Recognising Sexual Assault: The Relationship between Victim Acknowledgement, Feminism and Post-Traumatic Symptoms

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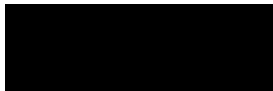**D.Clin.Psy. Thesis (Volume 1) [2019]**

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UCL Doctorate in Clinical Psychology

Thesis Declaration Form

I confirm that the work presented in this thesis is my own. Where information has

been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis focuses on the relationship between feminism, post-traumatic symptoms, and acknowledgment of sexual assault in women.

Part one is a literature review, which forms a conceptual introduction to the research area. The review highlights a paucity of research on the three concepts of feminism, PTSD and acknowledgment together, thus addresses the relationship between these concepts in pairs. The review also gives some context to the history of rape acknowledgment research, bringing attention to conflicting findings thus far.

Part two, the empirical paper, studied women who had experienced an unwanted sexual encounter. The study sought to understand the relationship between feminist attitudes and self-identification, acknowledgment of sexual assault, and post-traumatic symptoms. In line with the literature review, the results suggested a complex relationship between acknowledgment and post-traumatic symptoms. Regression analysis indicate that characteristics of the assault statistically predict acknowledgment and post-traumatic symptoms, and the possible role of feminist attitudes is discussed.

Part three contains a critical appraisal of the thesis. Reflections on the process of researching this topic are discussed, and methodological choices are considered and explained. It concludes with a discussion about what was learnt from the research, and how this has influenced thinking about the subject matter.

This is a joint thesis with Felicity Saunders (DClinPsy, 2019). The contributions of each author are summarised in Appendix A.

Impact Statement

The results of the present research and literature review have a number of academic, clinical and societal implications. Firstly, the literature suggests a negative impact of traditional gender attitudes on sexual assault victims, but a scarcity of robust research into the impact of feminism on post-assault functioning. It points to difficulties with measuring feminism as a concept and therefore fully understanding its impact on victims of gender-related violence. This highlights an important area of academic exploration, whether by qualitative means, or through the development of up-to-date validated scales which take into account the broad range of feminist thought. Furthermore, the present study highlights the complexity of the relationship between acknowledgment of sexual assault and post-traumatic symptomatology, and the numerous factors involved. This warrants further exploration and clarification. It also sheds light on the merits of broadening research to include different forms of sexual assault that are commonplace, instead of focusing solely on rape.

The present research has various clinical implications relevant for working with women. Firstly, it draws much needed attention to the prevalence of sexual assault, and the vast number of women who do not acknowledge themselves as victims. Thus, it highlights the likelihood that many women will present to services having experienced an unwanted sexual encounter but may not be identified as victims by traditional means of assessing for 'rape' or 'sexual assault'. The study shows the psychological impact that unwanted sexual experiences can have on women, regardless of whether they define themselves as victims. This suggests that it is beneficial for clinicians to ask behaviourally specific questions to identify unwanted sexual experiences, which may be relevant to the formulation and

treatment of a client's distress. Furthermore, clinicians should be guided by their client's choice of wording to refer to this experience, as the literature suggests acknowledgment of one's rape is not necessarily essential to recovery. It also suggests that clinicians should consider assault characteristics and gender attitudes when assessing factors that perpetuate distress related to sexual assault.

This research not only validates the individual distress caused by unwanted sexual experiences, but also the wider political movements that have more recently drawn attention to sexism and sexual violence. It suggests how widespread this issue is, how under-reported it may be, and yet how damaging its' effects can be. This is relevant to many parts of society including law enforcement. It also highlights the potential benefits of the feminist movement in challenging what structures are in place in our society that facilitate sexual violence and perpetuate myths that prevent women from acknowledging or reporting their assault. It also highlights how, despite the diversity of feminism, the women's movement may provide victims of sexual violence with a connection to other women, preventing their experiences from feeling so isolating.

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Acknowledgments

Firstly, thank you to every participant; it would not have been easy for many of you to think about these experiences, but I appreciate each and every one of you who took the time to do so. I hope that in some small way, this research showed that it's important that your voices are heard, and that you are not alone. Thank you also to the members of the focus group who gave such helpful feedback. It was inspiring to sit in a room working with such intelligent and thoughtful women.

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Part one: Literature Review

The Relationship between Feminist Values, Victim Status, and PTSD

Symptomatology

Abstract

Sexual assault is common amongst women however many incidents go unreported and often unacknowledged by victims themselves. This review outlines the literature surrounding sexual assault acknowledgment, specifically the relationship between gender attitudes, feminism, and psychological well-being. Searches were conducted on PsychInfo using the key terms in pairs, and the literature is reviewed in these pairs. The review highlights conflicting results in the research field surrounding the relationship between PTSD and acknowledgment of one's victim status, and a paucity of research into feminism in relation to acknowledgment. A positive relationship between feminism and PTSD is suggested by previous research. The review concludes with an outline of the knowledge gap in the literature, and a rationale for the empirical paper in Chapter Two.

Introduction

This project aims to improve understanding of post-traumatic symptomatology in women who have experienced a sexual assault, using a cross-sectional quantitative design. Self-report data recorded by the Crime Survey for England and Wales suggests that 20% of women have been sexual assaulted since the age of 16 (Office for National Statistics, 2018), though studies using behaviourally specific questions indicate a much higher prevalence (Fisher, Cullen & Turner, 2000). Post-traumatic stress disorder is common following sexual assault, with rates ranging from 17-65% in victims (Campbell, Dworkin & Cabral, 2009). However, many women do not acknowledge their unwanted sexual experience as sexual assault or rape, and there is contrasting evidence around the importance of victim status acknowledgement in post-traumatic coping and symptomatology (Littleton & Henderson, 2009). Research into differences between acknowledged and unacknowledged victims has concentrated mainly on situational factors, rape scripts (schemas relating to the expected sequence of rape), and more recently on the endorsement of rape myths. However, less focus has been placed on beliefs about women and gender roles. We aim to understand how victim status acknowledgement may relate to the development of post-traumatic symptoms in women, and how the endorsement of feminist values may be associated with this. Our research will evaluate post-traumatic symptoms in women who have experienced a form of non-consensual sexual contact using an online questionnaire. Women will be asked to define whether this experience was sexual assault or rape and indicate their level of agreement with key feminist principles. This research is hoped to improve knowledge of differences in sexual assault victims, and how interventions could target these, such as those rooted in feminist psychology. This literature review will

outline key research on the relationship between the key concepts and highlight the knowledge gap warranting further research.

Key concepts

Sexual assault

There is difficulty in reaching a consensus regarding definitions of sexual assault (Calhoun, McCauley & Crawford, 2006). There is a noted discrepancy between legal definitions, which are often those used in prevalence reporting, and those used in the public health and charity sector. The latter often includes a broader definition, considering a wider variety of experiences that an individual may find distressing. Using a less restrictive definition of sexual assault and asking behaviourally specific questions indicates a prevalence of up to 11 times higher than those estimates gained from questions concerning criminal victimization (Fisher, Cullen & Turner, 2000). Victim support UK defines sexual assault as 'when someone intentionally grabs or touches you in a sexual way that you don't like, or you're forced to kiss someone or do something else sexual against your will. This includes sexual touching of any part of someone's body, and it makes no difference whether you are clothed or not'. This would also include rape. Although both perpetrators and victims can be of any gender, women are significantly more likely to be victims of sexual assault, and perpetrators are male 99% of the time (ONS, 2018). Thus, the current study focuses on female victims of male aggression, and the relationship between feminism and acknowledging sexual assault.

Chasteen (2001) argues that the feminist movement is responsible for the dramatic change in legal and cultural definitions of rape and sexual assault since the 1970s. The argument that we should focus on women's lack of consent rather than

physical evidence has broadened the public understanding of what constitutes sexual assault to a wider array of situations, including martial rape, date rape, and those that do not use overt physical violence. It also moves towards judging acts of sexual violence depending on the woman's understanding of the event, not the man's interpretation of a woman's interest.

Feminism

Feminism is a political and social movement seeking to accomplish sex equality (Beasley, 1999), which has developed throughout the decades. The development of feminist thought has been conceptualised in 'waves', with first-wave feminism beginning in the 19th and early 20th century, focusing on achieving legal equality including women's right to vote (Munro, 2013). The second wave of feminism saw the Women's Liberation movement which grew out of radical and socialist politics throughout the 1960s and 1970s, seeking to empower women and address causes of oppression (Segal, 2015). Sexual assault became an important feminist issue and began being considered from the perspective of a victim. Rape and sexual assault were considered forms of violence that existed in the context of patriarchy and served to reinforce gender roles (Donat & D'Emilio, 1992). Beginning in the 1990s, the third-wave of feminism sought to counter criticisms that earlier feminism was 'antimale, antisex, antifemininity, and antifun' (Snyder, 2008, pp. 179) and 'embrace a multiplicity of identities' (pp.177) which included being 'fun, feminine and sex-positive' (pp. 179). Sexual assault remained an important issue throughout the third wave and many contemporary branches of feminist thought, such as radical feminism, which considers the oppression of women as the most deep-rooted and preceding other types of discrimination such as race or class

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(Henley, Meng, O'Brien, McCarthy & Sockloskie, 1998) and intersectional feminism, which incorporates the 'ways in which race and gender interact to shape the multiple dimensions of Black women's experiences' (Crenshaw, 1991, pp.1244). Rape, sexual assault, and gender-based violence has been a particular focal-point of contemporary feminism, influenced by increased media coverage (Gill, 2016).

Victim acknowledgement

Koss (1985) found that 43% of women studied had experiences which legally constituted rape but they did not label their experience as such. She conceptualized two distinct groups of rape victims according to their victim status: 'acknowledged victims' who labelled their experience of intercourse against their will as rape, and 'unacknowledged victims' who did not label their experience as rape. This prompted research into the different characteristics of the two groups and the effects of acknowledging one's victim status on various post-assault experiences. Literature has also referred to these groups as 'labellers' and 'non-labellers' (McMullin & White, 2006).

According to a meta-analysis of acknowledgement research by Wilson et al. (2015), 60.4% of victims do not acknowledge their rape. Instead, many label the event as a more benign experience, such as 'bad sex' or 'a miscommunication' (Littleton & Breitkopf, 2006; Littleton, Breitkopf & Berenson, 2008).

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a psychological disorder which manifests following trauma exposure. 'Trauma exposure' includes experiencing the traumatic event oneself, witnessing the event, and exposure to details of a traumatic

event, for example through learning about a traumatic event that happened to a loved one. According to the Diagnostic and Statistical Manual of Mental Disorders edition five (APA, 2013), traumatic events are defined as those where one's life is in danger, there is actual or threatened serious injury, or sexual violation. This may be through direct exposure, witnessing the event, or indirect exposure such as learning about the details of another person's trauma. Symptoms are clustered into 4 areas: re-experiencing (e.g. nightmares), arousal (e.g. hypervigilance), avoidance (e.g. avoiding reminders of the trauma), and negative cognitions and mood (e.g. self-blame). These must cause significant distress or impairment in different areas of functioning for an individual to meet diagnostic criteria. Despite almost 90% of the general population being exposed to a traumatic event, only an estimated 8% develops PTSD in their life (Kilpatrick et al., 2013). The prevalence of PTSD appears to be higher in those who have experienced a sexual assault, though estimates vary. Scott et al. (2018) found that post-traumatic stress disorder occurs in 20.2% following a sexual assault. However, Campbell, Dworkin and Cabral's (2009) review found that 17%-65% of women who have been sexual assaulted develop PTSD.

Dominant cognitive models of PTSD focus on the encoding of the traumatic event in memory, the activation of fear through associative networks, and the maintenance of fear through maladaptive coping. Foa and Kozak's (1986) emotional processing theory of anxiety disorders posits that the representation of fear in memory consists of associated stimuli, responses and meanings that help one to avoid and escape danger. The fear network is activated when an environmental cue matches one of the elements in the fear structure. This could be a physiological cue, such as shaking, associated with a fearful meaning such as 'I'm losing control'. In

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anxiety disorders, these fear structures "involve excessive response elements and resistance to modification" (pp. 21), as avoidance and dissociation block the opportunity for new learning to take place and thus reinforce maladaptive schemas. Foa and Rothbaum (2001) propose that fear structures in PTSD include two specific cognitions: the world is dangerous, and the self is incompetent and unable to cope. Their book outlining work with survivors of rape posits that to recover from PTSD, one must be exposed to the feared stimuli and allow the anxiety to habituate. This means new information which is inconsistent with the fear structure can be processed, and thus the fear structure is modified.

Ehlers and Clark's (2000) model of PTSD outlines two key processes which lead to a perception of current threat. Firstly, that the trauma is insufficiently elaborated and stored in memory, which leads to involuntary reexperiencing of the event such as flashbacks and strong affective and physical arousal in the presence of triggers. Secondly, that appraisals of the traumatic event and its sequalae are negative and over-generalised, which can result in overestimations of one's responsibility for the event, and emotions such as guilt and anger. Dunmore, Clark and Ehlers (1999) found that physical and sexual assault victims with persistent PTSD had greater negative appraisals of their PTSD symptoms and other people's reactions than those who had recovered from PTSD. Trauma-focused cognitive behavioural therapy (tfCBT) is based on this model, which includes identifying trigger and imagery techniques. It uses imaginal and in vivo exposure where the trauma is 'relived' with updated information to aid cognitive restructuring.

There is strong empirical support for both these cognitive models (Rauch & Foa, 2006; Lancaster, Rodriquex & Weston, 2011). For example, a prospective longitudinal study found that cognitive factors outlined in the Ehlers and Clark

(2000) model had strong predictive power of subsequent posttraumatic stress symptom levels in road traffic accident victims (Ehring, Ehlers & Glucksman, 2008). Furthermore, meta-analyses on exposure therapy and tfCBT have found large effect sizes for reducing PTSD symptoms (Bisson et al, 2007; Powers et al, 2010; Cusack et al., 2015).

Focus of review

The literature is reviewed in concept pairs (victim acknowledgement & feminism, acknowledgement & PTSD, PTSD & feminism), concluding with literature that relates to all three concepts. It will move from papers with broader relevance to those with more specific relevance (e.g. from general public labelling of a victim's assault, to victim's self-acknowledgement, and from general psychological distress to PTSD following a sexual assault). As the understanding of sexual assault and rape has developed throughout the years, so have the way certain acts are defined. The review will therefore include studies using the terms 'rape', 'sexual assault', and 'sexual harassment'.

Previous research has mainly focused on situational differences between those who do and do not acknowledge their sexual assault. For example, early work into hidden rape victims found that those who did not acknowledge their assault were more likely to be in a prior sexual relationship with their offender than those who did acknowledge (Koss, 1985). Research has also found that greater amount of force used by the perpetrator and greater resistance used by the victim was associated with greater victim acknowledgement (Botta & Pingree, 1997; Bondurant, 2001; Fisher, Daigle, Cullen & Turner, 2003). The literature that focuses more on attitudinal

differences is mainly dominated by studies on rape myth acceptance. The present review will not look at this research in depth but will focus specifically on attitudinal measures relating to gender beliefs, sexism and feminism, and their relationship with perception of sexual assault victims, victim self-perception, and labelling/acknowledgement.

Method

Papers for this review were found by conducting searches on PsycInfo using the key terms in pairs. For example, the terms (rape OR sexual) AND (acknowledg* OR victim status OR label*) was used to search for literature relating to the acknowledgement of sexual assault, and (feminis* OR gender attitude OR gender role OR sexis*) AND (PTSD OR trauma*) was used for literature regarding feminism and PTSD. Relevant papers were selected from this search, and the references from these papers were used to identify further key papers.

Review of the Literature

Victim acknowledgement and feminism

Earlier research into gender and rape has mainly focused on male perpetrators of sexual violence and their attitudes towards women being a factor influencing their sexual offending. Literature then began to consider how men and women differ in their perceptions of rape, and explanations for these differences. Participants are often shown scenarios depicting a sexual assault and asked their views on certain characteristics of the victim and perpetrator.

There is only mixed evidence to support a main effect of gender in differing attitudes towards rape victims in rape scenarios, with research instead pointing

towards endorsement of traditional gender roles and sexism as more important factors. Tetreauit and Barnett (1987) presented male and female undergraduates with written rape descriptions and a videotape of the female victim (actor) of the rape. They found no main effect of sex in participants' attribution of responsibility to the rape victim. However, Proite, Dannells and Benton (1993) found that male college students more strongly believed that a woman wanted to have sexual intercourse in a scenario depicting acquaintance rape, and were more likely to attribute responsibility to her. Bridges (1991) found that male college students held more traditional sex-role expectations than females and consequently minimise the seriousness of rape, thus being less likely to define assault by a steady romantic partner as rape. De Judicibus and McCabe (2001) found that both gender and sexism were strong statistical predictors of blame towards sexual harassment victims among college students. Males generally blamed victims for the harassment, but so did women who held more sexist attitudes than those who held egalitarian views.

In their review of judgements about victims and attackers in experimental depictions of rape, Pollard (1992) found that women attribute less blame and responsibility to rape victims than men. They also found that men are more likely to justify rape if they deem a female to engage in 'incautious' behaviour or have prior romantic relations with the perpetrator. They also found a consistent relationship between non-traditional attitudes to sex roles and pro-victim judgements. They argue that beliefs about women's rights explain this effect. Using a measure of attitudes towards masculine and feminine sex-role stereotypes, Powell (1986) found that students with traditional sex-role beliefs were less likely to label scenarios depicting unwelcome sexual behaviour as harassment or assault. They suggest that individuals' self-perception regarding sex roles 'may provide the key for understanding their

definitions of harassment' (pp. 17). In their study of college students, Check and Malamuth (1983) found a positive correlation between acceptance of violence against women and sex role stereotyping, with no main effect of sex. Furthermore, Abrams, Viki, Masser and Bohner (2003) looked at the relationship between responses to rape victims and hostile and benevolent sexist attitudes in undergraduate students across four studies. They defined hostile sexism as 'blatant animosity towards women', whereas benevolent sexism is less obvious, characterised by a perceived positive and affectionate view of women, such as women needing to be cherished and protected. Abrams et al. found that both hostile and benevolent sexist attitudes underpinned negative responses to rape victims. This effect was consistent for female and male participants. Yamawaki (2007) also noted similar findings.

One large body of research relating to sexual assault victimization is the acceptance of 'rape myths'. According to Burt (1980), these are 'prejudicial, stereotyped, or false beliefs about rape, rape victims and rapists' that 'justify dismissing an incident of sexual assault from the category of 'real' rape… such beliefs deny the reality of many actual rapes' (pp. 27). They may blame the victim or cast doubts over the legitimacy of their account, for example, that women lie about rape, or that only certain types of women are raped (Lonsway & Fitzgerald, 1994). Rape myth acceptance has been consistently linked to definitions of rape and acknowledgment of rape experiences (Lonsway & Fitzgerald, 1994). Suarez and Gadalla's (2010) review found a strong relationship between acceptance of rape myths and hostile attitudes and behaviour towards women. They argue that this supports the 'feminist premise' (pp. 2010) that sexism, gender inequality, and oppressive beliefs perpetuate rape victim-blaming. However, Abrams et al. (2003) note that the construct of rape myth acceptance only measures general attitudes

towards rape and may not be as useful when considering different sexual assault scenarios. They suggest this is because different types of rape, for example stranger versus acquaintance rape, may be associated with different myths.

Malovich and Stake (1990) used the 'Attitudes towards Women' scale to assess how undergraduate students' gender beliefs related to their reactions towards a vignette depicting sexual harassment by a college professor. They found that more liberal sex-role attitudes were significantly related to lower tolerance towards sexual harassment behaviour. Women who held more traditional sex-role attitudes minimized the seriousness of harassment and were less critical of the male perpetrators. This was also the case when participants were considering their own harassment experiences. They found no main effect of sex on participants' labelling of sexual harassment. They suggest that gender beliefs are therefore more important than sex when considering factors affecting attitudes towards harassment. Talbot, Neill and Rankin (2010) also used the Attitudes Towards Women scale and found that undergraduate students with more liberal gender role attitudes were less accepting of rape. Furthermore, those who knew a rape victim personally were less accepting of rape.

These findings raise the question of how traditional or liberal gender role beliefs among sexual assault victims themselves influence the way they perceive and define their own experience. Brooks and Perot (1991) found that women with more feminist ideas were more likely to feel offended by incidents such as inappropriate sexual advances and sexual coercion, and more likely to report their sexual harassment. They suggested that educating women about the offensiveness of sexual harassment may improve reporting of such incidents. Chasteen (2001) researched women's everyday constructions of rape and how feminism has influenced these

assumptions. Using a vignette depicting a scenario that meets the definition of rape according to the law, Chasteen found 44% of female participants labelled the scenario rape, though noted great diversity in the responses. Those who did not see the woman in the vignette as a rape victim mostly cited her silence as a form of consent, for example 'The woman must be enjoying it because she did not say anything' (pp. 120). Chasteen also found that 31% of women who had not been raped labelled the scenario as 'definitely not rape', compared to 13% of women who had been raped themselves. Only 19% of the sample self-identified as feminists, however even those who did not categorically label the experience as rape used explanations that incorporated feminist tenets, e.g. 'If the woman feels it was rape, I would say it was one'. Chasteen argues that the women in the sample have been exposed to a feminist narrative on sexual violence through mass media, however, other than self-identification, no measures were taken of the extent to which participants believed and identified with feminist values.

There has been limited research considering the role of victims' gender attitudes and the effect this has on their acknowledgment their sexual assault, and even less on the endorsement of feminist values or self-identification. Koss (1985) found no differences on a variety of attitudinal measures between acknowledged and unacknowledged rape victims, including the Attitudes Towards Women scale. However, they note that given the body of literature citing differences among rapists, law enforcement and the general public, it is plausible that a different attitudinal measure would have yielded alternative results. They also acknowledge that their sample was limited to acquaintance rape victims and considering other forms of sexual assault in future research may highlight a difference in attitudes. In a survey of college students, Mazer and Percival (1989) found no association between

'feminist sensitivity' to sexual harassment (pp. 144) and students' reporting of their own sexual harassment. They concluded that ideological variables have no impact on reporting behaviour, but simply those with more experience of sexual harassment are more likely to define and report it. However, they included no direct measure of endorsement of feminist values in their survey. In their study of 754 female college students, McMullin and White (2006) found no difference between rape 'labellers' and 'non-labellers' in their gender attitudes across four subscales (gender-role, chivalry, acceptance of male violence, and disapproval of women taking the initiative in dating relationships).

However, LeMaire, Oswald and Russell (2016) found that student female participants with more benevolent sexist attitudes were less likely to label their own experiences of sexual assault as rape, and more likely to tolerate sexual harassment. Fischer et al. (2000) also found that those with more feminist attitudes were more likely to recognise and report their own negative interactions as sexual harassment.

One way in which feminism may impact on acknowledgement of sexual assault could be through its influence on schemas. These are cognitive structures, often unconscious, that hold information and knowledge about a certain domain. 'Rape scripts' are schemas which refer to the event of rape specifically, and the roles and expected sequence of this event, such as the perpetrator being a stranger, and them using physical force (Kahn, Mathie & Torgler, 1994; Littleton & Axsom, 2003). Peterson and Muehlenhard (2011) introduced the 'Match-and-Motivation' model to explain how rape scripts influence victim acknowledgement. They theorise that an individual will acknowledge their rape when their experience matches their rape script, and they are also motivated to label their experience because they perceive positive consequences of doing so, such as feeling reduced self-blame. It

may be that feminist values influence the content of these sexual and rape scripts to include a wider definition of rape. They may contextualise sex more broadly than 'traditional' heterosexual scripts and hold different scripts for the boundaries of acceptable and unacceptable behaviour and the issue of consent. This is likely to reduce the 'grey area' between normal sex and rape, which non-labellers often fall into (Peterson & Muelenhard, 2011). Feminists may also feel more motivation to acknowledge their rape and perceive more positive consequences, particularly socially and politically. Furthermore, using a feminist theoretical framework, Conroy, Krishnakumar and Leone (2015) found that expectations for women to fulfil sexual scripts and covert coercion significantly correlated with their sexual acquiescence to unwanted sexual activity. Donde, Ragsdale, Koss and Zucker (2018) recommend that feminist empowerment frameworks are needed in helping women to acknowledge and label their experience of sexual assault and process its emotional impact.

In summary, literature into gender differences in acknowledgement has yielded mixed results, with research suggesting that there is a stronger relationship between gender attitudes and acknowledgment instead. Men and women who hold more traditional beliefs about sex-roles are more accepting of rape myths and tend to attribute more blame to victims of sexual assault. Furthermore, those with more sexist attitudes are less likely to acknowledge their own and others' sexual assault. Although direct measures have rarely been used, some studies indicate feminism may also affect victim acknowledgement. There is research to suggest that having a more developed feminist identity and holding feminist attitudes is associated with greater acknowledgment of one's own sexual assault. It is theorised that this may be

because feminists hold broader rape scripts to non-feminists, and may be more socially and politically motivated to acknowledge rape.

Victim acknowledgement and psychological distress

The literature reviewed suggests that acknowledgement of one's victim status could be an important part of processing the event. There is general agreement that victims of sexual assault experience distress regardless of their acknowledgment of the event, as research consistently shows higher levels of distress in victims versus non-victims (Littleton, Breitkopf & Berenson, 2007; McMullin & White, 2006; Clements & Ogle, 2009; Blayney, Hequembourg & Livingston, 2018; Donde et al., 2018). However, literature is divided regarding whether acknowledging a sexual assault leads to more or less psychological distress, and its impact on recovery.

The literature into acknowledgement and distress can be divided into three broad result categories:

a) *Acknowledged victims are less distressed than unacknowledged victims*

Botta and Pingree (1997) compared acknowledged and unacknowledged sexual assault victims on measures of 'emotional problems'. This included how often emotional problems had interfered with work and social activities, and how they were feeling over the past two months according to a 'feelings' scale. They found that women who acknowledged their sexual assault reported significantly less emotional problems, that these interfered significantly less with activities, and that they were significantly happier. This was the case compared to both those who answered 'no', and those who answered 'maybe/not sure' when asked whether they categorised their experience as sexual assault. Acknowledged victims were also

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significantly less likely to blame themselves for the assault, something which is crucial to recovery (Frazier, Mortensen & Steward, 2005; Najdowski & Ullman, 2009). They conclude that acknowledgment is positive, and that although the 'maybe' group could represent a transition towards acknowledgement, their psychological distress is more similar to the unacknowledged group. They posit that helping these women to redefine their experience as sexual assault will allow them to talk more about its negative impact and move forward in their recovery. They also found that a number of situational variables were significantly associated with acknowledgement, including how recent the assault was, and the amount of physical force used by the perpetrator during oral, anal or vaginal intercourse. Women who gained information about acquaintance rape through friends were also significantly more likely to acknowledge their assault.

Clements and Ogle (2009) studied 319 women enrolled in psychology courses at university. They compared those who met experiential criteria and who did acknowledge their experience as sexual assault, with those who did not acknowledge it as sexual assault. They used the Symptom Checklist 90-Revised (SCL-90-R) to measure psychological symptoms across 10 subscales, and the Coping Orientation to Problems Encountered (COPE-B) to assess coping behaviours. They found that victims who did not acknowledge their assault experienced significantly worse symptoms of psychological distress and poorer coping than acknowledged victims and controls. They argue that acknowledging rape may result in greater help-seeking, and thus improved psychological consequences.

b) *Acknowledged victims are more distressed than unacknowledged victims*

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Littleton, Axsom, Breitkopf and Berenson's (2006) study of 256 college rape victims found that those who acknowledged their assault were significantly more likely to use maladaptive avoidant coping strategies than unacknowledged victims. They suggest that this is because acknowledged victims found the experience more distressing and overwhelming. They also found that acknowledged victims received more egocentric reactions from those they disclosed to, such as anger, which forces the victim to provide support to their informant, rather than receive support themselves.

Kahn, Jackson, Kully, Badger and Halvorsen (2003) used a number of questions on a 5-point scale to assess emotional experiences following rape, including anger, confusion, sadness and guilt. They found that although acknowledged rape victims were more likely to blame the perpetrator, they also felt significantly more negative affect than unacknowledged victims. The mean negative emotion scores across all scales (apart from responsibility) for acknowledged victims were 4.0/5 or higher, suggesting extreme negative reactions in those who label their experience a rape.

Littleton, Axsom, and Grills-Taquechel (2009) studied 334 female college students who indicated they had experienced a sexual assault during adolescence or adulthood. They used the Centre for Epidemiologic Studies Depressive Scale (CES-D) and the Four-Dimensional Anxiety Scale (FDAS) to compare general psychological distress between acknowledged and unacknowledged victims. They found that unacknowledged victims reported less psychological distress than acknowledged victims, though also stated the complexity of this relationship given conflicting results in the literature.

Donde et al. (2018) found that emotional impact was associated with rape acknowledgement. They suggest that women who perceive a greater emotional

impact of their assault are more likely to acknowledge it, as they may be forced to reflect and process it. However, they also suggest that those who do not acknowledge their assault may be protecting themselves from the negative consequences of labelling by engaging in avoidance.

c) *Acknowledged and unacknowledged victims are equally distressed*

Harned (2004) noted the inconsistent findings in literature surrounding unwanted sexual experiences and distress. They examined five psychological outcomes of sexual assault among 1396 female students: depression, anxiety, post-traumatic stress, body image concerns and substance use. Results showed no difference in any of these outcomes between acknowledged and unacknowledged victims of sexual assault/abuse, therefore concluding that distress results from the assault itself, not the label these women apply to understand their experience. Harned notes the implications for treatment, advising that clinicians are vigilant to potential links between psychological symptoms and unacknowledged experiences, and the importance of identifying these hidden victims.

McMullin and White (2006) investigated the long-term effects of labelling rape among 754 female college students across 5 years. They used the Mental Health Index to assess psychological distress and well-being. They found no significant differences in psychological distress or psychological wellbeing between rape victims who did and did not label their experience as rape across two different time points. They concluded that labelling may not be essential in recovering from rape. Blayney et al. (2018) studied the labelling of rape experiences in sexual minority women. They also found no difference in symptoms of mental ill health between acknowledged and unacknowledged rape victims on the Brief Symptom Inventory.

Cleere and Lynn (2013) extended previous literature by including additional forms of sexual assault other than rape in 302 female university students. They also found no significant differences between acknowledged and unacknowledged victims of sexual assault in psychological distress, as measured by the global severity index of the Brief Symptom Inventory. However, they note that measures that targeted post-traumatic stress symptoms specifically may reveal differences between the two groups.

PTSD and acknowledgement

As outlined above, research into the relationship between acknowledgment and psychological distress has yielded mixed results. Some suggest that acknowledged victims are more distressed, while others suggest unacknowledged victims are more distressed, and some indicate the two groups experience equal amounts of distress. Literature is also divided when looking specifically at PTSD symptomatology. There is debate surrounding whether individuals can be traumatized if they do not label their experience as victimization (Gavey, 1999). Sarmiento (2011) argues that as well as increasing awareness of the prevalence of rape, labelling one's experience is also crucial to receive a diagnosis of PTSD according to the (then-current) DSM-IV-TR. This requires an individual to acknowledge a traumatic event (Criterion A) which relates to their symptoms. However, Littleton and Henderson (2009) found that although higher rates of PTSD were observed in acknowledged victims, according to the PTSD symptom scale, 30% of unacknowledged victims also met diagnostic criteria.

Conoscenti and McNally (2006) found that although acknowledged rape victims reported a higher number and frequency of health complaints compared to

unacknowledged victims, there was no difference in PTSD levels. In contrast, Littleton et al. (2009) found that victims who acknowledged their victimization reported greater PTSD symptoms according to the PTSD symptom scale. Layman, Gidycz and Lynn (1996) also found that among 85 female college students, acknowledged victims experienced more post-traumatic symptoms than unacknowledged victims, as blindly assessed by the PTSD Structured Clinical Interview (PTSD module of the SCID). Littleton et al. (2006) also found that acknowledged victims reported significantly more PTS symptoms on the PSS than unacknowledged victims. However, Littleton and Henderson (2009) found that although acknowledged rape victims reported more PTSD symptoms, no significant difference between acknowledged and unacknowledged victims was found after accounting for use of force and other assault characteristics. Clements and Ogle (2009) found the opposite effect: unacknowledged victims experienced a greater number of PTS symptoms on the IES than acknowledged victims.

Wilson and Scarpa (2017) investigated rape acknowledgement and DSM-5 PTSD symptom clusters among 178 female students, using the PCL-5. They found a significant effect of acknowledgement status on PTSD, even after accounting for rape characteristics, depression, and childhood sexual abuse. Those who acknowledged their rape experienced more severe PTSD symptoms compared to those who did not acknowledge it. However, the differences were only found in the avoidance and intrusion symptoms, not in cognitions, mood, arousal, or reactivity. Their results suggest that both unacknowledged and acknowledged victims can experience PTS symptoms, but the pattern of symptoms may be different.

Feminism and psychological well-being

Research into gender and psychological well-being has focused primarily on sex differences in psychological disorders. For example, a large-scale study across Europe suggests that internalizing disorders such as Major Depressive Disorder were more prevalent amongst women, whilst externalizing disorders such as Attention Deficit and Hyperactivity Disorder (ADHD) were more prevalent amongst men (Boyd et al, 2015). Fredrickson and Roberts (1997) offer 'objectification theory' to explain why some psychological disorders are more common in women. They theorise that women and girls internalise observers' perspectives of their physical selves due to sexual objectification and society's persistent evaluation of women's bodies. They suggest that many women attempt to meet the cultural ideal of the female body, as doing so gives them greater social and economic prospects and power. However, not only does this lead to shame and anxiety but also the risk of encountering sexual violence, as research shows men who rape commonly feel threatened by women they deem physically attractive, and thus justify retaliation (Beneke, 1982). All of these consequences of objectification increase the risk of mental illness. Fredrickson and Roberts (1997) mention particularly high rates of depression, sexual dysfunction, and eating disorders. They note the contribution of feminist perspectives to the development of their framework and the importance of feminist activists in their efforts to educate women and girls to resist the negative effects of objectification.

Research on the concept of feminism has shown a relationship between feminist identity and values and aspects of psychological wellbeing. Harris, Melaas and Rodacker (1999) found that compared to students on other courses, those attending women's studies courses adopted less traditional gender-role beliefs and experienced an increased locus of control following their studies, though no increase

in confidence. However, Ossana, Helms and Leonard (1992) found that 'womanist' values such as active rejection of male supremacy and a positive definition of womanhood were positively related to self-esteem among a sample of 659 female undergraduates. Usher and Fels (1985) also found that participants who showed greater support for the women's liberation movement on a quantitative measure had significantly higher self-esteem.

Feminist therapy and psychological well-being

Feminist therapy was developed in the 1960s as a politically-informed model with a means to liberate clients from dominant patriarchal narratives (Brown, 2018). It is an integrative, strengths-based model which focuses on sex and gender, relationships and power, and social justice. The 'problem' is located outside of the client, with oppression and patriarchy seen as pathological and leading to powerlessness and distress (Brown, 2008). The client is encouraged to facilitate social change in their life, and explore solutions relating to 'relationships with the social, emotional and political environments' (Brown, 1994, pp. 22). According to Saunders and Kashubeck-West (2006), enabling a client to develop their feminist identity is a key component of feminist therapy and crucial to the therapy outcome. Alyn and Becker (1984) discovered that feminist therapy led to significant improvements in self-esteem in chronically mentally unwell women compared to the control group. Interestingly they found no difference in pre-post scores on the Attitudes Towards Women scale among the feminist therapy participants. Weitz (1982) explored the psychological benefits of 73 women participating in feminist consciousness-raising groups through pre and post interviews. Following

participation, women reported an increased sense of control, less self-blame, higher self-esteem and reduced depression.

Feminist values, identity, and psychological well-being

Yakushko (2007) found that women endorsing feminist values reported significantly higher well-being than women holding traditional values. Saunders and Kashubeck-West (2006) also found that a more developed gender role orientation and feminist identity correlated positively with psychological wellbeing, accounting for 50% of the variance. They also found independent effects of feminist identity development and gender role on psychological wellbeing. They highlight the importance of both of these factors in understanding and treating mental health difficulties in women. Yoder, Snell and Tobias (2012) found that a more synthesised feminist identity among college women correlated with greater psychological functioning, whilst those with anti-feminist beliefs had more negative self-reported functioning. However, their data suggests that an early stage of feminist identity development ('revelation') may be a time of psychological vulnerability, given its links to anger and distress as discovered in Fischer and Good's (2004) research. Interestingly, in Valentine, Gefter, Bankoff, Rood and Pantalone's (2017) research into female students' experience of sexual and non-sexual gender-based violence, they note the merit of viewing a survivor's anger as an important part of feminist identity development, rather than a harmful trauma reaction. They suggest that therapists may consider reconceptualising the 'revelation' stage of feminist identity as psychologically beneficial, and an opportunity to promote sisterhood in recovery from gender-based violence. They also highlight the importance of helping survivors to reframe such events as sexist rather than personal in order to remove self-blame.

The female survivors in their study reported that identifying as feminist helped them to feel less distressed by their experience, and more assertive.

Feminism as a 'protector' against psychological disorders

Particular interest has been taken in psychological disorders more common in women, such as post-natal depression and eating disorders (Mauthner, 1998; Beck, 2002; Taylor, 2016). Hurt et al. (2007) studied the associations between feminist identity and psychological outcomes such as self-esteem, depression, and eating attitudes. They note the difference between holding feminist beliefs and self-identifying as a feminist, and that previous literature has mainly focused on feminist beliefs. They also outline the inconsistent literature into the protective effect of feminism and suggest intervening variables may account for this. They found that feminist self-identification indirectly statistically predicted self-esteem, positive eating attitudes and low levels of depression through the rejection of feminine norms and self-objectification.

Using the Feminist Perspectives Scale, Myers and Crowther (2007) sought to understand how feminist attitudes affect internalization of messages about body image. They found that feminist beliefs act as a moderator in the relationship between sociocultural pressures and thin-ideal internalization, playing a protective role in body dissatisfaction. This may be particularly important following sexual assault, due to the negative effects sexual assault can have on body image, and the impact of this on PTSD symptomatology (Weaver, Griffin & Mitchell, 2014). A meta-analysis by Murnen and Smolak (2009) also found significantly positive associations between feminist identity and body attitudes, and negative associations between feminist identity and disordered eating.

Feminism, gender attitudes, and responses to sexism

Moradi and Subich (2002) researched women's experience of perceived sexist events. They found that those who did not hold a feminist identity and endorsed more traditional gender roles were more psychologically distressed by their experience than those in the later stages of feminist identity development.. Furthermore, through qualitative interviews, Watson et al. (2018) found that feminists used various coping mechanisms to deal with discriminatory experiences, including cognitive processes such as reframing and positive self-talk. They conclude that a self-reported feminist identity was protective against gender-based discrimination. They also noted the intersection of cultural identity with feminism, and that a feminist identity was particularly important for women of colour. However, they also warned of the 'double-edged sword' that means feminists may be more aware of oppression and harassment, causing more distress.

Bell (2005) discusses negative emotions in feminism, such as anger and bitterness. Bell suggests that these negative emotional expressions towards male oppressors and institutions are themselves 'acts of subordination' (pp. 81). Bell argues that even contempt can be both politically and personally valuable, as it creates psychological distancing, acting as 'a way of expressing one's nonidentification with the object of one's contempt'. However, such emotions could be a cause for concern, as some women worry this could negatively affect relations and social contact with men (Sigel, 1996). Furthermore, Rudman and Fairchild (2007) found that some men and women endorsed beliefs such as 'feminism can cause women to resent men' and 'feminism can add stress to relationships with men' and were consequently less likely to report positive attitudes or relationships with

feminists. However, Rudman and Phelan (2007) found that self-reported feminism and perceived feminism of one's partner were actually positive statistical predictors of sexual satisfaction, relationship stability, and relationship health. Furthermore, Anderson, Kanner and Elsayegh (2009) found that those who identified as feminist reported lower hostility towards men than those who did not.

Fairbrother and Rachman (2006) found that 42% of women who had been sexually assaulted held negative beliefs about men, and 58% held negative beliefs about relationships with men. Only 10% held positive beliefs about friendships with other women. Although Fairbrother and Rachman found that the broad categories of negative appraisals of the self, the world and the future were significantly related to increased post-traumatic symptoms, they did not explore the beliefs about gender specifically. However, it does suggest that sexual assault potentially has an effect on one's connection to other women (aka 'the sisterhood'), but also to men. Feminism may help women to feel supported after trauma, but also has the potential to perpetuate negative beliefs about men.

Feminism, gender attitudes, and PTSD

In line with emotional processing theory, Snipes, Calton, Green, Perrin and Benotsch (2017) studied distorted cognitions about sex and power of female and male rape victims, such as beliefs about who should be dominant and submissive during intercourse. They found that sex-power beliefs mediated post-traumatic symptoms in men but not women. They suggest that, irrespective of their beliefs about who should be in power during consensual sex, women are more likely to experience PTSD. There was a stronger association between beliefs about sex and power and PTSD symptoms in men. They suggest that this may be because men hold

more traditional male gender role beliefs that relate to them having power and control during sex, thus being a victim of rape challenges this worldview. Therefore, it could be hypothesised that the same effects may be true for feminist women; they may hold more sex-positive views about women's equal control during sex, which are challenged when sexually victimized.

Cuevas, Sabina and Picard (2015) analysed a sample of 752 Latina women who had taken part in research into victimization experiences. They found that masculine gender role ideology in their female sample (measured by the Short Bem Sex Role Inventory) was associated with higher post-traumatic symptomatology as indicated on the PTSD Checklist-Civilian Version (PCL-C). Gefter, Bankoff, Valentine, Rood and Pantalone (2013) interviewed 32 female students who had reported abuse perpetrated by men, 19 of which were sexual assault. They found that feminist beliefs, measured by the Liberal Feminist Attitude and Ideology scale, acted as 'protection' against the psychological impact of male-perpetrated abuse by reducing shame and self-blame, and enhancing power and connection to other women. Kucharska's (2018) study on 273 Polish women found that feminist identity was associated with lower levels of depression and higher self-esteem in those who had experienced trauma. This effect was particularly significant in those whose trauma was a form of sexual violence. Furthermore, Rederstorff, Buchanan, and Settles (2007) found that more feminist attitudes were associated with lower PTSD symptomatology on the PTSD checklist (PCL) in White women who had been sexually harassed, while those who held more traditional views about the women's role experienced more PTSD. This may be partially explained by individual differences in appraisals of the event (e.g. 'I am to blame'), and pre-trauma beliefs about the self and the world, as described by the Ehlers and Clark's (2000) model.

However, the buffering effect of feminism against PTSD was not true for all women, as Rederstorff et al. (2007) found an inverse effect for Black women. They hypothesise that the intersection of race and gender and double discrimination heightens the negative effects of sexual harassment in Black women, combined with less access to mental health support and legal resources than white women. Hébert and Bergeron (2007) studied the effectiveness of a group intervention based on feminist therapy for female survivors of sexual abuse. They found the intervention reduced psychological distress, particularly relating to self-blame, and also reduced post-traumatic symptoms. Although women in the waitlist control also saw a reduction in PTS symptoms, a greater difference was seen in those completing the feminist intervention.

In summary, research has indicated a positive relationship between feminist attitudes, identity, and psychological well-being. Some theorise that feminism acts as a protector against discriminatory messages that are internalized from society. This may be particularly important following experiencing gender-based violence, with a number of studies suggesting that identifying as feminist or holding feminist beliefs is associated with lower PTSD symptoms following a sexual assault.

Feminism, PTSD, and victim acknowledgement

The review of the literature yielded just one study that broadly explored the relationship between all three of these variables, though the focus was on endorsement of sexism rather than feminism. Wilson, Miller, Leheney, Ballman and Scarpa (2017) analysed 128 female college students who had experienced rape according to their responses on the Sexual Experiences Survey Short Form Victimization (SES-SFV). Among this sample, 25.8% answered 'yes' to 'have you

been raped?' and hence were defined as 'acknowledged rape survivors', while 71.9%

were unacknowledged rape survivors. They examined the relationship between

acknowledgement, sexism, and PTSD. They found that benevolent sexism

significantly moderated PTSD and depression. Those who acknowledged their rape

and also had low levels of benevolent sexism experienced the highest levels of PTSD

and depression, whereas both acknowledged and unacknowledged victims with high

levels of benevolent sexism experienced the lowest levels of symptoms. Wilson et al.

suggest that regardless of acknowledgement status, women who conform to beliefs

about traditional gender roles may minimise their rape and therefore experience less

related distress. They hypothesise that those with low levels of benevolent sexism

who do not acknowledge their assault may be at low risk of psychological distress

because they 'do not view themselves as a member of the subordinate gender group'

(pp. 873) and also do not recognise that they have been victimised. They note that

those who experience the highest levels of PTSD may be those who hold schemas in

line with gender equality and equal power, which could contribute to self-blame and

maladaptive thought patterns about one's own power to stop the assault. This could

be an important implication for the treatment of PTSD of sexual assault.

Conclusions and Rationale for the study

This review focused on research into sexual assault and rape, and the

relationship between three variables; feminist values, acknowledging one's

victimization, and mental wellbeing including post-traumatic symptomatology. The

body of research is relatively small, and studies have yielded conflicting results.

The review found that those who endorsed traditional sex-role beliefs and

more hostile attitudes towards women are more likely to attribute blame to rape

victims. They are also more accepting of rape myths, which makes them less likely to acknowledge a woman's sexual assault. Furthermore, those with more liberal gender beliefs are less accepting of both others and their own sexual harassment. There is evidence indicating that those with more feminist attitudes are more likely to acknowledge their own unwanted sexual experiences as rape. This may be due to those with feminist attitudes holding broader rape scripts and thus being more likely to categorise a wider range of experiences as sexual assault. There may also be more political and social motivation to acknowledge one's own experience in those who endorse feminist values. However, research into feminism and victim acknowledgement specifically is sparse, and direct measures of feminism are rarely used.

Research into victim acknowledgment and post-traumatic symptomatology broadly agrees that victims of sexual assault experience distress regardless of how they label the event. However, there is conflicting evidence regarding whether acknowledged victims experience more or less psychological distress and post-traumatic symptomatology than unacknowledged victims, and the degree to which acknowledgement aids recovery remains contested. Some suggest that acknowledging rape is an important part of processing the event and its psychological impact, whilst others argue that acknowledged victims use more maladaptive coping strategies. Furthermore, there is some suggestion that the pattern of post-traumatic symptoms is different between acknowledged and unacknowledged victims, which would have implications for treatment. The conflicting research indicates a complicated relationship which is likely influenced by numerous factors.

A wealth of research has highlighted the positive relationship between feminism and psychological wellbeing. Objectification theory posits that some

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psychological problems such as eating disorders are more prevalent in women due to society's constant evaluation of women's bodies. Feminism may provide an antidote to these societal messages and a rejection of male supremacy, whilst the 'sisterhood' helps women to feel connected and supported by the movement at times of distress. Feminist therapy has thus been developed and found to be effective in improving psychological functioning and reduce depressive symptomatology. Research has also shown the positive effect of feminist values and feminist identity following sexual assault, which may be due to a reduction in self-blame and body dissatisfaction. There is also evidence that feminist self-identification and less traditional gender-role beliefs are associated with lower post-traumatic symptoms after sexual assault or harassment. Although this suggests that feminism serves a protective function after sexual assault, some have argued that it may relate to increased anger and contempt.

The lack of research looking at all three factors in itself provides a rationale for the present study. The only study which did so found a significant interaction between sexism and acknowledgement of rape in relation to PTSD symptoms and suggests investigating more complex models of recovery from trauma. Conflicting results in the studies reviewed also highlights the need for new research in the area to provide some clarity. There are also significant gaps in the literature which can be addressed in the present study, including broadening the participant pool to a non-student population, and including specific measures of feminism. Furthermore, research has mainly focused on rape or sexual harassment, however we will be including all scenarios which meet the definition of 'sexual assault'.

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Part two: Empirical Paper

Recognising Sexual Assault: The Relationship between Victim

Acknowledgement, Feminism and Post-Traumatic Symptoms

Abstract

Aims: Research into acknowledging sexual assault has thus far yielded contradictory findings on post-traumatic symptoms and acknowledgment, suggesting a complex relationship influenced by a number of factors. Research suggests gender attitudes have a significant relationship with acknowledgment and that feminism has a positive effect on psychological functioning, including PTSD. This study aimed to understand the association between feminism and the acknowledgement of sexual assault, and its relationship to post-traumatic stress symptoms.

Method: One hundred and twenty-two female participants completed an online questionnaire regarding an unwanted sexual encounter they had experienced. They completed self-report measures on situational characteristics of the assault, assault acknowledgment, post-traumatic symptoms, feminist attitudes, and feminist self-identification.

Results: Results showed significant positive correlations between feminist attitudes and acknowledgement, and post-traumatic symptoms and acknowledgment. Exploratory regression analyses found that greater acquaintance with one's perpetrator statistically predicted post-traumatic symptoms, whilst lesser acquaintance and higher perceived severity statistically predicted acknowledgement. No significant effect of feminism was found in either regression model, nor was feminism a moderator of the relationship between post-traumatic symptoms and acknowledgment.

Conclusion: These findings are consistent with previous research that characteristics of the assault are related to acknowledgment and post-traumatic symptoms. It also highlights the possible role of feminist attitudes in acknowledgment, though the lack

of diversity in the sample and measurement limitations may have impacted the significance of this. Suggestions for future research directions include understanding how women make judgments about the severity of their assault and employing mixed methods that are central to feminist research.

Introduction

Historical context of acknowledgment research

The latest estimates from the Office for National Statistics (2018) suggest that 20% of adult women in the United Kingdom have experienced sexual assault. However, sexual violence often goes unreported by victims, thus prevalence estimates are to be taken with caution (Clay-Warner & Burt, 2005). There are many reasons for rape not being reported, including a lack of confidence in the criminal justice system, stigma, shame, and being unclear whether a crime had been committed (Bachman, 1998; Sable, Danis, Mauzy & Gallagher, 2006). Research into victims of sexual assault has demonstrated the severe psychological impact of such experiences, including post-traumatic stress disorder (Kilpatrick, Saunders, Veronen, Best & Von, 1987; Resick, 1993). However, traditional sampling methods which recruit 'rape victims' would have been likely to miss many victims who did not report their sexual assault, particularly those who were unsure if victimization occurred (Koss, 1983).

Koss' (1985) influential paper on 'hidden rape victims' sparked a wealth of research into the way sexual assault prevalence is defined and understood. Using the Sexual Experiences Survey (Koss & Oros, 1982), they categorized participants according to the level of their victimization, with 38% categorized as 'high victimization', referring to those who had experienced rape or attempted rape. Koss noted that this was much higher than national prevalence estimates and suggested that this may be due to many women not acknowledging their victimization. Thus, the highly victimized group were further split into 'acknowledged' and 'unacknowledged' victims using the single item measure 'Have you ever been

raped?'. 43% of the women whose experience met the legal definition of rape did not acknowledge their victimization. Whilst 8% of the acknowledged victims reported their experience to law enforcement and 13% to a rape crisis centre or hospital, no unacknowledged victims reported their experience to any of the three.

Koss (1985) also made comparisons between acknowledged and unacknowledged victims on a number of measures. They found no difference on personality and attitudinal characteristics such as passive and submissive traits, attitudes towards women, and rape supportive beliefs. However, significant differences were found on situational characteristics; unacknowledged victims were generally better acquainted with the perpetrator and reported more intimacy prior to the assault than unacknowledged victims.

Acquaintance with perpetrator

Following Koss' findings, emphasis in the field of sexual victimization research was placed on the different characteristics of assault in unacknowledged and acknowledged rape victims. Bondurant (2001) found the majority (68%) of rape victims in their sample classed their perpetrator as a friend or boyfriend, and research has looked at whether the extent to which the victim is acquainted with the perpetrator affects acknowledgment. Orchowski, United and Gidycz (2013) found greater levels of acquaintance with the perpetrator were related to non-acknowledgement of the victim in attempted rape. They suggest that this may be due to the stereotypical 'rape myth' that rape is perpetrated by a stranger (Estrich, 1987), and thus experiences that fall outside of this scenario go unrecognized as rape by the victims. This is supported by Kahn, Mathie and Torgler (1994), who found that unacknowledged rape victims are more likely than acknowledged rape victims to

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write a rape script that involved a violent attack by a stranger rather than an acquaintance. Furthermore, Frazier and Seales (1997) found that victims of 'acquaintance rape' experience equally high levels of post-traumatic stress symptoms, depression and anxiety as victims of stranger rape. Thus, research suggests that although acquaintance rape is less acknowledged by victims, it is equally distressing.

Perceived severity

Research has also linked victim-perpetrator acquaintance with perceived severity of rape. Among a sample of university students, Ben-David and Schneider (2005) found the better the victim and perpetrator were acquainted in rape scenarios, the less severe participants regarded the rape. When the scenario depicted a boyfriend rather than a neighbour perpetrating the assault, participants recommended less severe punishment, regarded the event as less of a violation of the victim's rights, and deemed the event as less psychologically distressing. They were also significantly less likely to acknowledge the event as rape. Additionally, they found the more traditional the participant's gender role attitudes, the less severe they considered the event to be.

Bryant and Harvey (1995) also found that perceived severity was predictive of PTSD following inter-personal trauma. Fairbrother and Rachman (2006) looked at the relationship between PTSD symptoms and perceived severity of sexual assault. They calculated a perceived severity score by combining two measures: how much the participant felt they were at risk of physical harm during the assault, and the how much they believed their life was in danger. Perceived severity significantly positively correlated with both clinician-rated and self-rated PTSD symptoms. They

also found that negative appraisals of the sexual assault regarding the world, the future and participants' selves accounted for some of the variances in PTSD symptoms, lending support for Ehlers and Clark's (2000) model.

Conflicting research and acknowledgment as a continuum

As outlined in Chapter One, some of the literature suggests that acknowledged rape victims have worse psychological outcomes than unacknowledged victims, including greater PTSD symptoms (Littleton, Breitkopf, Axsom & Berenson, 2006; Littleton, Axsom, & Grills-Taquechel, 2009; Wilson & Scarpa, 2017). However, other studies failed to find significant differences between the two groups, or found the opposite effect (Conoscenti & McNally, 2006; Clements & Ogle, 2006). The contradiction in the research may be due to the influence of multiple factors as discussed above. For example, Littleton and Henderson (2009) found that acknowledged victims experienced significantly more post-traumatic symptoms than unacknowledged victims, but not after other factors had been controlled for. It may also highlight issues with the binary nature in which acknowledgement is measured in such research. Koss (1985) noted that some women in her study had disclosed unwanted sexual experiences such as kissing without their consent or undesired sex following verbal coercion but did not view themselves as victims of 'rape' according to the legal definition. Koss suggested that future research could explore whether these women saw themselves on a rape 'continuum', rather than asking for polarised 'yes' or 'no' responses. Botta and Pingree (1997) studied 123 female undergraduates who had experienced unwanted oral, anal or vaginal intercourse through violence or the threat of violence. Participants were asked, 'Have you ever been sexually assaulted?' according to participants' own

subjective definition. 50% of the women answered 'yes', in line with previous research. However, they also introduced a 'maybe' option, which 22% of participants endorsed. They acknowledged that this additional level of categorization could serve to improve understanding of rape acknowledgement and may represent a transitional period to labelling themselves a victim. Kahn, Jackson, Kully, Badger and Halvorsen's (2003) study of female college students found that substituting 'sexually assaulted' for 'rape' meant only 8% of women who had been raped chose 'uncertain/maybe' to categorise their experience. Furthermore, Donde, Ragsdale, Koss and Zucker (2018) found that women who had an experience that met the definition of rape were significantly more likely to label this a 'sexual assault' than a rape (41.4% and 25.3% respectively).

Attitudes

Although early work by Koss (1985) led to an initial focus on situational variables in the acknowledgment research field, more recently research has focused on the impact of attitudes, such as endorsement of rape myths. Lonsway and Fitzgerald (1994) found that acceptance of rape myths was consistently strongly associated with non-acknowledgment of sexual assault. Furthermore, studies have found that sexism and negative attitudes towards women correlate with support for rape myths (Chapleau, Oswald, Russell, 2007; Suarez & Gadalla, 2010). Zillmann and Weaver (1989) deemed rape myths as "the most self-serving justification of sexual coercion ever invented by callous men" (p.101). Furthermore, according to Brownmiller (1993), a sociocultural perspective would position rape as a mechanism for male dominance and control over women rather than an act of sexual deviance, which reflects the influence of feminism on redefining sexual violence (Donat &

D'Emilio, 1992). Thus, it is conceivable that gender attitudes may directly impact on acknowledgment of sexual assault. As discussed in Chapter One, research suggests that those with more liberal gender attitudes are more likely to acknowledge others' sexual assault (Powell, 1986; Malovich & Stake, 1990; Talbot, Neill & Rankin, 2010). There has been less research into how gender attitudes are associated with acknowledgment of one's own sexual assault (LeMaire, Oswald & Russell, 2016; McMullin & White, 2006).

Measuring feminism

Gender attitudes in acknowledgement research was often measured by the Attitudes Towards Women scale (AWS; Spence & Heimrich, 1972). This was initially developed to measure attitude change following feminist activity in the 1960s and 1970s. However, very rarely has acknowledgement research used specific measures on endorsement of feminist values and identity, though research thus far has indicated a positive relationship. For example, studies have found positive associations between women's' endorsement of feminist ideas, and their likelihood of recognising and reporting their own and others' sexual harassment or assault (Brooks & Perot, 1991; Fischer et al., 2000; Chasteen, 2001).

Cohen, Hughes and Lampard (2011) posit that feminist research has an 'antipathy' towards quantitative methodology and positivist methods, viewing the methodology as treating women as 'objects' of a study instead of having a meaningful voice. Dunn and Waller (2000) found that feminist-oriented research is more likely to use qualitative methods than those looking more broadly at gender issues. As discussed by Munro (2013), women are not a homogenous group, and it is not possible for one ideology to represent them all. Feminist ideology has developed

over the decades and resulted in 'generational conflict' (Henry, 2004). It has also splintered into different streams, including those that consider intersectionality and represent marginalized groups (Yuval-Davis, 2006). The diversity in feminist attitudes and constantly evolving nature of feminism makes measuring a common theme difficult (Frieze & McHugh, 1998). Russo (1998) found vast differences in the way self-identified feminists responded to a number of social issues, although found unity on some key issues such as sexual harassment and equal power in industry, business and government. This also highlights a difference between how one identifies as a feminist, and the attitudes one holds, suggesting the two are related but different concepts (McCabe, 2005).

Measures that have been developed to measure feminism vary in their focus. Henley, Meng, O'Brien, McCarthy and Sockloskie (1998) developed the Feminist Perspectives Scale (FPS) which aimed to capture the varieties of feminist theories. They used five subscales to measure liberal, socialist, cultural, radical and womanist (women of colour) feminism, and a sixth scale to measure conservatism. Morgan (1996) developed the Liberal Feminist Attitude and Ideology Scale (LFAIS) which measured endorsement of feminist ideology across five domains including gender roles and collective action. Fischer et al. (2000) developed the Feminist Identity Development Composite Scale (FICS/FIDS) to assesses positive feminist identity across five stages in relation to Downing and Roush's (1985) feminist identity development model. Some studies measure feminist self-identification with a single-item: 'Do you consider yourself a feminist?' (Williams & Wittig, 1997; Liss, O'Connor, Morosky & Crawford, 2001).

Although acknowledgement research has rarely used direct measures of feminism, literature into the effect of feminism on psychological well-being have. As

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reviewed in Chapter One, feminist identity has been associated with less psychological distress following sexist events, and higher self-esteem and lower rates of depression following trauma, (Moradi & Subich, 2002; Kucharska, 2018). Research has also found that feminist beliefs indicated on the LFAIS correlated with less shame and self-blame in female victims of male-perpetrated abuse (Gefter, Bankoff, Valentine, Rood & Pantalone, 2013). However, Valentine, Gefter, Bankoff, Rood and Pantalone's (2017) mixed-method analysis on gender-based violence found that though some women endorsed feminist beliefs on the LFAIS, they rejected a feminist identity during interview.

As described by Frieze and McHugh (1998), enumerating feminism will continue to be challenging, and perhaps explains the lack of recent measures being developed. They suggest that liberal feminism is considered 'mainstream' feminism, particularly in the United States. Some consider liberal feminism to represent a 'baseline feminist position that captures central principles likely to be common to the majority of feminists' (Henley et al., 1998). Thus, in the absence of a scale capturing all strands of feminism, it may be logical for research to use a liberal feminist attitudes measure and a self-identification measure.

Research aims

As described in Chapter One, only one study has thus far examined acknowledgement, PTSD and gender attitudes (Wilson, Miller, Leheney, Ballman & Scarpa, 2016). This found that sexism significantly moderated the relationship between PTSD and acknowledgement. Those who scored low on measures of sexism and who also acknowledged their rape experienced the most post-traumatic stress symptoms. The lowest levels of symptoms were seen in those who held sexist

attitudes, regardless of whether they acknowledged the assault or not. No research thus far has extended this by considering feminism as a significant part of this relationship, despite the literature suggesting it plays an important role in defining sexual assault and in psychological wellbeing. The present study therefore aims to understand the impact of feminism on both acknowledgement and post-traumatic symptoms following sexual assault, using both feminist identity and attitude measures. Building on previous research and Koss' (1985) recommendations, the present study will look at sexual assault acknowledgement as a continuum, testing the following hypotheses:

Hypothesis One: Those with greater feminist attitudes will be more likely to acknowledge their sexual assault.

Hypothesis Two: Self-identified feminists will be more likely to acknowledge their sexual assault.

Hypothesis Three: Feminism will moderate the relationship between acknowledgement and post-traumatic symptoms. In line with findings from Wilson et al. (2016), those who score high on the measure of feminism and also acknowledge their sexual assault will experience the greatest post-traumatic symptoms.

Method

The present study formed part of a joint project: *Anger, negative affect, PTSD and transgression related characteristics among sexual assault victim-survivors: The moderating role of forgiveness and value of forgiveness* (Saunders, 2019).

Participants

A sample of $N = 283$ potential participants was recruited to an online questionnaire through an advertisement posted on social media platforms, a participant database, and poster advertisement at a London University campus. The advertisement specified female participants only, and used general wording referring to those who have had an 'unwanted sexual experience' rather than specifically sexual assault, so as to capture unacknowledged victims. Examples of such experiences were listed (e.g. 'any time someone has intentionally grabbed or touched you in a sexual way that you don't like, or you're forced to kiss someone or do something else sexual without your explicit consent'). Women's groups were particularly targeted through social media, including general interest groups, activities groups (e.g. choir), and support groups aimed at women. Potential participants were presented with information about the eligibility criteria and an information sheet and consent form at the beginning of the questionnaire, at which point 54 individuals declined to proceed. Of the 229 respondents, 93 were excluded for non-completion of the questionnaire, as this was taken as a withdrawal of their consent to the study. Two participants were excluded due to missing data regarding the incident of unwanted sexual contact, and a further 12 were excluded as they did not meet the inclusion criteria. This left a final sample of $N = 122$.

To qualify for the study, individuals were required to be (1) female, (2) aged 18 and above, (3) able to communicate sufficiently in written English, (4) not currently receiving psychological therapy, and (5) experienced an unwanted sexual encounter. Participants were excluded if the unwanted experience they disclosed occurred in childhood (before the age of 16), or if they indicated more than one unwanted sexual experience and did not specify which was the most distressing.

As per the inclusion criteria, 100% of participants were female. 96 participants disclosed their age, which ranged from 18 to 66 (M= 28.55 (SD = 6.69) years. 83% of participants identified as White, 7.4% identified as Mixed Race/Multiple ethnic group, 3.3% identified as Black/African/Caribbean/Black British, 4.1% as Asian/Asian British, and 1.6% as 'Other'. 68% identified as having no religion, while 26% identified as Christian, 0.8% Buddhist, 0.8% Sikh, 0.8% Muslim, and 3.3% 'Other'.

Design

The study used a cross-sectional quantitative design. Participants completed a set of online questionnaires once via their computers or mobile telephone devices.

Ethics

Ethical approval was obtained from the University College London (UCL) Ethics Committee. An information sheet and consent form were provided for individuals to read and sign before agreeing to participate in the questionnaire (see Appendices). Given the online setting and challenging subject area, we engaged in discussion with the main UCL research ethics committee to ensure the approaches to manage risk were appropriate. Potential ethical issues were carefully considered,

particularly participant distress and right to withdraw. Individuals were given contact details of the investigators and encouraged to contact them with any questions or concerns. Participants were informed that their data would be anonymous and kept confidential, and they could withdraw from the study at any time by exiting the questionnaire, up to the point of submitting their final responses on the last question. A debrief sheet was included at the end of the questionnaire which signposted towards available support services. Participants were also advised to contact their GP if they were looking for treatment or support, and to go to A&E if they were in crisis. A consent box was also provided where participants could enter their contact number or email if they wished for the researchers to contact them after two weeks to check their well-being.

Procedure

Participants took part in an online questionnaire on the Qualtrics website. They were first presented with an information sheet including the eligibility criteria, and a consent form to sign electronically. Participants were asked some demographic questions and a modified version of the Sexual Experiences Survey to ascertain eligibility, followed by a battery of measures. Participants could enter an optional prize draw for gift vouchers (1 x £100, 2 x £50, 3 x £20) at the end of the questionnaire by following a new link and entering their email address, to ensure no identifying information was linked to their questionnaire responses.

Measures

Sexual experiences survey (short form) modified (SES-SFV)

The SES-SFV is a short form of a questionnaire developed to identify victims of sexual assault using behaviourally specific questions (Koss et al., 2007). The SES-SFV is a valid and reliable measure which has been widely used in the rape acknowledgement literature (Wilson & Miller, 2016). In the current study, participants completed a modified version of the SES-SFV which asked to indicate whether they had experienced eight different forms of sexual assault including vaginal and anal penetration, oral sex, groping, and removing clothing (e.g. 'A man put his penis into my vagina, or someone inserted fingers or objects without my consent'). They indicated 'Yes – in the last two years', 'Yes – but not in the last two years' and 'No' for each of the eight scenarios. They were asked to consider experiences which had occurred without their 'full explicit consent' and given examples of what this meant (e.g. 'it happened too fast for you to provide your consent', 'the perpetrator threatened to physically harm you or someone close to you'). Participants were then asked to select which of the experiences was the most distressing and asked to focus on this for the remaining questions.

Participants were asked 'In your opinion, do you believe that this was sexual assault or rape?' In line with recommendations from previous research (Koss, 1985; Botta & Pingree, 1997), a continuum was used in the form of a Likert scale ranging from 1 (definitely no) to 10 (definitely yes).

Assault characteristics

Participants were asked some details about the experience that they indicated was most distressing. They were asked what age they were at the time of the incident, which ensured participants included in analysis were responding to items relating to an assault during adulthood. Two single-item measures were adapted from

similar research into rape acknowledgement (Koss, 1985; Donde et al., 2018). Participants were asked to indicate how well they knew the perpetrator on a Likert scale from 1 (not at all/complete stranger) to 5 (extremely well), and how severe they believed their experience was from 0 (not at all severe) to 10 (extremely severe)

The Impact of Events Scale (IES-R)

Developed by Weiss (2007), the IES-R is a 22-item questionnaire which measures post-traumatic stress symptoms over the past week. The extent to which an individual is distressed by a symptom is measured using a 5-point scale (0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely). Scores range from 0-88, with higher scores associated with greater post-traumatic symptomatology. The scale has strong psychometric support, demonstrating high internal consistency (Cronbach's $\alpha = 0.96$) and high concurrent validity when compared to other measures of traumatic stress (Creamer, Bell & Failla, 2003; Beck et al., 2008).

Participants were asked to complete this questionnaire in relation to the unwanted sexual experience they indicated earlier.

Liberal Feminist Attitude and Ideology Scale (LFAIS)

The LFAIS (Morgan, 1996) measures the extent to which an individual embraces and supports feminist ideology. A six-point Likert scale is used for participants to indicate their level of agreement (from strongly agree to strongly disagree) of 60 items (including reverse scored items). There are five domains:

1) Gender roles (e.g. 'A woman should not let bearing and rearing children stand in the way of a career if she wants it')

2) Global goals (e.g. 'Men should respect women more than they currently do')

3) Specific political agendas (e.g. 'There are circumstances in which women should be paid less than men for equal work. *R.*')

4) Discrimination and subordination (e.g. 'Women have been treated unfairly on the basis of their gender throughout most of human history')

5) Collective action (e.g. 'A radical restructuring of society is needed to overcome status inequalities between the sexes')

A mean item score is calculated once items have been reversed. The higher the score, the more the individual supports feminist ideology. The scale has strong psychometric properties, including excellent reliability (Chronbach's α = .94)

Items which referenced the United States or used U.S terminology were edited to make them U.K-specific (11, 23, 25, 36, 44, 49). Items 31 and 39 were removed as they were not relevant to the U.K sample ('America should pass the Equal Rights Amendment', 'Gay and lesbian couples should be provided with "spousal privileges" such as the extension of medical insurance to one's partner').

In addition, participants were asked *'Do you consider yourself a feminist?'* and indicated 'yes' or 'no' in order to measure feminist self-identification. Six additional measures were administered related to the joint thesis (Saunders, 2019).

Power analysis

Power analysis for this joint project was defined by my research partner's study, as due to reliable research in their background literature there was clearer data to support sample size estimates. Power analysis using G*Power software (Faul,

Erdfelder, Lang & Buchner, 2017) suggested a sample size of 95 to detect a medium effect (.28) in a correlational design. The best estimate that could be found for the present study was research by Wilson et al. (2016) into the interaction of acknowledgement and sexist beliefs related to PTSD. Preliminary analyses using a t-test found a significant difference between acknowledged and unacknowledged victims on PTSD symptoms with a medium effect size (d=.47) and a sample of 109. This is equivalent to a medium effect size, suggesting the sample size indicated by my research partner's analysis is almost sufficient. However, we planned to recruit above this number, as a larger sample size gives scope to investigate exploratory hypotheses, where previous literature is unable to guide estimates.

Data analysis and preparation

Data was analysed using SPSS Statistics Version 24. Reverse items in the LFAIS and IES-R were recoded, and mean LFAIS item scores and total IES-R scale scores were calculated. Normality checks were conducted to determine whether parametric tests could be used on the data. A histogram of IES-R scores suggested the data was highly negatively skewed and the Kolmogorov-Smirnov test of normality was significant. A log transformation was conducted on the IES-R to create a new variable which approximately conformed to a normal distribution. Acknowledgment and feminist value scores (LFAIS) also failed the test of normality, and the LFAIS scores were shown to be highly positively skewed. Therefore, non-parametric tests were selected for the first and second hypotheses involving these variables.

To test the hypothesis that feminist values (LFAIS) are associated with acknowledgement of sexual assault, correlation analysis was conducted. A

comparison of group means was used to address the second hypothesis that self-identified feminists will be more likely to acknowledge their sexual assault. Bivariate correlation was used to preliminarily explore the relationship between acknowledgement and post-traumatic symptoms (IES-R), and moderation analysis was conducted to test the hypothesis that feminist values (LFAIS mean) impact this relationship. Further exploratory analysis was conducted that were not constrained by hypotheses, including bivariate correlation and regression analysis to understand the association between perceived severity, how well known the perpetrator was to the victim, acknowledgment, IES-R scores and LFAIS scores. Although further analysis included some variables that did not meet parametric assumptions, parametric tests were still used and the risk of bias accepted due to the exploratory nature of the analysis.

Results

Unwanted Sexual Experiences

As shown in table 1, the most frequent unwanted sexual experience in the sample was someone fondling, kissing, rubbing a private area of their body or removing their clothes without their consent, with 85% ($N = 104$) experiencing this since the age of 16, and 52% (N = 64) experiencing this in the past two years. The least frequent experience was anal penetration, with a prevalence of 17% ($N = 21$) in total, and 9% ($N = 11$) in the last two years. 10 participants (8%) selected category I ('Other'). Of the six participants who provided qualitative detail of this experience, three described scenarios covered by other categories, two described the unsolicited removal of a condom during penetrative sex, and the other described physical violence during an intimate act.

Table 1

Prevalence of unwanted sexual experiences by category

	% yes total (*N* in parentheses)	% yes in the last 2 years (*N* in parentheses)
A: Fondled / kissed/ rubbed / removed clothing	85% (104)	52% (64)
B: Grabbed / groped	82% (101)	50% (62)
C: Oral sex	27% (34)	13% (16)
D: Vaginal penetration	52% (64)	17% (21)
E: Anal penetration	17% (21)	9% (11)
F: Attempted oral sex	36% (44)	14% (18)
G: Attempted vaginal penetration	35% (43)	13% (17)
H: Attempted anal penetration	22% (27)	13% (16)

Participants' age at the time of the assault ranged from 16 to 48, with a mean of 26.10 ($SD = 5.91$). The mean rating of how well the participant knew the perpetrator ('Acquaintance with perpetrator') was 2.55 ($SD = 1.54$) on the 1-5 scale. The mean severity rating ('Perceived severity') was 4.94 (SD = 2.40) on the 0-10 scale.

Testing Hypothesis One: Those with greater feminist attitudes will be more likely to acknowledge their sexual assault

Feminist attitude scores on the LFAIS ranged from 2.24 to 5.91 out of a possible 6, with a mean of 5.25 ($SD = 0.56$). Scores for acknowledgment were spread across the whole 1-10 scale. Participants were more likely than not to acknowledge the assault, with a mean of 6.50 ($SD= 2.83$).

Correlation analysis was conducted using a one-tailed Kendall's Tau. This showed a significant positive relationship between feminist attitudes and acknowledgement of sexual assault ($\tau_b = .13$, $p=.03$). However, a potential bivariate outlier was identified at the extreme lower end of the scatterplot. Therefore, the analysis was repeated with the removal of this case to explore whether this case had a disproportionate contribution to the correlation. However, even with the outlier excluded, the correlation was still significant ($\tau_b = .11$, $p = .04$) and therefore it was not considered an influential case. Thus Hypothesis One is supported by these data.

Testing Hypothesis Two: Self-identified feminists will be more likely to acknowledge their sexual assault

Feminist self-identification was indicated on the one-item measure 'Do you consider yourself a feminist?' with a categorical yes/no response. 84% ($N = 103$) of participants answered 'Yes' (feminist) and 15% ($N = 19$) answered 'No' (non-feminist). A Mann-Whitney U test was used due to the acknowledgment measure failing to meet the parametric assumptions required for an independent t-test, and due to very uneven group sizes. The median acknowledgment value for feminists (group 1) was 7, and the median acknowledgment for non-feminists (group 2) was also 7. There was no systematic difference in the level of acknowledgement of sexual assault between those who identified as feminist and those who did not (mean ranks

of feminists and non-feminists were 61.96 and 59 respectively; $U = 931$, $N_1 = 103$, $N_2 = 19$, $p = .73$). Thus these data do not support Hypothesis Two.

Testing Hypothesis Three: Feminism will moderate the relationship between acknowledgement and post-traumatic symptoms

Participants' post-traumatic stress symptoms as indicated on the IES-R had a mean of 22.82 ($SD = 22.24$). The spread of the data was large, with scores across the entirety of the scale from 0 to 88.

Preliminary analysis using two-tailed Pearson correlation showed a significant positive association between acknowledgment of sexual assault and IES-R scores ($r(122) = .29$, $p < .01$). Moderation analysis using the PROCESS macro in SPSS found no evidence of moderation of this association by LFAIS scores, $F(1,118) = .19$, $p = .66$.

Considering the association between acknowledgement and IES-R scores but non-significant moderation analysis, further exploratory analysis was indicated so a simple multiple linear regression was conducted with a number of variables (see below).

Further analysis

Due to ideas that arose during the research process and the exploratory nature of the project, other variables were investigated and included so as not to be constrained by the initial hypotheses.

Significant positive correlations were found between perceived severity and acknowledgement ($r(122) = .72$, $p < .001$), perceived severity and IES-R scores ($r(122) = .38$, $p < .01$), and perceived severity and acquaintance with perpetrator

($r(122) = .21$, $p = .01$). A significant positive association was also found between IES-R scores and acquaintance with perpetrator ($r(122) = .26$, $p < .01$). There was no significant association between acknowledgment and acquaintance with perpetrator ($r(122) = -.01$, $p = .86$).

Table 2

Pearson correlations

Measure	1.	2.	3.	4.
1. Acknowledgement	--			
2. IES-R	.29**	--		
3. Acquaintance with Perpetrator	-.01	.26*	--	
4. Perceived severity (PS)	.72**	.38*	.21*	--

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed)

A multiple linear regression was carried out to understand predictors of post-traumatic stress symptoms (IES-R scores). Perceived severity, acquaintance with perpetrator, feminist attitudes (LFAIS) and acknowledgment were entered as predictors into the regression model. This model was significant ($F(4, 117) = 6.66$, $p < .001$), with an R^2 of .18. There were two significant effects on IES-R scores in this

model: acquaintance with perpetrator (β = .21, t = 2.38, p = .01), and perceived severity (β = .26, t = 2.01, p = .04). Thus, according to this model, knowing one's perpetrator better and believing the experience was more severe are the two independent predictors of post-traumatic stress symptoms.

A second multiple linear regression was conducted to understand the predictive value of perceived severity, acquaintance with perpetrator, feminist attitudes and post-traumatic symptoms in acknowledging the assault. This model was significant ($F(4, 117) = 37.81$, $p < .001$), with an R^2 of .56. Both perceived severity (β = .73, t = 10.91) and acquaintance with perpetrator (β = -.18, t = -2.76) were significant predictors of acknowledgement ($p < .001$ and $p < .01$ respectively). IES-R scores and LFAIS scores were not significant.

Summary of main findings

Regarding hypothesis 1, the null hypothesis was rejected as a significant correlation was found between feminist attitudes and acknowledgement of sexual assault. Those who hold stronger feminist attitudes are more likely to acknowledge their unwanted sexual experience as sexual assault or rape. The null hypothesis was accepted regarding hypothesis 2, as no significant difference in acknowledgement was found between those who did and did not identify as feminist. There was a positive correlation between post-traumatic stress symptoms and acknowledgement, however there was no significant moderating effect of feminist attitudes as predicted. Further analysis showed a number of correlations. Support for two regression models was found: 1) greater acquaintance with one's perpetrator and higher perceived severity significantly predicted post-traumatic symptomatology, and 2) higher perceived severity and lesser acquaintance with the perpetrator predicted

acknowledgement of assault. Figure 1 shows these results: the black lines represent

significant correlations between variables, and coloured arrows point from predictor

variables to the expected dependent variables in the regression models.

Figure 1

A conceptual diagram of relationships, showing significant correlations and

regression models
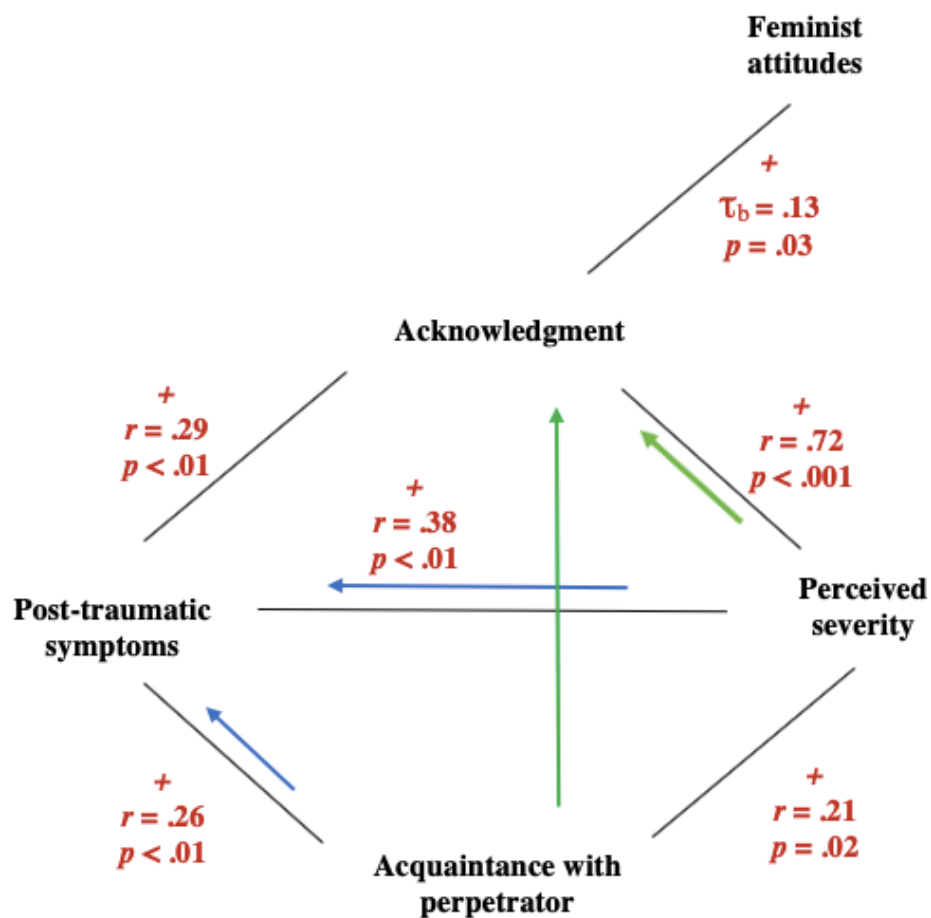
Black lines indicate significant correlations, with accompanying statistics and

direction of relationship indicated with '+'. Coloured lines indicate regression

models.

Discussion

This study aimed to investigate the relationship between acknowledgment, post-traumatic symptoms, and feminism in women who had experienced a sexual assault. Given the mixed findings from previous literature, the study hoped to provide some clarity on the direction of the relationship between acknowledgment and post-traumatic symptoms and explore how other factors may affect this relationship.

Feminism

The results show that those with more feminist attitudes were more likely to acknowledge their sexual assault. However, there was no difference in acknowledgement between those who did and did not self-identify as feminist. Firstly, this demonstrates that the gender attitudes a person holds and the political label they choose to use are two distinct entities (McCabe, 2005). Self-identifying as a feminist may perhaps be influenced by stereotypical views of feminism (Houvouras & Carter, 2008). In Valentine et al.'s (2017) study, female victims of gender-based violence expressed a reluctance to self-identify as a feminist due to this being considered 'an additional stigmatized identity' (pp. 788). Secondly, the results of the present study extend previous research into acknowledgment and gender role attitudes by suggesting that holding pro-feminist attitudes may influence the way one understands and appraises one's own sexual assault. However, as pre-assault feminist attitudes were not measured, we cannot ascertain whether these attitudes have changed following the experience of sexual violence. Thus, it is possible that acknowledgment actually influences one's endorsement of feminist values. As outlined by Valentine et al. (2017), experiencing gender-based violence may lead

women to adjust their belief system and understanding of themselves as women. It may provide women with a way of conceptualising their experience that is not based on self-blame, whilst also facilitate building a connection to other women that makes their experience less isolating.

Although previous literature suggests that holding feminist values is related to positive psychosocial outcomes (Saunders & Kashubeck-West, 2006; Yakushko, 2007; Murnen & Smolak, 2009), no relationship between feminism and post-traumatic symptoms was found, and there was no moderating effect of feminist attitudes on the post-traumatic symptoms and acknowledgement relationship. Moreover, feminism was no longer associated with acknowledgement when acquaintance with the perpetrator and perceived severity of the assault were included in an associative model. The model suggests that knowing one's perpetrator less well but perceiving the experience to be more severe are associated with greater acknowledgment of sexual assault. This fits with previous research (Koss, 1985; Ben-David & Schneider, 2005; Orchowski et al., 2013), which suggests that characteristics of the assault play an important role in acknowledging oneself as a victim. It is difficult to know what influenced participants' severity ratings. It could be related to amount of force or violence used (Fairbrother & Rachman, 2006), or a greater fear of coming to physical harm and greater emotional impact (Donde et al., 2018). If so, this model could fit with a 'blitz rape script' (Parrot, 1991), where rape is conceptualised as a violent assault by a stranger, and experiences that deviate from this schema are less likely to be labelled and acknowledged as an assault (Kahn et al., 1994).

Acknowledgment and PTSD

Replicating findings from other studies, acknowledged victims reported greater symptoms of PTSD than unacknowledged victims. However, they do not appear to be directly associated with each other when situational factors are considered. Further exploratory analysis found that in a regression model, post-traumatic symptoms are best explained by how well the victim knows the perpetrator and how severe the assault is perceived to be by the victim. This finding is similar to Littleton and Henderson (2009) where, despite acknowledged victims reporting greater PTSD symptoms, acknowledgment did not statistically predict PTSD when in a model with other predictors including assault violence. As posited by Wilson et al. (2016), an effect of acknowledgment on PTSD and other psychological outcomes may be specious. In the present study, perceiving the assault to be more severe was associated with greater post-traumatic symptoms. Perceiving the assault to be more severe is likely reflective of subjective emotional distress, which fits with experiencing greater PTSD symptoms. Moreover, if a woman perceives what happened to her to be serious and extreme, she may be left with a higher perception of future risk and negative appraisals of the world. This lends support for Ehlers and Clark's (2000) cognitive model, which suggests that PTSD persists when an individual negatively appraises the trauma and its sequalae, in a way that leads to a sense of current serious threat.

Regarding acquaintance with the perpetrator, the opposite was true for post-traumatic symptoms than for acknowledgment; knowing a perpetrator *better* was associated with greater post-traumatic symptoms. This fits with previous research, for example that victims of martial rape experience high levels of PTSD and poorer psychological functioning than victims of stranger rape (Bennice, Resick, Mechanic

& Astin, 2003; Shields & Hanneke, 1992). As discussed in Culbertson & Dehle's (2001) paper, there are many explanations for this: knowing one's perpetrator better may mean greater financial and material investments in the relationship, a reduced network of social support that is independent from the perpetrator, and societal perceptions of responsibility. Furthermore, studies show that 90% of rapes are perpetrated by someone the victim knows (Kahn et al., 1994; Hannon, Kuntz, Van Laar, Williams & Hall, 1996), with most sexual assaults occurring where the victim has known the perpetrator for at least a year (Muehlenhard & Linton, 1987). Victims of rape perpetrated by someone known to them often feel guilt, shame, betrayal, self-blame and anger, which can be chronic (Ullman & Siegel, 1993; Ullman, 2007; Lam & Roman, 2009), which are linked to higher levels of PTSD (Lee, Scragg & Turner, 2001; Moor & Farchi, 2011; Tang & Freyd, 2012).

Limitations

Sample

The sample was skewed to a very feminist population, evidenced by 84.4% self-identifying as a feminist, compared to 30 – 44% in similar studies (Hurt et al., 2007; Gefter et al., 2013; Valentine et al., 2017). Furthermore, when compared to Morgan's (1996) paper on the development of the LFAIS, this sample's mean feminist attitude score (LFAIS) of 5.25 is more similar to 'avowed female feminists' (5.54) than undergraduate females (4.70) in Morgan's study. More recent studies using the shorter version of the LFAIS such as Gefter et al. (2013) and Valentine et al. (2017) have also found lower means in undergraduate women (4.68 and 4.71 respectively). It is also conceivable that those who have more feminist values were more likely to be drawn a study on unwanted sexual experiences, and thus decide to

participate. The oversampling of a feminist population likely accounts for the non-significance in results regarding the feminist self-identification measure in hypothesis two. This could have been better addressed through random sampling or approaching groups that may be less likely to identify as feminist, such as conservative women (Liss, O'Connor, Morosky & Crawford, 2001; Nelson et al., 2008).

Recruiting from a non-clinical population also meant that levels of post-traumatic symptomatology was low in our sample as measured by the IES-R ($M=$ 22.82). Although the IES-R is not used as a diagnostic tool, 33 is generally considered the clinical cut-off in services for a preliminary diagnosis (Creamer, Bell & Failia, 2003), and only 27% of our sample scored 33 or above. Post-hoc statistical adjustments were used to compensate for this in the study. However, a different sampling approach could have been used to avoid such a bias, such as recruiting from a clinical population, although this would have encountered different issues. Recruiting from charities or services for survivors of sexual assault and rape would perhaps obtain a sample of people who are more psychologically distressed by their experience. However, presumably those accessing support through these channels would be acknowledged victims, and research into the differences between acknowledged and unacknowledged victims would not be possible. Another option would be to recruit from specialist services for those with PTSD, or advertising in general services such as IAPT. However, this would run the risk of a different bias towards a more severe post-traumatic presentation. Ideally, research needs to target both those who have PTSD and those who do not, to make results more generalisable and to understand what individual factors influence the development of the disorder.

There was also a notable lack of ethnic diversity in the sample, with only 17% of the sample identifying as non-white. As acknowledged by womanism and intersectional feminism, the interaction of race and gender results in different experiences for women of colour, which is likely to be particularly relevant in responses to sexual violence (Crenshaw, 1991). This is evidenced by Rederstorff, Buchanan and Settles' (2007) study, which found greater feminist attitudes were related to lower PTSD symptoms in white women, but the inverse effect in black women. Thus, the under-representation of women of colour in the present study is a significant limitation. It also perhaps mirrors the exclusion of women of colour from feminist discourse and highlights an important consideration when generalising results from this study. Again, a different sampling method which aims to specifically recruit from under-represented groups could combat this in future research.

Measurement

As outlined earlier in this paper, reliable and accurate measures of feminism are sparse, and literature questions whether such a broad concept can be accurately captured by quantitative means. Although consideration was taken to select a measure that was able to target the most central principles of feminism and be applicable to a vast majority, it could still be argued that only one specific type of (liberal) feminism was measured. Different strands of feminism differ on beliefs about the causes of gender inequality and gender-related attitudes, such as parenting roles (McCabe, 2005). Furthermore, the LFAIS has been criticised in its measure of 'collective action', something which is closely associated with feminist identity (Liss, O'Connor, Morosky & Crawford, 2001). The LFAIS relies on items relating to

rallies and marches to measure collective action, instead of using examples of more frequent everyday action that see women working together as allies. Moreover, the LFAIS is limited in its capability to identify different stages of feminist identity development, as outlined by Downing and Roush (1985), which may result in different reactions to gender-based violence (Valentine et al., 2017).

The multitude of beliefs associated with as vast a political concept as feminism are impossible to measure with a single questionnaire, and feminist identity is likely more multifaceted than can be captured by a single-item measure. It is plausible that a different measure of feminism would have resulted in an entirely different pattern of results. This highlights the limits of purely quantitative research when seeking to understand individuals' experiences that are undoubtedly unique and personal.

Implications and future directions

As evidenced by participants endorsing numbers across the full continuum measuring acknowledgment, seeing oneself as a victim of sexual assault is not binary or clear cut. Although the present study shows that greater acknowledgment of a sexual assault is associated with more post-traumatic symptoms, acknowledgment was not related to PTSD symptoms when entered into a statistical model with other predictors. It is therefore important that clinicians are mindful to let the victim choose how they define their assault, and that recognising oneself as a victim is not necessary for post-assault recovery (Williamson & Serna, 2018). As suggested in previous research, the number of unacknowledged victims highlights the need for sexual violence to be measured with behaviourally specific questions, or services and clinicians are likely to miss victims, or underestimate the impact of these unwanted

experiences (Wilson et al., 2016). It is also advisable for clinicians to explore with

the victim their relationship with the perpetrator and how severe the victim believes

their experience to be, and the meaning this gives the victim about the assault,

themselves, and the world. This would fit appropriately within the context of current

PTSD treatment, where these meanings can be challenged and restructured (Resick

& Schnicke, 1993; Foa & Rothbaum, 2001).

The present study did not show a significant relationship between feminism

and post-traumatic symptoms. However, in line with Downing and Roush's (1985)

model, different stages in feminist identity development may result in different

psychological reactions to sexual assault. For example, those in the 'revelation'

stage, defined as an 'awakening' to sexual discrimination and a questioning of one's

gender role and beliefs, may experience greater anger, fear and hopelessness

following their experience (Saunders & Kashubeck-West, 2006). However, those in

the latter stages, associated with a greater sense of choice and more relativist

thinking, may benefit from a greater connection to other women and enhanced self-

esteem (Kucharska, 2018). As the LFAIS focused on more general attitudes, the

nuanced effect of different feminist developmental stages on psychological outcomes

was unlikely to have been picked up. Therefore, future research could use the

Feminist Composite Scale (Fischer et al., 2000) to investigate how different feminist

development stages interact with PTSD symptoms following sexual assault. Future

research could also explore whether women conceptualise the event as sexist or not.

As posited by Valentine et al. (2017), failure to interpret gender-based violence as

sexist means women see their experience as more personal, which may result in more

self-blame. Despite the non-significant results in the present study, previous research

has found that helping women to reconceptualise sexual violence as sexist results in

better psychological outcome, and is central to feminist therapy (Moradi & Subich, 2002; Gefter et al., 2013). Thus, despite the present study failing to find a significant relationship between PTSD and feminist beliefs, the addition of feminist therapy techniques to traditional CBT therapies for PTSD still warrant consideration by clinicians (Hébert & Bergeron, 2007; Cohen, 2008).

Although the present study gave some power to women's voices, their stories could have been privileged more by using methodology central to feminist research. According to Campbell and Wasco (2000) there are four defining features of this: group-level data collection, using qualitative and quantitative techniques, reflecting on emotionality, and reducing the hierarchical relationship between the researcher and participants. Particularly given the difficulties in measuring feminism using quantitative methods, a qualitative approach such as semi-structured interviewing could be incorporated into future research, which is better able to capture women's lived experiences. This would also facilitate a better understanding of what influences women's perceptions of the severity of their assault, and therefore the underlying mechanism that results in greater acknowledgment and PTSD symptoms.

Conclusions

The present study extended the current literature by its finding of a significant relationship between acknowledgment and feminist attitudes. Support for two associative models was also found. According to the study, the factors that are associated with whether or not someone acknowledges their assault are the same factors that are associated with how traumatised they are following it. It suggests that acquaintance with one's perpetrator and perceived severity of a sexual assault may be potential mechanisms to explain differences in both acknowledgment and PTSD

symptomatology. The present study also further highlights the complexity of the relationship between acknowledgement and PTSD, which is unlikely to be fully understood without considering a number of other factors. These relationships could be explored in future research, and attention given to the way in which participants conceptualize the severity of their assault. Future researchers are advised to choose methodology that is able to capture the potential nuanced effects of feminism and give greater power to women's voices.

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Part Three: Critical Appraisal

Introduction

This critical appraisal offers reflections on the research journey and the challenges of the research topic throughout the conceptualisation, recruitment and potential dissemination phases. The appraisal begins by drawing on my own background and theoretical orientation and how this led to the development of my own research idea. I outline the dilemmas faced during the process, particularly relating to the controversy surrounding research into sexual assault and feminism. I reflect on implications of what the research found, and how different methodological choices may have impacted. I conclude with reflections on how my understanding of the phenomena has changed.

The evolution of a research idea

Prior to the doctorate, the largest part of my psychology experience was working as a Research Assistant across two large scale RCTs on the development of internet CBT for Social Anxiety Disorder and Post-Traumatic Stress Disorder. I gained invaluable experience of the research process such as co-ordinating recruitment, conducting structured interviews, and collecting measures. I was also able to spend time working on smaller projects including conducting exit interviews with participants and qualitative research into traumatic grief. I also witnessed both face to face and internet treatment sessions and followed hundreds of participants on their recovery journeys. Although I contributed to some of the successes of the trials, the part I played was small and operational. I was unable to influence the direction the work took, or the methodological or ethical choices made. However, the privilege that this passive role gave me was that throughout those two and a half years I made numerous observations which left me with many questions. Some were fleeting and

easily answered, and others embedded in my mind, beginning to form as research ideas. Although a daunting prospect, it was exciting to be able to create my own research project informed by these observations as part of my clinical psychology doctorate.

Given I would be spending a large proportion of the three-year course on the research element, I was mindful that I had to pick a topic that would retain my interest and enthusiasm even in the most trying of times. During my previous role, I had been particularly interested in the experiences of the PTSD trial participants whose Criterion A event was rape (DSM-IV, American Psychiatric Association, 2000). The quality of their experiences felt different to the road traffic accident (RTA) victims who formed the majority of our sample; the interpersonal nature of the trauma, the implications of reliving this with a male therapist, and how they challenged overwhelming feelings of anger and shame. It also struck me the low proportion of participants who were seeking treatment for sexual assault compared to an RTA, and that this did not reflect the prevalence of such incidents in Great Britain; in 2017 there were 646,000 sexual assaults compared with 170,933 RTA casualties (Office for National Statistics, 2018; Department for Transport, 2018). With these ideas planted in my mind, choosing my research project coincided with an explosion of media coverage on sexual assault. Following several high-profile cases, a movement began which encouraged people to share their experiences of sexual harassment and assault on social media using the hashtag '#metoo'. At the start of the campaign, the hashtag was used 12 million times in 24 hours (CBS, 2017) demonstrating the magnitude of the issue. The movement was associated with feminism; one study found that those who supported it were less likely to endorse rape myths, scored lower on measures of hostile sexism, and more likely to identify

as feminist (Kunst, Bailey, Prendergast & Gundersen, 2018). A range of experiences were shared during #metoo, which went beyond many people's definitions of 'rape' or 'harassment'. This often led to debate focusing on a perceived hierarchy of severity, and what constituted a sexual assault. Considering my theoretical understanding of PTSD was that it partially arises from the appraisal and meaning-making of an event and not the characteristics of the event itself (Ehlers & Clark, 2000), I wondered how much these definitions of sexual assault mattered. I considered whether it was important for an individual to appraise their experience as a 'sexual assault' and align themselves with the definition for them to experience PTSD. The clear gendered politics that came with the movement also led me to question the influence of feminism on acknowledging one's status as a victim, and how this might either protect or perpetuate a post-traumatic response.

I decided to put this forward as my own research proposal. Coming from a background in hypothesis-driven research, the inductive exploratory nature of my project choice was a new challenge. Without a circumscribed theory or large body of evidence to consult, it was hard to translate my observations into falsifiable research questions. I continued to find this difficult and was often faced with tough methodological choices throughout the various stages of the research process.

Topic

In undertaking my conceptual introduction, I learnt that literature into the area of rape and sexual assault is broad, but research into the three factors of acknowledgement, feminism and PTSD combined is sparse. Much of the acknowledgement research has focussed on situational factors and characteristics of the assault itself, such as amount of violence used and whether the perpetrator was

known to the victim (Cleere & Lynn, 2013). With so many factors involved and therefore potential confounding variables, narrowing down my area of focus proved challenging. With only one study looking specifically at acknowledgement, PTSD and sexism, it made me question my area of study: did the lack of literature mean my research question was unique and exciting, or irrelevant and redundant? As discussed in Chapter One, evidence for each factor pairing is also mixed and contradictory, making it more difficult to hypothesise. I also wondered what conclusions I could draw if the contribution of feminism was significant, i.e. what specifically about feminism made acknowledgement or PTSD more/less likely? Would it be through the mechanism of reduced self-blame, greater self-esteem, or increased anger? Furthermore, if this was the case, why was I not focusing on these specific mechanisms? As outlined by Morley (1996) on challenges in feminist research, 'Reflexivity can also mean hesitancy, uncertainty and caution as a result of being acquainted with the theoretical complexities of the subject' (pp. 139). It felt important to fully immerse myself in the subject to enable me to explore the area fully, however, this meant I ran the risk of losing perspective. At times I needed to step back to reflect and remind myself that not everything could be covered in one research project, and that unanswered questions helpfully point towards future areas of exploration.

Koss (2011) discussed the ways in which findings in these areas can be misrepresented when taken out of the research context, such as in the media: 'What are the competing interpretations? What happens when findings are looked at from the perspective of aftereffects instead of precursors? How would one explain the findings when talking to victims themselves?' (pp. 351). My biggest concern was obtaining a finding that feminism was associated with greater post-traumatic

symptoms. Not only could this be interpreted as a criticism or silencing of feminism but could also be perceived as attributing victim responsibility for their suffering due to their political beliefs, instead of the perpetrator for their actions (i.e. 'victim-blaming'). Conducting a focus group prior to recruitment allowed me to pose some of my concerns and get feedback from women on the content and methodology. Some of their suggestions for more gentle phrasing was useful, as well as the reassurance that all of the ten participants were fully supportive of the research and its aims.

I was also concerned with criticism levelled at rape research more generally, as outlined by Koss (2011). Koss' (1985) influential paper on hidden rape victims and unacknowledged rape challenged prevalence estimates and was quoted by the U.S. Congress to argue for the 1994 Violence against Women Act (Cook & Koss, 2005). However, Gilbert (1997) objected to these broader behavioural definitions of rape and argued that Koss' data had inappropriately influenced policy. Gilbert (1997) argued in particular that unwanted penetration whilst a woman was intoxicated should not be included in these definitions, despite being included in legal definitions. According to Gilbert (1991a, 1991b, 2005), this had resulted in a 'phantom epidemic of sexual assault'. He asserts that such research has created a negative climate whereby reasonable discussion cannot occur. Sommers (1996) also wrote of the damage that feminist research has done to the women's rights cause, accusing feminist researchers of distorting findings to fit their own agenda. What has been clear throughout my exploration of the research area is that topics of rape, sexual assault, and feminism are important and powerful, but ultimately controversial and emotive. Cook and Koss' (2005) rebuttal to the criticism concludes 'The type of overgeneralized and emotional statements that are woven throughout Gilbert's

commentary appear to be made by someone who objects to research findings rather than by someone involved in scholarly dialogue' (pp. 112). The issues highlighted through the successes and criticisms of Koss' work taught me the importance of reflexivity in order to engage sensitively with the research process, by being aware of my own values and responses (Morley, 1996). I also felt encouraged by Koss' (2011) own reflections, particularly that receiving criticism meant she had stood up for something important.

Recruitment

The decision to recruit a non-clinical population mostly online required careful consideration and planning. It gave greater access to potential participants and enabled reaching a wider audience, making results more generalisable than previous research which solely targeted university students. However, given the sensitivity of the topic and reduced level of control, a number of ethical issues inevitably arose. As per the British Psychological Society's (2017) guidelines for internet-mediated research, it was crucial that participants were able to withdraw, were sufficiently debriefed, and protected from adverse effects. Common methods were used, including providing an information sheet with visible contact details of the researchers and a debrief sheet with crisis advice and support organisations listed. However, we extended this by also offering participants an opt-in courtesy phone call a few weeks after their participation to check their well-being. Although this option was not used by any participants, it felt necessary to offer as it made the researchers and the ethics committee feel more reassured that harm was minimised. One participant also commented that they appreciated the gesture. Ensuring participants had the right to withdraw necessitated careful thought. Participants are

required to provide consent before undertaking any of the research, but their right to withdraw should extend to the very end of the study. Therefore, we had to specify that non-completion of the questionnaire would be interpreted as withdrawal from the study. This may have meant losing participants who had lost an internet connection, or accidentally closed their browser part-way through the questionnaire. However, this cost did not outweigh the benefits of sticking to ethical guidelines regarding withdrawal, and also minimised the chance of missing data in our final sample.

Another risk of using online platforms to recruit was risk of harm to the researchers. A recent study found that 72% of participants experienced hostility following feminist views and challenges to rape culture they had posted online, including abusive language and death threats (Mendes, Ringrose & Keller, 2018). Although recruitment would not involve sharing the personal or political views of the researchers, the subject matters of feminism and sexual assault are in themselves controversial. Having a policy of not-engaging with comments that challenged the research and using the support of my supervisor and the other trainee on the project ensured I felt sufficiently protected from any potential conflict and resulting distress.

Recruitment largely relied on word of mouth and snow-balling, the result of which meant our target sample number was reached relatively quickly. However, as described in Chapter Two, this led to a fairly homogenous sample who mostly endorsed feminist values, experienced few post-traumatic symptoms, and were predominantly White British. The results of the study could potentially have been very different with a different, more diverse sample. For example, a stronger effect of feminism on acknowledgment may have been found with a sample with greater diversity of feminist attitudes. The lack of ethnic diversity in the sample was

particularly disappointing for me, as I am acutely aware this is a group that are often missed or misrepresented in research (Few, Stephens & Rouse-Arnett, 2003). As discussed in chapter two, rape and PTSD research that has achieved more diversity in their sample have found important differences between white women and women of colour (Rederstorff, Buchanan & Settles, 2007; Littleton, Breitkopf & Berenson, 2006; Cuevas, Sabina & Picard, 2014). This demonstrates the importance of attending to intersectionality in research (Cole, 2009). This could be addressed in future studies through targeted sampling aimed at recruiting from under-represented communities. However, it is important for researchers to also be reflexive about how their own context can influence how women of colour may feel able to become involved in research. Few, Stephens and Rouse-Arnett (2003) discussed the advantages of black qualitative researchers having 'insider status' which enabled them access to black participants' stories. They also recommend researchers being attentive to use of language, which can connote privilege, class, and power differences to participants of different backgrounds, leading to drop-out or non-engagement with the research.

What do our methodological choices communicate to our participants?

As outlined by Wilson, Miller, Leheney, Ballman & Scarpa (2016), it is difficult to identify the consequences of unacknowledged rape, as it is difficult to disentangle related situational factors. Ullman, Townsend, Filipas and Starzynski (2007) suggested that there has been disproportionate focus in rape research on the characteristics of the assault and individual factors. They argue that this assumes that the causes and course of PTSD is already determined at the time of the assault, and communicates that responsibility and recovery lies with individuals. They criticized

research for failing to consider what this communicates to participants when designing empirical studies into PTSD in rape, warning of the 'second injury' of blame and rejection for victims (Symonds, 1980). I was very mindful of this when designing the study, for example in choosing not to look at the amount of violence used during the assault. It also makes me question how influenced participants have been in previous research, when they are asked concurrently about the amount of violence used during their rape and whether they acknowledge it as a sexual assault. Could the inclusion of questions about violence activate schemas that rape is only rape when physical force is used? (Parrot, 1991; Kahn, Mathie & Torgler, 1994). Could focus on this in research perpetuate rape myths and unintentionally lead participants to not acknowledge their sexual assault? Although I believed I had solid ethical reasoning for the decision to omit this, it did mean I felt limited in conclusions that could be drawn from the research. Greater violence used during an assault has consistently been associated with greater acknowledgment and more post-traumatic symptoms (Layman, Gidycz & Lynn, 1996; Littleton & Henderson, 2009; Donde, Ragsdale, Koss & Zucker, 2018). Therefore, including violence and force used during the assault in the present study may have led to a stronger predictive model for post-traumatic symptoms or acknowledgment.

Similarly, in the early development stages of the present study, it was suggested that 'severity of assault' was included. In previous research, this has been rated by the researcher 'objectively', and often linked to violence and force used. For example, Fairbrother and Rachman (2006) created a system where one point was given if the perpetrator used verbal threat, two if they used their hands or arms for physical restraint, three for using an object for physical restraint, and four for hitting. This resulted in a cumulative rating, where the higher the number, the greater the

'objective severity'. They also calculated a 'perceived severity' score by combining participants' ratings for the amount she felt at risk of injury during the assault, and how much she believed her life was in danger. Other studies have used type of assault as a definition of severity, with unwanted penetrative sex being considered the most 'serious', and other forms of unwanted sexual contact less so (Koss, Gidycz, & Wisniewski, 1987; Gidycz, Coble, Latham & Layman, 2993). I felt uncomfortable with making such judgements about the severity of someone else's assault, as it felt that this was going against my own feminist and person-centred values. To rate women's experiences felt akin to making judgments that women may have heard from others before: that their assault 'wasn't that bad', that others had it worse, or that their response was irrational and their distress unwarranted (Filipas & Ullman, 2001). Surely, it is down to the victims themselves to decide what makes their assault severe or not, or what counts as 'worse victimization'. In line with the Ehlers and Clark (2000) model of PTSD, symptoms do not arise as a result of the event itself, but partially due to the victim's appraisal and what their experience meant for them. As a previous supervisor once wisely told me, "A client's traumatic event could have been spilling a cup of hot coffee on themselves. To you and I that would be nothing, but the meaning they take from that may be catastrophic".

My position on this issue meant I tried to find a compromise: to include what was recommended to me by experienced researchers, but in a way that did not conflict with these values or make any assumptions. This led me to asking the participants themselves to rate how severe they believed their assault to be. However, this resulted in difficulties operationalizing and defining 'perceived severity' as a concept, leaving me with not really knowing how participants made judgments about the severity of their assault. The association with acknowledgment suggests perhaps

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that a woman feels more legitimate in defining herself as a victim if she believes it was a more severe attack. It poses the question: what influences a woman to believe her assault is more severe? Does this relate to a script about rape, assumptions about blame, or the amount of distress she is feeling (Bondurant, 2001; Peterson & Muehlenhard, 2004)? It is difficult to know how to address this issue in future research in a way that is both mindful of what is subtly communicated in the research method, and also gathers information that can be useful and expand knowledge. It highlights the complexity of measuring such a concept, which evidently cannot be done using a single-item measure, or perhaps using quantitative methodology at all. This again calls attention to the merits of truly privileging women's voices through qualitative methods, which is a central tenet of feminist research (Campbell & Wasco, 2000).

Final reflections

In this critical appraisal, I have reflected on the challenges of researching a sensitive and political topic, the implications this had for me as a researcher, and how I dealt with ethical and methodological dilemmas. I have discussed the limitations, particularly regarding the recruitment method and generalisability of results, and ways in which the research could be improved. As I began with reflections on how my previous research experience shaped my decision to embark on this thesis topic, I would like to end by considering how this research project has influenced my thinking going forward.

As championed by the #metoo movement, I held the belief that acknowledging one's sexual assault is an important part of both community action and individual recovery. I was inclined to believe that this would be the case

clinically too; that for me to be able to successfully treat a woman's distress related to an unwanted sexual experience, I would need to guide her to acknowledging that she had been sexually assaulted. However, the process of conducting this research has strongly influenced my thinking about this. I have come to realise that acknowledgment is not essential to recovery, and it is vital that clinicians allow victims to define their own experience (Williamson & Serna, 2018).

Although the study did not point towards feminism necessarily playing a huge role in recovery following sexual assault, through my extensive exploration of the literature, I came away with a greater appreciation for the part feminism can play in psychology, both clinically and in research. My own research background meant I had greater familiarity with quantitative methods and thus used them in this study. However, learning about feminist research methodology helped me to see how participants' voices can be privileged using mixed-methods, and the richness of the data that can be gained from this. Topics such as those in my study can benefit greatly from these methods, considering how multi-layered they are and the number of ethical issues that can arise. Furthermore, I have learnt the importance of being reflexive about how one's own values and context can influence methodological choices. Reflexivity is also important when thinking about sampling, ensuring intersectionality is considered when drawing any conclusions, and in adapting methodology to enable underrepresented communities' engagement in the research.

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Appendix A

**Statement regarding joint thesis contributions**

This thesis forms part of a joint project with Felicity Saunders: '*Anger, negative affect, PTSD and transgression related characteristics among sexual assault victim-survivors: The moderating role of forgiveness and value of forgiveness*' (2019).

Whilst first deciding on what research project we wanted to pursue, Felicity and I identified that we were both interested in post-traumatic symptoms in sexual assault victims. Therefore, it felt sensible to share recruitment and use the same participants for both our research projects.

Felicity and I worked together in the initial stages of our research project, submitting a joint ethics application with a shared information sheet and consent form. We combined the questionnaire measures we were interested in and conducted an initial focus group together to get feedback on these. We combined efforts for recruitment, with each of us advertising the study through our different social media channels. Our joint work ended when recruitment finished and data was downloaded.

Felicity and I had very different foci for our theses. Whilst I was interested in the specific measures on acknowledgment and feminism and their interaction with post-traumatic symptoms, Felicity used different measures for her research question on post-trauma anger and forgiveness. The following measures overlapped for both the projects: demographics, characteristics of the assault (age at the time of assault, whether the perpetrator was known to the victim), perceived severity, and IES-R. Data analysis was conducted independently on separate SPSS files. The literature searches, review, empirical paper write up and critical appraisal were conducted entirely separately and without collaboration.

Appendix B

Letter of Ethical Approval

UCL RESEARCH ETHICS COMMITTEE
OFFICE FOR THE VICE PROVOST RESEARCH
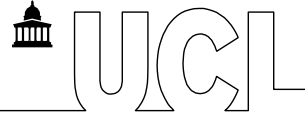
4th July 2018

Dr John King
Clinical, Educational and Health Psychology
UCL

Dear Dr King

Notification of Ethics Approval with Provisos
Project ID/Title: 12709/001: Investigating the relationship between feminist values, forgiveness, victim status and PTSD symptomology

Further to your satisfactory responses to the Committee's comments, I am pleased to confirm in my capacity as Interim Support Chair of the UCL Research Ethics Committee (REC) that your study has been ethically approved by the UCL REC until **4th July 2019.**

Ethical approval is subject to the following conditions:

Notification of Amendments to the Research
You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form'
http://ethics.grad.ucl.ac.uk/responsibilities.php

Adverse Event Reporting – Serious and Non-Serious
It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator (ethics@ucl.ac.uk) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Final Report
At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

1

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research: http://www.ucl.ac.uk/srs/governance-and-committees/resgov/code-of-conduct-research
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely,

Professor Sara Randall
Interim Support UCL Research Ethics Committee Chair

Cc: Felicity Saunders & Harriet Rankin

Appendix C

Participant Information Sheet

UCL Research Ethics Committee Approval ID Number: 12709/001

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study:
Women's attitudes towards unwanted sexual experiences

Department:
Clinical Psychology

Name and Contact Details of the Researcher(s):
Felicity Saunders and Harriet Rankin (ucjufsa@ucl.ac.uk, ucjuhra@ucl.ac.uk)

Name and Contact Details of the Principal Researcher:
Dr John King, john.king@ucl.ac.uk

1. **Invitation**

   'We would like to invite you to take part in an online questionnaire about unwanted sexual experiences as part of our doctoral research project. We are two Trainee Clinical Psychologists studying at University College London (UCL). Participation is entirely voluntary and before you decide whether to take part, it is important for you to understand why the research us being done and what participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please do not hesitate to get in contact with us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.'

2. **What is the project's purpose?**
   Our project aims to explore women's thoughts, feeling and attitudes towards unwanted or unpleasant sexual experiences. For example, any time someone has intentionally grabbed or touched you in a sexual way that you don't like, or you're forced to kiss someone or do something else sexual without your explicit consent. We also like to understand how you make sense of these experiences and what effect they have had on you. We would like to investigate the relationship between how you perceive and understand these events and your views on other things such as gender and spirituality.

   We estimate the online questionnaire will take 15-25 minutes to complete.

3. **Why have I been chosen?**
   We would like you to take part if you meet the following criteria:

   a) Have had an unwanted sexual experience within the last two years. For example, someone grabbing or touching a part of your body when you did not want them to, or engaging in a sexual act when you did not give your explicit consent.

   b) Female

c) Aged 18 and above

d) Able to communicate sufficiently in written English

e) Not currently receiving psychological therapy

We are aiming to recruit 100-150 participants.

4. **Do I have to take part?**
It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign a consent form. You can withdraw at any time without giving a reason. If you do not complete the full questionnaire, we will take this as a sign of your withdrawal and your data will be deleted. However, please not that once you have submitted a full questionnaire we will not be able to delete your response, as it will be anonymous and unidentifiable.

5. **What will happen to me if I take part?**
After reading this information sheet, you will need to sign a consent form confirming you understand and would like to take part in the study. You will then be asked to complete an online questionnaire which will take approximately 15-20 minutes. The research project will be recruiting until the target number of participants has been reached. The data will be analysed, and results written up as two theses papers, which will be submitted in June 2019.

6. **What are the possible disadvantages and risks of taking part?**
Due to the sensitive nature of this topic, you may find some of the questions distressing. You may find yourself thinking about experiences that are uncomfortable or think about these experiences in a way in which you have not considered before. Some of the questions ask about specific sexual acts and body parts. We encourage you to contact us if you would like to talk about this or would like some information about support available.
If you would like to access treatment or support regarding issues raised in this research, we would advise you to contact your GP in the first instance. If you are in crisis or feel unable to keep yourself safe, please visit your local A&E.

A debrief sheet will be included at the end of this study with details of further support available. You will also have the opportunity to leave your phone number at the end of the survey if you would like us to call you and check how you are doing after taking part.

7. **What are the possible benefits of taking part?**
Whilst there are no immediate benefits for those people participating in the project, it is hoped that this research will inform our understanding of women who have had unwanted sexual experiences. This in turn will help in the development of psychological treatment of people who are distressed by such experiences.

At the end of the questionnaire, you will be asked whether you would like to enter a prize draw to win amazon vouchers (1 x £100, 2 x £50, 3 x £20) as a thank you for your time.

8. **What if something goes wrong?**

We hope that if you fully read this information sheet you will understand what will happen during the research and that this will make it unlikely for something to go wrong. However, if you would like to make a complaint about any aspect of the research, please contact the Principal Researcher in the first instance:
Dr John King, **john.king@ucl.ac.uk**

If, following this, you feel your complaint has not been handled satisfactorily, please contact the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk

9. Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any ensuing reports or publications.

If you decide you would like to be entered into the amazon voucher prize draw, we will ask you to provide your email address, so we are able to contact you. However, this will be stored separately from the rest of your questionnaire so that your data is not identifiable.

10. Confidentiality

All information disclosed on these questionnaires will be kept strictly confidential. As these are filled in anonymously, we are not able to link responses with any particular person.

Confidentiality will be maintained as far as it is possible in any communication following your completion of the questionnaire, including any follow up phone calls made upon your request. However, if during our conversation we hear anything which makes us worried that someone might be in danger of harm, we might have to inform relevant agencies of this. Wherever possible, we would discuss this with you first.

11. What will happen to the results of the research project?
The research project will be written up as two doctorate theses, submitted to UCL in June 2019. If you would like a copy of the results, please email us after participating.

The project(s) may be published in a research journal following submission to UCL. You will not be identified in any publication.

12. Data Protection Privacy Notice

Notice:
The data controller for this project will be University College London (UCL). The UCL Data Protection Office provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk. UCL's Data Protection Officer can also be contacted at data-protection@ucl.ac.uk.

Your personal data will be processed for the purposes outlined in this notice.

The legal basis that would be used to process your personal data will be the provision of your consent and the submission of your questionnaire.

The legal basis used to process special category personal data will be for scientific and historical research or statistical purposes/explicit consent.

***Your personal data will be processed so long as it is required for the research project*. We are anticipating that this will be September 2019**. All your data will be kept anonymous. If an email address is provided for the amazon draw or a number for the follow-up phone call, they will be stored securely and separately from the rest of the questionnaire.

If you are concerned about how your personal data is being processed, please contact UCL in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/

Detail any intended recipients of personal data if not explained elsewhere, and also advise if any personal data will be transferred outside the EEA, and if so to where.

13. **Who is organising and funding the research?**
This research is funded by the Department of Clinical Psychology, University College London (UCL).

14. **Contact for further information**

If you would like any further information about this study, please contact us by email:

Harriet Rankin:, ucjuhra@ucl.ac.uk
Felicity Saunders: ucjufsa@ucl.ac.uk
If you would like a copy of this information sheet, please request via email.

Thank you for reading this information sheet and for considering taking part in this research study.

Appendix D

Participant Consent Form

<p style="text-align:center;">**CONSENT FORM FOR ADULT FEMALE PARTICIPANTS**</p>

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study:
Exploring women's attitudes towards unwanted sexual experiences

Department:
Clinical Psychology

Name and Contact Details of the Researcher(s):
Felicity Saunders and Harriet Rankin (ucjufsa@ucl.ac.uk, ucjuhra@ucl.ac.uk)

Name and Contact Details of the Principal Researcher:
Dr John King, john.king@ucl.ac.uk

Name and Contact Details of the UCL Data Protection Officer:
Lee Shailer, data-protection@ucl.ac.uk

This study has been approved by the UCL Research Ethics Committee:
Project ID number: 12709/001

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. If you would like a copy of this Consent Form to keep and refer to, please email us using the addresses above

I confirm that I understand that by ticking each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Box
1.	*I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I understand that I will be asked direct questions about sexual experiences. I have also had the opportunity to ask questions which have been answered to my satisfaction	
2.	*I understand that I will be able to withdraw from the study at any time up until the point of submitting the questionnaire.	
3.	*I consent to the processing of my personal information (including demographic details, political and spiritual views) for the purposes	

	explained to me. I understand that such information will be handled in accordance with all applicable data protection legislation.	
4.	**Use of the information for this project only** *I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications.	
5.	*I understand that my information may be subject to review by responsible individuals from the University for monitoring and audit purposes.	
6.	*I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted.	
7.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
8.	I understand the direct/indirect benefits of participating.	
9.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	
10	I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future.	
11	I understand that the information I have submitted will be published as a report.	
12	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
13	I am aware of who I should contact if I wish to lodge a complaint.	
14	I voluntarily agree to take part in this study.	

_____   _____
                                  _____

Name of participant   Date   Signature