (Rogers 1961, Herman 1997, Rothschild 2000). The importance of supervision and peer support were, therefore, highlighted in relation to counselling practice and counsellor well-being. These findings are in keeping with the literature in the area of the sexual violence and therapeutic practice more generally (Schauben & Frazier 1995, Pearlman & Mac Ian 1995, Cohen 1980).

Another aspect of the empowerment approach is the terminology employed to refer to individuals who have experienced sexual violence. In the literature, these individuals are variously referred to as victims or survivors, the latter term seeking to acknowledge
strength and resilience. However, a clear distinction between these terms would appear to belie the complexity of lived experience, as research suggests that survivors’ self-perception evolves as the recovery process unfolds (Sgroi, 1989, Herman 1997, Phillips & Daniluk 2004). The current research mirrors this finding, in addition to further illuminating the importance of honouring each of these identities, which include viewing oneself as much more than the traumatic experience. These findings thus contribute to a more nuanced understanding of the terminology we choose to employ, in addition to further highlighting the limitations of the term ‘survivor’ (Lew 1993). The thesis provides additional valuable insights into survivors’ sense of self. It is understandable that survivors may hope that once the layers of consequences are peeled away, their true essence can be revealed or, in the case of sexual violence in adulthood, retrieved. However, this would appear to deny the impact of the trauma, in addition to the transformative aspect of the healing journey. As such, I view the self as existing in the present, and the present incorporates all that has come before.

The thesis also provides important insights into the factors that influence the recovery process. The conceptualisation of recovery as an ongoing journey, in addition to the importance of establishing safety prior to beginning deep therapeutic work, illuminates the relevance of survivors’ readiness (Sgroi 1989, Herman 1997). I build upon this foundation by highlighting readiness as a factor that seems to influence an individual’s decision to participate in counselling and also the manifestation of issues when the time is right. The findings in relation to the importance of support from family and friends also provide important insights into the complexity of relationships for survivors (Ullman 1999). Indeed, while I have found that reconnection with others is an integral part of the recovery process (Herman 1997, Sgroi 1989, Harvey 1996), I have demonstrated that it may also be one of the most difficult aspects. To forgive a perpetrator of sexual violence, particularly a family member, takes immense strength and compassion. The salience of this process to a small number of survivors was thus a positive unanticipated finding of the thesis. The current findings also contribute to our knowledge of additional forms of complementary support, such as group work (Greenberg & Westcott 1983). Indeed, my belief that support groups may represent a means of RCCs reconnecting to their collectivist roots is a valuable contribution to the ongoing study of these organisations’ evolution and adaptation to external social and economic factors (Matthews 1994, Campbell & Yancey Martin 2002,
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Maier 2011). The intersections that emerged between this complementary therapy and gender was also a positive unanticipated finding.

There is a small body of research that discusses the influence of gender on the recovery process. In addition to verifying previously established findings in relation to norms of masculinity, the thesis provides a more nuanced understanding of the complex ways in which women and men ‘do’ and ‘undo’ gender in the context of sexual violence (West & Zimmerman 1987, Deutsch 2007). It also contributes to the scant literature on men who experience sexual violence in adulthood. Reflecting and expanding research that highlights the possible gendered responses of survivors of child sexual abuse (Feiring et al 1999, Chandy et al 1996, Garnefski & Arends 1998) it seems that women, generally, internalise their suffering, whereas men tend to act out of their pain, regardless of when the sexual violence was experienced. In addition, a survivor’s fear of perpetrating abuse has thus far solely been discussed in relation to men (Mendel 1995). That this concern may relate to the gender of the perpetrator is a salient nuance revealed in this study. Catriona’s assertion that the non-directive approach can actually be more frightening for men also provides an interesting contrast to the finding that men may characterise help-seeking as negating autonomy (Addis & Mahalik 2003, Emslie et al 2006). Male therapists working with men frequently report their client’s difficulties with emotional exploration or expression (Scher 1981, Robertson 2001, Rowan 2004). The dissent among the counsellors in this study paints a more nuanced picture of men’s engagement with gendered norms. The thesis thus contributes to an expansion of the conceptual space for survivors who challenge these norms, particularly men who choose to adopt an alternative masculinity that promotes healthy behaviours (Lisak 1994, Bass & Davis 1997, Emslie et al 2006). The fact that familial upbringing and personality were also identified as possible factors inhibiting survivors’ connection to their emotions is a further contribution to the literature in this area.

Moreover, the current findings enhance our understanding of the gendered dynamics of the therapeutic relationship. For instance, it is evident that the bond between a counsellor and a survivor may be different, depending on the gender of the survivor. That a man’s difficulties with emotional exploration and expression do not necessarily mean that it is
more difficult to forge an intimate therapeutic bond is an additional valuable insight. The thesis also provides support for Scher’s (1981) belief that men can become comfortable with their emotions if the therapist is patient, respectful and supportive. The thesis further contributes to the scant literature on the influence of the counsellor’s gender on the therapeutic relationship. The findings verify that gender conditioning may influence the counsellor’s approach, the survivor’s preference for a counsellor of a particular gender and the survivor’s perception of the process (Felton 1986, Mahalik et al 2003, Fenton et al 1987). They also provide new insights, such as the importance of the potential value of survivors working through their trust issues with a counsellor of the same gender as the perpetrator. While I validate the necessity of paying close attention to the gendered issues that may arise, I, nevertheless, caution against the prospect of being overly concerned that such problems will transpire. I believe that counsellors should never make assumptions based on their expectations. However, it is likely that the RCC person-centred approach will go a long way towards transcending any gender-related issues that may arise.

Finally, the thesis makes an important contribution to the literature regarding methodology. In addition to validating the importance of mixed-methods studies, it confirms that, due to the sensitive nature of sexual violence research, self-completion questionnaires have the advantage of empowering individuals who do not wish to be interviewed to participate (Thorne & Varcoe 1998). The quantitative aspect of the thesis also represents a salient development of the outcome evaluation model developed by Sullivan and Coats (2000). In their practical guide to strategies for sexual assault programs, they share a number of examples of questionnaires that may be used to obtain feedback from clients, which I found very helpful in the construction of the questionnaire employed in this study. While these questionnaires provide a space for participants’ comments in relation to their expectations and recommendation of counselling, this option does not accompany the specific statements regarding the counselling and recovery process. It is evident from the thesis that it is important to include such an option for certain statements, as the information provided helped me to better understand the chosen response, particularly if a survivor chose ‘neither agree/disagree’. As such, the benefits of providing a ‘neither agree/disagree’ option also outweighed the pitfalls (De Vaus 2002). Moreover, this option ensured that an assumption was not made in relation to issues such as self-blame. As I also felt that it was important to phrase the statements on the questionnaire in a way
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that does not imply cause and effect, I placed a focus on the helpfulness of counselling in achieving specific outcomes. The salience of this approach is reflected in the limitations of the evaluations conducted by Wasco et al (2004) and Westmarland and Alderson (2013). As they did not include a control group, their measurements of pre and post-change in relation to counselling may be attributable to other factors in the survivor’s life. By employing statements that account for this possibility, I have unequivocally shown that Irish RCC counselling has, generally, helped the survivors who participated in the research in their recovery process. Although these findings cannot be generalised to the entire population of survivors accessing RCCs, they suggest that the overall goal of the counselling services is being achieved.

12.3 Practice and Policy Implications

As discussed above, the findings have important implications for RCC practice and national policy. In light of these findings, the following recommendations are suggested:

- RCNI to revise their Basic Training Manual for counsellors in order to address the challenges and gaps identified in the thesis, particularly in relation to men who have survived sexual violence and the lack of focus on female perpetrators
- RCCs to consider the provision of complementary therapies, including mixed gender group work
- RCCs to develop their inter-agency approach with GPs and psychiatrists
- RCCs to explore ways of hiring more male counsellors
- RCCs to receive ongoing adequate funding from the HSE to ensure continued service provision that eradicates waiting lists, in addition to ongoing training for counsellors, particularly in relation to working with trauma held in the body
- RCCs to be formally recognised as the specialist service for survivors of sexual violence

The literature and policy reviewed in the thesis prompted a number of additional recommendations:
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- Cosc to fund further research in the area of sexual violence - for example, an updated national prevalence study, in addition to studies based on the research questions outlined in section 12.5

- Cosc to revisit their strategy on gender-based violence in terms of enhancing their understanding of the role that gender plays in the perpetration and experience of sexual violence and its aftermath.

12.4 Limitations

While I took every effort to ensure the rigour of the study, a number of limitations need to be borne in mind. As only individuals who have stayed in RCC counselling for at least three months were involved in the thesis, my sample excludes those who left counselling after one or a few sessions. I, therefore, could not investigate the reasons why an individual may have been unhappy with the service provided. However, I had no ethical or reasonable way of accessing such clients. Moreover, although survivors who continue with counselling obviously do so because they are gaining some kind of benefit from it, the accounts provided also highlight the difficulties associated with the healing process in the context of counselling. Survivors also discussed any problems they have experienced with the service, in addition to making suggestions for service enhancement. Although generalization of the quantitative research findings to the RCC client population was not an aim of this research, I feel that the quantification enabled by the questionnaire data has endowed my findings with a greater weight. Given the hope that these findings will inform policy, this belief is based on the understanding that governments and policy makers place a greater value on quantifiable data (Westmarland 2001, Hughes & Cohen 2010). Due to the small number of completed questionnaires received, I was unable to conduct an in-depth statistical analysis involving an investigation of relationships between the key stratifying variables and the outcomes reported. It is evident from the number of questionnaires given out that some counsellors did not introduce the study to all of their eligible clients. Reliance on counsellors to recruit participants was problematic for two reasons. Firstly, and understandably, this research was not their main priority and, therefore, it is reasonable that, despite their good intentions, they may sometimes have forgotten to introduce the study to an eligible client. Also, as survivors’ wellbeing was of the utmost importance, in certain situations, it would not have been appropriate for counsellors to broach this topic.
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A final limitation of the thesis is that qualitative research does not lay claim to universal generalisability (Kvale 1996). These results instead paint a picture of the participants’ perceptions as understood by the researcher.

12.5 New Research Questions

Finally, the findings have prompted a number of suggestions in relation to future research:

- To conduct a large-scale assessment of the outcomes of Irish RCC counselling that enables an in-depth statistical analysis involving an investigation of relationships between key stratifying variables and counselling outcomes
- To assess the outcomes of additional RCC services, such as advocacy
- To explore the influence of gender on the recovery process in relation to survivors who identify as trans-gender or trans-sexual
- To explore the influence of ethnic background on the recovery process in relation to survivors who do not identify as ethnically Irish
- To investigate the challenges posed by working with survivors of human trafficking
- To investigate the challenges posed by working with survivors who have autism or Asperger’s syndrome
- To explore RCC links with other services that assist survivors with eating disorders and addictions.
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I would like to conclude with two quotes, one from a counsellor and one from a survivor, as these sum up the essence of recovery in the context of RCC counselling in a way that I never could:

_The list is endless but I guess what has helped me survive is the fact that I knew and know that the RCC door is always open to me and when I enter I am in a safe, secure and caring setting. I have family around me but it took them a long time to come to terms with my past._

(Joanne, aged 39, who experienced child sexual abuse).

_It’s literally, to me it’s like a flower that just kind of opens up slowly with the right help and support and love, unconditional love, cause that’s ultimately what we give our clients in a very non-touch kind of way, is that unconditional love, where we don’t shame or embarrass or judge, em, like the original abuser, the family, mother, father, uncles, aunts, the people that refused to hear, listen, see._

(Cathy, counsellor in a large RCC).
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Appendices:

Appendix A  Draft of Self-Completion Questionnaire

Rape Crisis Centre Counselling Questionnaire

This is an anonymous and confidential self-completion questionnaire. Thank you in advance for taking the time to answer these questions. We know that you are very busy, and greatly appreciate you telling us what is helpful, as well as not helpful, about Rape Crisis Centre (RCC) counselling services. RCCs take your comments very seriously and are always trying to improve their services. They need your feedback, so please answer all of the questions as honestly as you can.

Please contact me at c.forde4@nuigalway.ie if you have any queries or concerns.

Consent (please tick the box where appropriate):

- I have read the Participant Information Sheet dated 11/07/2012 for the above study
- I have had the opportunity to ask questions
- I understand the information provided
- I have had enough time to consider the information
- I freely and voluntarily agree to complete this questionnaire
SECTION A: OVERVIEW OF COUNSELLING

I am going to ask you some questions about your experience of RCC counselling. This questionnaire should only take 25 minutes of your time. First, I would like to ask you about your overall experience of RCC counselling.

1) How often do you attend counselling? __________________________

Please give details on any obstacles that stop you from going to counselling on a regular basis (for example, every week)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2) Please give details on what you have gotten out of counselling

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

3) What have you found most useful about the counselling you have received?

________________________________________________________________
________________________________________________________________
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4) What have you found least useful about the counselling you have received?

________________________________________________________________
________________________________________________________________
________________________________________________________________

5) Please give details on any difficulties you have experienced in your recovery process

________________________________________________________________
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________________________________________________________________
**SECTION B: COUNSELLING PROCESS**

Now, I would like you to share with me your experience of the RCC counselling process

Please circle one answer for each statement

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My counsellor explained the effects of sexual violence to me</td>
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<table>
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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>My counsellor explained the stages of recovery to me</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>My counsellor treats me with respect</td>
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Please give details:

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>I feel safe to discuss personal issues in my counselling sessions</td>
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Please give details:

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling allows me the space to explore my experience(s) of sexual violence</td>
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</table>

Please give details:

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## SECTION C: RECOVERY PROCESS

Next, I would like you to share with me your experience of the recovery process.

Please circle one answer for each statement.

**I am able to make my own decisions about my recovery**

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
</tr>
</thead>
</table>

Please give details:

________________________________________________________________________
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**My recovery is taking place at my own pace**

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
</tr>
</thead>
</table>

Please give details:

________________________________________________________________________
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**I feel in control of my recovery process**

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
</tr>
</thead>
</table>

Please give details:

________________________________________________________________________
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**I am supported through the recovery process by my counsellor**

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
</tr>
</thead>
</table>
**SECTION D: COUNSELLING OUTCOMES**

Now, I would like you to share with me whether or not you find RCC counselling helpful

Please circle one answer for each statement

<table>
<thead>
<tr>
<th>Counselling helps me to make sense of my experience(s) of sexual violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree,       Agree,   Neither Agree/Disagree,   Disagree,   Strongly Disagree,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counselling helps me to feel less isolated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree,       Agree,   Neither Agree/Disagree,   Disagree,   Strongly Disagree,   N/A,</td>
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</table>

Please give details:

__________________________________________________________________________
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<table>
<thead>
<tr>
<th>Counselling has helped me to understand that the sexual violence I experienced was not my fault</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree,       Agree,   Neither Agree/Disagree,   Disagree,   Strongly Disagree,   N/A,</td>
</tr>
</tbody>
</table>

I have developed healthy coping strategies with the help of counselling

Please give details:

__________________________________________________________________________
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<table>
<thead>
<tr>
<th>I have made positive choices about my life with the help of counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree,       Agree,   Neither Agree/Disagree,   Disagree,   Strongly Disagree,   N/A,</td>
</tr>
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</table>

Please give details:

__________________________________________________________________________
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SECTION E: ATTITUDE TOWARDS COUNSELLING

Now, I would like to ask you about your overall attitude towards RCC counselling. Please tick one box.

1) When I think about what I wanted to get out of RCC counselling, I would say:
   - It has met or exceeded all of my expectations [ ],
   - It has met most of my expectations [ ],
   - It has met some of my expectations [ ],
   - It has met few or none of my expectations [ ].

Please give details on the answer chosen:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

2) If a friend of mine told me they were thinking of using RCC counselling services, I would:
   - Strongly recommend they contact an RCC [ ],
   - Suggest they contact an RCC [ ],
   - Suggest they do NOT contact an RCC [ ],
   - Strongly recommend they do NOT contact an RCC [ ].

Please give details on the answer chosen:
____________________________________________________________________________________
____________________________________________________________________________________
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3) Please give details on any suggestions you have to improve RCC counselling:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
SECTION F: PERSONAL DETAILS

To end with, I would like to take some of your personal details.

1) Gender

Woman [ ],
Man [ ],
Transgender [ ],

2) Age Group

18-29 [ ],
30-39 [ ],
40-49 [ ],
50-59 [ ],
60-69 [ ],
70+ years [ ],

3) Country of Origin

Ireland (settled community) [ ],
Ireland (traveller community) [ ],
UK [ ],
Other European Country [ ],
Africa [ ],
Other [ ],

Please specify

4) Gender of Perpetrator(s)

Man [ ],
Woman [ ],
Both [ ],

5) Relationship to Perpetrator(s)

You can choose more than one answer

Friend/Acquaintance [ ],
Family Member [ ],
Partner/Ex-Partner [ ],
Stranger [ ],
Authority Figure [ ],
Other [ ]

6) Type of Sexual Violence Experienced

You can choose more than one answer

Rape [ ],
Sexual Assault [ ],
Sexual Abuse [ ],

7) When Sexual Violence Took Place

You can choose more than one answer

Childhood [ ],
Childhood (Institution) [ ],
Adulthood [ ]

3 months [ ],
Between 3 & 6 months [ ],
Between 6 months & 1 year [ ],
More than 1 year [ ],

8) Length in Counselling

9) Time between Last Experience of Sexual Violence & Beginning RCC Counselling

Childhood: Hour(s) [ ], Day(s) [ ], Week(s) [ ], Month(s) [ ], Year(s) [ ]
Adulthood: Hour(s) [ ], Day(s) [ ], Week(s) [ ], Month(s) [ ], Year(s) [ ]
Appendix B   Self-Completion Questionnaire

Rape Crisis Centre Counselling Questionnaire

This is an anonymous and confidential self-completion questionnaire. Thank you in advance for taking the time to answer these questions. I know that you are very busy, and greatly appreciate you telling me what is helpful, as well as not helpful, about Rape Crisis Centre (RCC) counselling services. As the aim is to improve these services, this research is committed to providing feedback to RCCs based on your answers, so please answer all of the questions as honestly as you can.

Please contact me at c.forde@nuigalway.ie if you have any queries or concerns.

Consent (please tick the box where appropriate):

- I have read the Participant Information Sheet dated ________ for the above study
- I have had the opportunity to ask questions
- I understand the information provided
- I have had enough time to consider the information
- I freely and voluntarily agree to complete this questionnaire

- I would like to participate in an interview   Yes    No

Participation in an interview is entirely up to you. If you would like to participate in an interview, please write down your contact details or contact the principal researcher, Caroline Forde, on 087 622 1388 or c.forde@nuigalway.ie. If writing down your phone number, please indicate the most suitable day(s), time(s) and method (text or phone call) for me to contact you. You do not need to give your full/real name.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
## SECTION A: PERSONAL DETAILS

I am going to ask you some questions about your experience of RCC counselling. This questionnaire should only take 25 minutes of your time. To begin with, I would like to take some of your personal details.

1) Gender
- Woman [ ]
- Man [ ]
- Transgender [ ]

2) Age ____________

3) Country of Origin
- Ireland (settled community) [ ]
- Ireland (traveller community) [ ]
- UK [ ]
- Other European Country [ ]
- Africa [ ]
- Other [ ]
- Please specify ______________

4) Gender of Perpetrator(s)
- Man [ ]
- Woman [ ]
- Both [ ]
- Please specify ______________

5) Relationship to Perpetrator(s)
- Friend/Acquaintance [ ]
- Family Member [ ]
- Partner/Ex-Partner [ ]
- Stranger [ ]
- Authority Figure [ ]
- Other [ ]
- Please specify ______________

6) Type of Sexual Violence Experienced
- Rape [ ]
- Sexual Assault [ ]
- Sexual Abuse [ ]
- Childhood Sexual Abuse [ ]

7) When Sexual Violence Took Place
- Childhood (under 18) [ ]
- Adulthood [ ]
- 3 months [ ]
- Between 4 & 6 months [ ]
- Between 7 months & 1 year [ ]
- More than 1 year [ ]

8) Length in Counselling
- Please specify ______________

9) Did you experience sexual violence in an institution/industrial school?  Yes, ___ No, ___

10) Time between Last Experience of Sexual Violence & Beginning RCC Counselling
- Day(s) [ ]
- Week(s) [ ]
- Month(s) [ ]
- Year(s) [ ]
**SECTION B: COUNSELLING PROCESS**

*Now, I would like you to share with me your experience of the RCC counselling process*

Please circle one answer for each statement

My counsellor explained the effects of sexual violence to me

**Strongly Agree, Agree, Neither Agree/Disagree, Disagree, Strongly Disagree**

My counsellor did not explain the stages of recovery to me

**Strongly Agree, Agree, Neither Agree/Disagree, Disagree, Strongly Disagree**

My counsellor treats me with respect

**Strongly Agree, Agree, Neither Agree/Disagree, Disagree, Strongly Disagree**

Please give details:

________________________________________________________________________

________________________________________________________________________

The counselling session is a safe space to discuss personal issues regarding my experience(s) of sexual violence

**Strongly Agree, Agree, Neither Agree/Disagree, Disagree, Strongly Disagree**

Please give details:

________________________________________________________________________

________________________________________________________________________

Counselling does not allow me the space to explore my experience(s) of sexual violence

**Strongly Agree, Agree, Neither Agree/Disagree, Disagree, Strongly Disagree**
### SECTION C: RECOVERY PROCESS

Next, I would like you to share with me your experience of the recovery process

Please circle one answer for each statement

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>I am unable to make my own decisions about my recovery</td>
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<td>Please give details:</td>
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<tr>
<td>My counsellor facilitates my recovery to take place at my own pace</td>
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<td>Please give details:</td>
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<tr>
<td>My recovery process is not under my control</td>
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<td>Please give details:</td>
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<tr>
<td>I am supported through the recovery process by my counsellor</td>
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<tr>
<td>Please give details:</td>
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</table>
### SECTION D: COUNSELLING OUTCOMES

Now, I would like you to share with me whether or not you find RCC counselling helpful.

Please circle one answer for each statement.

Counselling helps me to make sense of my experience(s) of sexual violence

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
</tr>
</thead>
</table>

Despite counselling, I am still isolated

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
<th>N/A,</th>
</tr>
</thead>
</table>

Please give details:

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________________________________________________________________________

Counselling has helped me to understand that the sexual violence I experienced was not my fault

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
<th>N/A,</th>
</tr>
</thead>
</table>

I have not been able to develop healthy coping strategies

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
<th>N/A,</th>
</tr>
</thead>
</table>

Please give details:

________________________________________________________________________

________________________________________________________________________

I have made positive choices about my life with the help of counselling

<table>
<thead>
<tr>
<th>Strongly Agree,</th>
<th>Agree,</th>
<th>Neither Agree/Disagree,</th>
<th>Disagree,</th>
<th>Strongly Disagree,</th>
<th>N/A,</th>
</tr>
</thead>
</table>

Please give details:

________________________________________________________________________

________________________________________________________________________
SECTION E: ATTITUDE TOWARDS COUNSELLING

Now, I would like to ask you about your overall attitude towards RCC counselling. Please tick one box.

1) When I think about what I wanted to get out of RCC counselling, I would say:

- It has met or exceeded all of my expectations [ ]
- It has met most of my expectations [ ]
- It has met some of my expectations [ ]
- It has met few or none of my expectations [ ]

Please give details on the answer chosen:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2) If a friend of mine told me they were thinking of using RCC counselling services, I would:

- Strongly recommend they contact an RCC [ ]
- Suggest they contact an RCC [ ]
- Suggest they do NOT contact an RCC [ ]
- Strongly recommend they do NOT contact an RCC [ ]

Please give details on the answer chosen:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3) Please give details on any suggestions you have to improve RCC counselling

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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SECTION F: OVERVIEW OF COUNSELLING

To end with, I would like to ask you about your overall experience of RCC counselling.

1) How often do you attend counselling? _____________________________________________

Please give details on any obstacles that stop you from going to counselling on a regular basis (for example, every week)

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

2) What, if any of the following, have you gotten out of counselling? (You can choose more than one answer)
   Knowledge □ Coping Skills □
   Self-awareness □ Being Believed □
   Other □ please specify _______________________________________________________

Please give details on the answer(s) chosen:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

3) What, if anything, have you found most useful about the counselling you have participated in?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

4) What, if anything, have you found least useful about the counselling you have participated in?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Thank you very much for your help. Your answers will be used to improve RCC counselling services.
Appendix C  Interview Guide for Counsellors

Introduction & Background

1. How long have you been an RCC counsellor?
2. How did you become involved in this area?

Ok, first of all I would like to ask you briefly about the RCC approach and then I will focus on the counselling and recovery process

RCC Approach

3. In your opinion, what are the core elements of the RCC approach?
4. What would you say are the main strengths of the RCC approach?

(Possible probe) Can you tell me how RCC counselling differs from the clinical approach?

(Possible probe) Can you tell me about the trauma-based nature of RCC counselling?

(Possible probe) Can you tell me about the survivor-centred nature of RCC counselling?

(Possible probe) Can you tell me about the empowerment approach of RCC counselling?

5. What, in your opinion, are the main weaknesses of the RCC approach?

(Possible probe) How does a pre-existing psychiatric condition affect the belief that the survivor coped normally prior to the trauma?

6. To be a counsellor, I know that you have to have RCC training in addition to other counselling or psychotherapeutic training. Can you tell me what you have found useful from your training?

Counselling Process

7. Can you tell me, in general, about the nature of the first contact made with you by a survivor seeking counselling?

8. Can you describe how you establish trust with a survivor?
9. Can you describe how you negotiate the issue of power within the counselling relationship?

(Possible probe) Can you describe the RCC empowerment approach in terms of facilitating survivors to take control of their own recovery process?

10. What are the most common consequences of sexual violence that you deal with?

(Possible probe) In general, are these different for women and men?

11. How do you help survivors to develop healthy coping strategies?

(Possible probe) How do you help survivors deal with these effects?

(Possible probe) Can you tell me how you use the other approaches you have been trained in with survivors?

Recovery Process

12. Can you tell me about your understanding of the stages of recovery?

13. Can you describe how you facilitate survivors through these stages?

14. In your experience, what are the most common factors that influence the recovery process?

(Possible probe) What factors facilitate the recovery process?

(Possible probe) What factors impede the recovery process?

(Possible probe) Are these different for women and men?

15. In your experience, can you tell me how a survivor’s gender influences the recovery process?

(Possible probe) In your experience, can you tell me how a survivor’s gender influences particular stages of the recovery process?

Ideas to Enhance RCC Counselling & Irish Policy

16. Do you have any ideas about how RCC counselling could be improved?

17. Do you have any ideas about how Irish policy with regard to sexual violence could be improved?

18. Is there anything else you would like to add?
Appendix D  Interview Guide for Survivors

Introduction & Background

1. Can you tell me about your decision to access RCC counselling?
2. Can you share with me your hopes regarding RCC counselling?
3. Can you share with me your fears regarding RCC counselling?
4. What do you think are the main challenges for survivors in accessing RCC counselling?

Counselling Process

1. Can you tell me about how you coped before you accessed RCC counselling?
2. Can you tell me about your first contact with your RCC counsellor?
3. (If interviewing a man) Were you offered the choice of a female or male counsellor?
4. How would you describe your relationship with your counsellor?
   (Possible probes) Trust; Respect; Dignity, Not Judged, Boundaries, Power Dynamic
5. How would you describe a typical counselling session?

Recovery Process

6. Can you tell me what ‘recovery’ means for you?
   (Possible probe) Viewed as stages
7. Can you tell me about your journey of recovery?
   (Possible probe) Making sense of the experience of sexual violence
   (Possible probe) Can you tell me about any difficulties you have experienced in your recovery process?
8. Can you describe the role RCC counselling has played in your recovery process?
   (Possible probe) Break in counselling?
9. Can you tell me about other supports that you may have?
Interview Guide for Survivors

(Possible probe) Isolation

Ideas to Enhance RCC Counselling

10. Can you tell me what you think about the RCC having other forms of therapy, such as reflexology, available

11. Is there anything else you would like to add?
Appendix E    Project Description

Recovery from Sexual Violence: An Exploration of the Nature and Impact of Rape Crisis Centre (RCC) Support in Ireland

Sexual violence is among the most frequent forms of lived trauma in the contemporary world. RCCs have been at the forefront of the Irish response since 1979, yet no systematic assessment has been conducted of their services to date. In 2006, a critical aspect of RCNI’s strategic planning was the emphasis placed on assessments in relation to establishing the self-reported outcomes centres deliver and the differences that these outcomes make. My PhD thesis, therefore, aims to explore and assess the nature and impact of RCC counselling in Ireland in relation to pathways of recovery from the perspectives of female and male survivors and counsellors. Using a combination of self-completion questionnaires and semi-structured in-depth interviews, I plan to assess the outcomes of the counselling services provided and seek to understand the role of these services in the recovery process. A particular focus will be placed on distilling lessons regarding the ways in which the counselling services may be improved. In addition, I wish to explore how factors such as gender facilitate or impede recovery. This study will be conducted within a feminist framework, whereby rape, sexual assault and sexual abuse are recognised as acts of violence, involving abuse of power and control.

Studies have shown that participation in research on sexual violence does not impact negatively on participants in the long-term. In order to minimise harm to survivors and myself, protocol will be put in place, with questions and procedures designed accordingly. Ethical approval will be sought from the NUIG Research Ethics Committee, participant confidentiality and anonymity guaranteed, informed consent received and the research findings used responsibly. A national assessment of RCCs, within the umbrella organisation of the RCNI, would be significant at the local, national and international levels, achieving the multiple objectives of informing policy and practice, targeting funding, and raising community awareness of this serious and widespread problem. It is hoped that this research will enable a better understanding of the manner in which RCCs address the
Project Description

consequences of sexual violence in order to highlight ways in which their services may be enhanced.
Participant Information Sheet: Pilot of Questionnaire

Title of Research Study - Recovery from Sexual Violence: An Exploration of Rape Crisis Centre Support in Ireland

Principal Researcher - Caroline Forde, PhD Candidate, The School of Political Science & Sociology, National University of Ireland, Galway

You are invited to take part in a research study. Before you make your decision, it is important that you understand why this research is being carried out and what it will involve. This participant information sheet will tell you about the purpose, risks and benefits of this research study. Please feel free to take as much time as you need to read the following information carefully and ask your counsellor or the principal researcher if there is anything that is unclear or if you would like more information. You should only decide to take part in the research study when you feel you understand what is being asked of you, and you have had enough time to think about your decision. Thank you for reading this.

What is this research about?
This research is being carried out by a PhD student in the National University of Ireland, Galway (NUIG). The aim of this research is to learn about the perspectives on the nature and effectiveness of Rape Crisis Centre (RCC) counselling in relation to recovery. The study will assess the outcomes of the counselling services provided and try to better understand the role of these services in the recovery process. I am particularly interested in finding ways in which the RCC response to sexual violence may be improved.

Who is involved?
Women and men, over the age of 18, who have experienced rape and/or sexual abuse and/or sexual assault as adults and/or as children, who currently receive RCC counselling and have accessed these services for at least 3 months. Women and men who provide RCC counselling will also be asked to participate in the study.

What will my responsibilities be if I take part?
If you agree to take part in this study you will be given this information sheet to keep and asked to sign a consent form. It is important that you keep this information sheet in a secure location in order to protect your privacy and safety, and avoid any potential personal risks to you from taking part in research of this nature. You will then complete a questionnaire in writing in a location of your choosing. Once completed, the principal researcher will meet with you in order to discuss the questionnaire to find out if the questions are relevant, if the questions are easy to understand, if there are questions which should be included but are not, how long it takes to complete the questionnaire, and how difficult you find the questionnaire to complete emotionally. You will not have to answer any question that you are not comfortable with. This feedback session will be audio recorded and the entire process will take approximately 40 minutes.

What if I decide not to take part?
Your participation in the study is entirely voluntary. If you do decide to take part, you are still free to withdraw at any time, without having to give a reason and without any penalty. If you decide not to participate in the study, there will be no affect on your access to RCC counselling. This study will be conducted independently by the principal researcher.

What are the benefits of taking part?
By helping the researcher to make sure that the questionnaire to be used in the main study is relevant, easy to understand and not too difficult to complete emotionally, you will contribute to an important part of this research. The information provided in the study will be used to help RCCs to improve their counselling services, target funding and raise awareness about sexual violence. It is also hoped that the results will inform Irish policy in relation to the response to sexual violence. You may also find the experience of completing a questionnaire helpful to your healing process. Many survivors have reported that having the opportunity to share their experiences has been helpful in
their recovery and have found the experience to be empowering. The principal researcher has prior experience providing support to survivors of sexual abuse.

**What if I need to speak with someone?**
As the questionnaire involves questions about a sensitive topic, you might find that you would like to speak with someone about some of the issues it raises. Should completing the questionnaire trigger memories or cause anxiety or upset, your RCC counsellor will be available to assist you. Studies have shown that taking part in research on sexual violence does not impact negatively on participants in the long term.

**What will happen to the information I give?**
The information that you give will be kept anonymous and confidential, and will be used for the purpose of this study only. Only the researcher will have access to this information and it will not be given to any outside agencies. However, if you give information about a child who is being abused or is at risk of abuse, the researcher is obliged to report this information to the designated person in the relevant RCC who will then follow the Children First National Guidelines for the Protection and Welfare of Children. Data will be securely stored for 5 years prior to confidential destruction.

**If I have any questions or problems, who can I call?**
If you would like to speak with someone about any questions you may have regarding this research you can contact the principal researcher, Caroline Forde, on 087 622 1388 or c.forde4@nuigalway.ie. If you have any concerns in relation to this study and would like to speak in confidence with someone independent, you may contact the Chairperson of the NUI Galway Research Ethics Committee, C/O Office of the Vice President for Research, NUI Galway, ethics@nuigalway.ie.

Your participation in the study will be greatly valued.

Thank you for taking the time to read this participant information sheet.
Research Study

Recovery from Sexual Violence: Rape Crisis Centre (RCC) Support in Ireland

Have you been seeing an RCC counsellor for at least 3 months?

Would you like to give information about your experience with RCC counselling?

Please ask your counsellor or a member of staff for details

Your name and the information you give will be kept private
Leaflet

Appendix H

Leaflet

Research Study

Recovery from Sexual Violence: Rape Crisis Centre (RCC) Support in Ireland

Have you been participating in RCC counselling for at least 3 months?

Would you like to give information about your experience with RCC counselling?

If so, you can complete a questionnaire in a private location of your choosing. You will not be asked for your name and the information you give will be kept private. If you would also like to do an interview, you do not need to give your full/real name. This is your chance to give information that will be used to help RCCs to improve their counselling services, target funding and raise awareness about sexual violence. Please ask your counsellor or a member of staff for details.

Research Study

Recovery from Sexual Violence: Rape Crisis Centre (RCC) Support in Ireland

Have you been participating in RCC counselling for at least 3 months?

Would you like to give information about your experience with RCC counselling?

If so, you can complete a questionnaire in a private location of your choosing. You will not be asked for your name and the information you give will be kept private. If you would also like to do an interview, you do not need to give your full/real name. This is your chance to give information that will be used to help RCCs to improve their counselling services, target funding and raise awareness about sexual violence. Please ask your counsellor or a member of staff for details.
Appendix I

Participant Information Sheet for Survivors

Title of Research Study - Recovery from Sexual Violence: An Exploration of Rape Crisis Centre Support in Ireland

Principal Researcher - Caroline Forde, PhD Candidate, The School of Political Science & Sociology, National University of Ireland, Galway

You are invited to take part in a research study. Before you make your decision, it is important that you understand why this research is being carried out and what it will involve. This participant information sheet will tell you about the purpose, risks and benefits of this research study. Please feel free to take as much time as you need to read the following information carefully and ask your counsellor or the principal researcher if there is anything that is unclear or if you would like more information. You should only decide to take part in the research study when you feel you understand what is being asked of you, and you have had enough time to think about your decision. Thank you for reading this.

What is this research about?
This research is being carried out by a PhD student in the National University of Ireland, Galway (NUIG). The aim of this research is to learn about the perspectives on the nature and effectiveness of Rape Crisis Centre (RCC) counselling in relation to recovery. The study will assess the outcomes of the counselling services provided and try to better understand the role of these services in the recovery process. I am particularly interested in findings ways in which the RCC response to sexual violence may be improved.

Who is involved?
Women and men, over the age of 18, who have experienced rape and/or sexual abuse and/or sexual assault as adults and/or as children, who currently receive RCC counselling and have accessed these services for at least 3 months. Women and men who provide RCC counselling will also be asked to participate in the study.

What will my responsibilities be if I take part?
In addition to this information sheet, your RCC counsellor will give you a self-completion questionnaire and ask you to think about whether you would like to take part in the study. If you decide to take part, you will have this information sheet to keep and you will give your consent on the consent section of the questionnaire. It is important that you keep this information sheet and questionnaire in a secure location in order to protect your privacy and safety, and avoid any potential personal risks to you from taking part in research of this nature. You will then complete the questionnaire in writing, in a location of your choosing, and place the questionnaire in the envelope provided. The completed questionnaire can then be placed in a secure box in the RCC or returned to the principal researcher. You will not be asked to give your name or any other information that could be used to identify you, and you will not have to answer any question that you are not comfortable with. If you prefer, or need help in completing the questionnaire, an RCC worker, who is not your counsellor, will be available to assist you. This questionnaire will take approximately 25 minutes to complete and you will have 2 weeks to complete and return it.

The principal researcher will also conduct in-depth interviews with a selection of survivors who complete a questionnaire. If you decide you would like to participate in an interview, you will express your interest on the consent section of the questionnaire. You can put your contact details on the questionnaire or contact the principal researcher, using the details provided. You do not need to give your full name. Your answers on the questionnaire will remain anonymous and separate from any further participation in an interview. The researcher will then interview you. The interview will be audio recorded and is likely to be no longer than 45 and 60 minutes. The interview will take place in a location of your choosing, such as a private and secure room of the RCC or your home. You will not have to answer any question that you are not comfortable with. As the principal researcher will allow time for the collection and processing of the questionnaires, there will be a gap of approximately 5 months between your completion of a questionnaire and participation in an interview, allowing you further time to reconsider. Once a date for the interview has been agreed, a reminder phone message/email will be sent to you 1 week prior to the interview date, which will again allow you further time to reconsider given the sensitive nature of the topic. If you agree to participate in an interview, you will be asked to sign a consent form on the day it takes place. Fifteen
survivors who have completed a questionnaire, and indicate their interest, will be selected for participation in an interview.

What if I decide not to take part?
Your participation in the study is entirely voluntary. If you do decide to take part, you are still free to withdraw at any time, without having to give a reason and without any penalty. If you decide not to participate in the study, there will be no effect on your access to any RCC services. This study will be conducted independently by the principal researcher.

What are the benefits of taking part?
You will have the opportunity to give information about your experience with RCC counselling. By doing this, you will contribute to a better understanding of the outcomes of RCC counselling and how these services affect the journey of recovery from sexual violence. This information will be used to help RCCs to improve their counselling services, target funding and raise awareness about sexual violence. It is also hoped that the results will inform Irish policy in relation to the response to sexual violence. You may also find the experience of completing a questionnaire and/or taking part in an interview helpful to your healing process. Many survivors have reported that having the opportunity to share their experiences and tell their stories has been helpful in their recovery and have found the experience to be empowering. The principal researcher has prior experience providing support to survivors of sexual abuse.

What if I need to speak with someone?
As the study involves questions about a sensitive topic, you might find that you would like to speak with someone about some of the issues it raises. Should participating in the study trigger memories or cause anxiety or upset, your RCC counsellor will be available to assist you. Studies have shown that taking part in research on sexual violence does not impact negatively on participants in the long term.

What will happen to the information I give?
The information that you give will be kept anonymous and confidential, and will be used for the purpose of this study only. The information that you give will have no effect on your access to any RCC services. Only the researcher will have access to this information and it will not be given to any outside agencies. However, if you give information about a child who is being abused or is at risk of abuse, the researcher is obliged to report this information to the designated person in the relevant RCC who will then follow the Children First National Guidelines for the Protection and Welfare of Children. The results will be reported as group data and, therefore, it will not be possible to identify you in any way. Where it is known, the identity and location of the RCC will not be named anywhere in the study findings. These results will form part of a PhD dissertation submitted at NUI Galway and may be published. Participants in the study will be able to have a copy of the results on request. Data will be securely stored for 5 years prior to confidential destruction.

If I have any questions or problems, who can I call?
If you would like to speak with someone about any questions you may have regarding this research, you can contact the principal researcher, Caroline Forde, on 087 622 1388 or c.forde4@nuigalway.ie. If you have any concerns in relation to this study and would like to speak in confidence with someone independent, you may contact the Chairperson of the NUI Galway Research Ethics Committee, C/O Office of the Vice President for Research, NUI Galway, ethics@nuigalway.ie.

Your participation in the study will be greatly valued.

Thank you for taking the time to read this participant information sheet.
Participant Information Sheet: Counsellors

Title of Research Study - Recovery from Sexual Violence: An Exploration of Rape Crisis Centre Support in Ireland

Principal Researcher - Caroline Forde, PhD Candidate, The School of Political Science & Sociology, National University of Ireland, Galway

You are invited to take part in a research study. Before you make your decision, it is important that you understand why this research is being carried out and what it will involve. This participant information sheet will tell you about the purpose, risks and benefits of this research study. Please feel free to take as much time as you need to read the following information carefully and ask me if there is anything that is unclear or if you would like more information. You should only decide to take part in the research study when you feel you understand what is being asked of you, and you have had enough time to think about your decision. Thank you for reading this.

What is this research about?
This research is being carried out by a PhD student in the National University of Ireland, Galway (NUIG). The aim of this research is to learn about the perspectives on the nature and effectiveness of Rape Crisis Centre (RCC) counselling in relation to recovery. The study will assess the outcomes of the counselling services provided and try to better understand the role of these services in the recovery process. I am particularly interested in findings ways in which the RCC response to sexual violence may be improved.

Who is involved?
Women and men who provide RCC counselling. Women and men, over the age of 18, who have experienced rape and/or sexual abuse and/or sexual assault as adults and/or as children, who currently receive RCC counselling and have accessed these services for at least 3 months, will also be asked to participate in the study.

What will my responsibilities be if I take part?
If you would like to be considered for participation in an interview, please let the principal researcher know by email or telephone (details are provided below). If you are selected for participation, you will have this information sheet to keep and will be asked to sign a consent form. The principal researcher will then interview you. The interview will be audio recorded and is likely to take between forty five and sixty minutes. The interview will take place in a location of your choosing, such as a private and secure room of the RCC or your home. You will then be asked to take part in a focus group with the principal researcher and 5 other RCC counsellors who have also been interviewed. The focus group will be audio recorded and is likely to take between 60 and 90 minutes. The focus group will take place in a private and secure room of the most convenient RCC. As the researcher will allow time for the collection and processing of information, there will be a gap of approximately 4 months between your participation in an interview and your participation in a focus group.

What if I decide not to take part?
Your participation in the study is entirely voluntary. If you do decide to take part, you are still free to withdraw at any time, without having to give a reason and without any penalty.

What are the benefits of taking part?
You will have the opportunity to contribute to a better understanding of the outcomes of RCC counselling and how these services affect the journey of recovery from sexual violence. This information will be used to help RCCs to improve their counselling services, target funding and raise awareness about sexual violence. It is also hoped that the results will inform Irish policy in relation to the response to sexual violence.

What will happen to the information I give?
The information that you give will be kept anonymous and confidential, and will be used for the purpose of this study only. Only the researcher will have access to this information and it will not be given to any outside agencies. The results will be reported as group data and, therefore, it will not be possible to identify you in any way. The identity and location of the RCC will not be named anywhere in the study findings. These results will form part of a PhD
Participant Information Sheet for Counsellors

dissertation submitted at NUIG and may be published. Participants in the study will be able to have a copy of the results on request. Data will be securely stored for 5 years prior to confidential destruction.

If I have any questions or problems, who can I call?
If you would like to speak with someone about any questions you may have regarding this research, you can contact the principal researcher, Caroline Forde, on 087 622 1388 or c.forde4@nuigalway.ie. If you have any concerns in relation to this study and would like to speak in confidence with someone independent, you may contact the Chairperson of the NUI Galway Research Ethics Committee, C/O Office of the Vice President for Research, NUI Galway, ethics@nuigalway.ie.

Your participation in the study will be greatly valued.

Thank you for taking the time to read this participant information sheet.
Participant Consent Form: Counsellor Interview

Title of Research Study - Recovery from Sexual Violence: An Exploration of Rape Crisis Centre Support in Ireland

Principal Researcher: Caroline Forde, PhD Candidate, The School of Political Science & Sociology, National University of Ireland, Galway

- I have read the Participant Information Sheet dated _______ for the above study
- I have had the opportunity to ask questions
- I understand the information provided
- I have had enough time to consider the information
- I understand that my participation is voluntary and that I am free to withdraw at any time during the interview or one month thereafter, without giving any reason, without my legal or ethical rights being affected
- I freely and voluntarily agree to be interviewed
- I agree to the interview being audio-recorded for the purposes of data processing
- I have received a copy of this consent form

Name of Participant: __________________________________________
Date: ______________________________________________________
Signature: _________________________________________________

Name of Researcher: _________________________________________
Date: ______________________________________________________
Signature: _________________________________________________
Appendix L  Content Analysis Data Coding Frame

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### Questionnaire Data Coding Frame

#### Appendix M

### Questionnaire Data Coding Frame

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### Appendix N  Counsellor Interview Data Coding Frame

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# Appendix O  Survivor Interview Data Coding Frame

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