Sexual Minority Women's Experiences of Sexual Violence: A Phenomenological Inquiry

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ABSTRACT

Sexual minority women have been repeatedly overlooked in violence against women research. As a result, we know little about the experiences and needs of non-heterosexual or gender non-conforming survivors. Given the paucity of information available on this topic, this study was exploratory in nature and used a phenomenological approach. Open-ended, unstructured interviews focused on the lived experience of surviving sexual violence and the impact that this experience has had on the survivors’ same-sex sexuality.

While a number of reoccurring themes generated from this project are well represented within the broad and well-developed canon of sexual violence research, participants also introduced features unique to LBQ and same-sex attracted women. Results from this project are intended to begin a long overdue dialogue about the needs of this understudied community of survivors.

INDEX WORDS: Sexual violence, Sexual minority women, LGBT, Qualitative, Phenomenology
SEXUAL MINORITY WOMEN’S EXPERIENCE OF SEXUAL VIOLENCE:
A PHENOMENOLOGICAL INQUIRY

by

TRACY NICOLE HIPP

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of
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SEXUAL MINORITY WOMEN’S EXPERIENCE OF SEXUAL VIOLENCE:
A PHENOMENOLOGICAL INQUIRY

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College of Arts and Sciences
Georgia State University
May 2013
DEDICATION

This thesis is dedicated in memory of my grandmother, Annie Marrah Grooms, and to all survivors of sexual violence who ever felt silenced or invisible.
ACKNOWLEDGMENTS

I would like to thank my committee chair, Dr. Sarah Cook, not only for her guidance and expertise throughout the years but for her unwavering confidence in my abilities. Sarah has consistently supported me to pursue the work that I am passionate about. I feel privileged to know Sarah as both mentor and ally. Next, I would like to express my gratitude to Drs. Layli Maparyan and Erin Tone, both of whom volunteered their skills and expertise to this project. I have long admired Layli’s work and am grateful for Erin’s compassionate clinical lens.

I cannot sufficiently express my gratitude to the phenomenal women who volunteered for this project. Sitting with these women and being entrusted with their stories was an honor. I believe that this type of courage changes the world.

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1. INTRODUCTION

Sexual minority women have been repeatedly overlooked in research on violence against women. In spite of a surge in scholarship and methodological advances in the study of sexual violence against women, we know little about the experiences and needs of non-heterosexual or gender non-conforming survivors. As a result, many of the most fundamental questions in our field cannot be answered relative to this population. For example, what is the nature of sexual violence for sexual minority women? What characterizes the lived experiences of these women who have survived rape? Do perpetrator characteristics differ? How do sexual minority women fare in the aftermath of surviving sexual violence? What services do these women want and need? How does the experience of sexual violence interplay with the survivor’s same-sexuality and sexual identity? And perhaps most importantly, who is paying attention? Given the paucity of information available on this topic, this study was exploratory in nature and used a phenomenological approach. Open-ended, unstructured interviews focused on 1) the lived experience of surviving sexual violence and 2) the impact that this experience has had on the survivors’ same-sex sexuality. I used snowball sampling due to the hidden nature of this population, stigmatized because of their status as sexual minorities and as survivors of sexual violence. Results from this project are intended to begin a long overdue conversation about the needs of this understudied community of survivors.

1.1 Definitions

Social science researchers frequently use lesbian, gay, bisexual, and transgender (LGBT) as a label for this community, yet its use has garnered criticism from individuals and scholars who attempt to resist the narrow categories that it inscribes (e.g. Savin-Williams, 2011). Further, many studies that focus on same-sex behavior assess identity, but fail to incorporate critical
consideration for whether an individual’s same-sex sexual behavior and sexual identity overlap in traditionally assumed ways. For example, a woman may identify as heterosexual but may have sex with other women (i.e. women who have sex with women [WSW]), therefore a study about WSW that only recruits self-identified lesbians will not necessarily yield a sample reflective of the study population. Some have adopted the term sexual minority as an umbrella term to describe a range of “non-heterosexually” identified, same-sex attracted and/or non-gender conforming individuals. Diamond (2008) provides a justification for this term:

[...]hen speaking in the most general sense about individuals who have any experience with same-sex sexuality, at the level of orientation, desire, behavior, or identity, I use the term “sexual minority.” This term captures the fact that regardless of a person’s identity or orientation, any experience with same-sex sexuality – from fantasy to unrequited love to sexual behavior – violates societal norms prescribing exclusive heterosexuality, thereby making that person a sexual minority. (p. 14)

The current project focuses on the experiences of sexual minority women in the Southeastern United States. Women who identified their sexual orientation as anything other than exclusively heterosexual (e.g. lesbian, bisexual, queer, unlabeled) and/or expressed an attraction to other self-identified women were eligible for the study. Also, individuals who identified as women regardless of their social or gender assignment at birth (e.g. transgender, androgynous, gender queer, intersex) were eligible to participate, however only cisgender (i.e. those who identified with the gender assigned at birth [Walls & Costello, 2011]) sexual minority women volunteered to be interviewed. I use the term sexual minority and the acronym LBQ interchangeably to reference this sample. During interviews and in the results section, I have used the same terms that participants individually used to describe their sexuality. I use the acronym LGBT when citing studies that operationalize sexual orientation specifically as such.
Sexual violence is a broad term that encompasses numerous forms of sexual abuse and exploitation, including but not limited to rape, sexual assault and child sexual abuse. Even in studies that intentionally focus on a particular form of sexual violence such as rape, varying operational definitions of what qualifies as rape persist. For example, Kilpatrick and Ruggiero (2003) use the definition of rape outlined in the National Women’s Study and the National Violence Against Women Survey; “an event that occurred without the girl or woman’s consent that involved force or threat of force, and that involved sexual penetration of the victim’s vagina, mouth, or rectum” (p. 2). Advocates and researchers have called for a gender-neutral definition of rape in law (Anthony, 2010) and measurement (Koss et al., 2007), however, conceptualizing rape solely as a penetrative act impacts reporting by all women, including sexual minorities (for definition concerns see Cook, Gidycz, Koss, & Murphy, 2011; Koss, 1993).

1.2 Sexual Violence – A National Problem

In spite of congressional, state and local efforts to decrease the incidence of sexual violence, rates of rape and sexual violence have not significantly declined in the past three decades of violence against women research (Campbell & Wasco, 2005). Estimates vary; however, frequently cited statistics suggest that between one in four and one in eight women have been sexually victimized within their lifetime (Elliot, Mok, & Briere, 2004; Koss, Gidycz, & Wisniewski, 1987; Masho, Odor, & Adera, 2005; Tjaden & Thoennes, 2000). Over 50% of rapes (by any type of perpetrator) occur before the age of 18, 54% for women and 75% for men, respectively (Tjaden & Thoennes, 2000). Accurate prevalence data are elusive due to a number of issues, including varying operational definitions (Cook, Gidycz, Koss, & Murphy, 2011) and underreporting (see Cook & Koss, 2005, p.102-103).
Rape and sexual trauma are associated with long-ranging mental and physical health problems, presumably among individuals of all sexual orientations (Campbell, Seif, & Ahrens 2004; Centers for Disease Control [CDC], 2004; Yuan, Koss, & Stone, 2006) and at one time, survivors of rape represented the largest number of individuals with post-traumatic stress disorder (PTSD; Foa & Rothbaum, 1998). Sexual violence is a systemic problem and its causes and consequences are nested and far-reaching. Third party victimization occurs when friends, family, counselors or other care workers attend to survivors (Ahrens & Campbell, 2000; Schauben & Frazier, 1995). The National Institute of Justice (NIJ) estimated that rape in the US costs 127 billion dollars annually (NIJ, 1996). Rape undermines a sense of safety in communities (Riger & Gordon, 2010), the toll of which may be unquantifiable.

1.3 Sexual Violence Against Sexual Minority Women

With exceptions (Descamps, Rothblum, Bradford, & Ryan, 2000), the limited data we have suggest that the sexual minority community is disproportionately affected by sexual violence (Balsam, Rothblum, & Beauchaine, 2005; Duncan, 1990; Heidt, Marx & Gold, 2005; Morris & Balsam, 2003; Rothman, Exner, & Baughman, 2011) yet is largely absent from dialogues on rape prevention. Heidt et al. (2005) reported that just less than 63% of their community-based sample of LGB men and women had experienced sexual violence: about 39% had experienced both childhood and adult sexual abuse. Descamps and colleagues (2000) found that 32% of their lesbian sample experienced rape within their lifetime and approximately another 29% experienced child sexual abuse. Further, in a study about experiences of rape in adulthood, bisexual and lesbian women were found to be twice as likely as heterosexual women to have experienced rape as an adult (Balsam et al., 2005). Other studies have yielded similar
findings (Morris & Balsam, 2003; Tjaden, Thoennes, & Allison, 1999), highlighting the need for work on sexual minority women’s experiences of sexual violence.

There is no single prevailing theory to explain why sexual minority women experience such high rates of sexual violence. Research on childhood victimization has pointed to the disproportionate rates of sexual minority youth who become homeless and therefore have a higher likelihood of experiencing sexual assault or engaging in survival sex while on the street (e.g. Rew, Whittaker, Taylor-Seehafer, & Smith, 2005; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2010). Others have questioned whether the extent of childhood sexual and physical violence that gay and lesbian youth experienced may be due to gender non-conformity (Morris & Balsam, 2003). Some of the work on adult victimization has framed the issue of sexual violence against sexual minorities in terms of hate crimes (e.g. Herek, Gillis, Cogan, & Glunt, 1997). More recently, a related international discourse has been growing on ‘corrective rape’, where sexual minority women, particularly in South Africa, are raped as both punishment for their same-sex sexuality, and as a way to “cure them” (Di Silvio, 2011).

I could identify only one study that examined the development of a minority sexual identity alongside experiences of sexual violence (Morris & Balsam, 2003). Although this study was limited by its use of a linear understanding of sexual identity development (rather than models which allow for various, discontinuous, or circuitous patterns in identity development), Morris and Balsam appear to be the first researchers to address this topic in their work. As they note, researchers and respondents may be hesitant to explore the effects of sexual violence on sexual identity or same-sex sexuality due to the cultural myth that child sexual abuse or negative sexual experiences with men causes lesbianism. Another concern is that the limited amount of information we have on sexual minority women’s experiences of sexual violence assumes a
static and frequently binary notion of sexuality that ignores the natural fluidity of many women’s sexuality (Diamond, 2008). The effects of sexual violence on one’s sexual identity or same sex-sexuality, whether fluid or static, are unknown and may hold implications for adjustment post-assault. For example, changes in one’s sexual behavior may influence not only how one understands the self (e.g. Am I still a lesbian if I sometimes sleep with men?), but also how one relates to a community (e.g., the LGBT community) and how that community responds. Lastly, researchers have relied primarily on self-identified lesbians (and occasionally included bisexuals) in the studies reviewed here. The inclusion of queer, non-gender conforming, and other sexual minority women is yet another necessary next step in this line of research.

1.4 Consequences of Sexual Violence for Sexual Minority Women

An emerging body of literature demonstrates that the causes and consequences of rape and sexual violence may differ for sexual majority and minority women. For example, Long and colleagues (2007) found that lesbians were more likely to be assaulted by family members than were heterosexual or bisexual women. Consistent with findings from other studies on women’s experiences, revictimization is of grave concern for sexual minority women. Whether these women experienced sexual or physical violence in childhood, sexual minority women were four times more likely to experience the same type of victimization in adulthood and twice as likely to experience the other type of victimization than those who were not abused as children (Morris & Balsam, 2003). Further, each type of victimization (sexual or physical) and when this victimization occurred (in childhood or adulthood) uniquely predicted respondents’ psychological functioning, and respondents who experienced more types of victimization or more revictimization demonstrated worse mental health functioning overall.
Although further work in these areas is warranted, preliminary evidence illustrates that sexual violence researchers should not assume nomothetical causes and consequences for sexual majority and minority survivors. When Gold et al. (2009) considered the role of internalized homophobia, stigma, and prejudice as predictors of psychological functioning in survivors; they found that lesbians who had experienced childhood sexual assault demonstrated more severe PTSD symptom severity than those victimized as adults. Gold and colleague’s (2009) findings that childhood victimization leads to worse mental health outcomes than adult victimization contradicts data from the general population (where sexual identity was not assessed) that suggest women who experience rape later in life experience worse PTSD (Ruch & Chandler, 1983; Sales, Baum, & Shore, 1984).

While the term “revictimization” is generally used to describe when a person has been sexually assaulted more than once, it has also been used to describe secondary victimization, the experience of feeling (re)victimized when seeking support post-assault (e.g. Campbell & Sheela, 1999; Campbell et al., 2001). Responses to non-heterosexual women who have survived rape by men may vary drastically depending on the survivor’s sexual orientation and previous sexual behaviors. For instance, bisexual women report experiencing more negative reactions from those close to them, report the worst experiences when seeking professional assistance, and demonstrate higher levels of PTSD than heterosexual women or lesbians (Long et al., 2007). Qualitative interviews may reveal reasons for these negative experiences. One interpretation is that rigid notions of sexuality (e.g. that one either experiences intimacy only with men or only with women) may interact with individuals’ preconceived ideas about rape (e.g., rape myth acceptance; Asoved & Long, 2006; Payne, Lonsway, & Fitzgerald, 1999), resulting in negative reactions to the survivor.
Sexual minority women who survive rape and meet with unsatisfying or distressing reactions from friends, family, and service personnel may have few other resources available for assistance or support. Resick (1993) stated that the most enduring outcome of rape is sexual dysfunction. Survivors who may be seeking information on how to restore a satisfying sex life or how to negotiate this difficult time with a same-gendered partner will likely fail find information relevant for non-heterosexual individuals at their local bookstore. For example, a brief search on Amazon.com with the terms “sexual assault and LGBT” yields two results, one a guide for queer teens and the other a documentary on women who perpetrate sexual assault. Fortunately, some practitioners are beginning to consider the unique needs and experiences of sexual minority survivors (Roberts, Watlington, Nett, & Batten, 2010), and web-based resources such as the Pandora Project have taken note (www.Pandys.org). Nonetheless, the unfortunate reality is that few formal services are designed to meet the needs of sexual minority survivors. Even within the LGBT community, organizations that address LGBT sexual assault are few and far between, and local resources scarce to non-existent. In Atlanta for example, a Google search does not yield any local LGBT organizations that provide direct services for survivors of sexual assault. Two organizations come the closest. The Health Initiative, Georgia’s Voice for LGBTQ Health (thehealthinitiative.org/) provides services related to domestic violence, and the new organization United 4 Safety (www.united4safety.org/) hopes to become an active statewide collaborative of members and service organizations designed to end intimate partner violence, yet does not provide direct services.

1.5 Measurement

As we may expect in emerging domains of research, contradictory findings, varying methodological approaches and measurement concerns point to the need for increased efforts to
understand the nature and scope of sexual violence against sexual minority women. A first step in unraveling the issues most salient to these survivors is to return to the women themselves and to hear their stories in their own words. Relying on measures and methods designed for samples that assume a heterosexual orientation may be inappropriate for work with sexual minority women. Until such measures have been validated with this study population and until all sexual minorities are willing and able to be open about their sexuality, researchers will need to critically consider the underlying heteronormativity in the measurement and sampling strategies available to them.

Sexuality research typically requires respondents to check a box that represents their sexual identity, usually heterosexual, lesbian/gay or bisexual. However, some scholars have criticized this approach, stating that in the past decade, many individuals, but particularly youth, have begun defying such labels (Savin-Williams, 2011). Due to a growing number of individuals deciding not to label their sexual identity, as well as instability and inconsistencies in sexual identity labels even for those who do adopt such labels, Savin-Williams (2011) and Diamond (2008) have called into question the very utility of identity categories, particularly for sexual minority youth and for women. A further methodological concern is that data from individuals who do not indicate their sexual identity within the typical LGBT response options are frequently removed from analyses. This is a concern given that many of these outliers may represent a younger cohort who identify as queer and who have experienced life under a different social and political climate than former generations who still adopt the more traditional mantles of lesbian, gay, bisexual or transgender. Understandably, groups that identify with traditional LGBT identity labels and those that do not may vary on outcomes of interest. Finally, when respondents do identify their sexuality, researchers frequently neglect to report how sexual identity or same-sex
sexuality was established. For example, respondents’ sexuality may have been designated based on a single item in a demographics survey, a measure such as Cass’ classic Homosexual Identity Formation (Cass, 1979) or The Kinsey Scale (Kinsey, Pomeroy, & Martin, 1948). Depending on how one assesses sexuality, one might obtain information about same-sex sexuality, sexual identity and/or sexual orientation. Although much overlap exists, these individual constructs tap desire, behavior and identification in distinctly different ways that will also influence research outcomes. As agreement within the field regarding an optimal measure is unlikely, researchers should be precise in using the language appropriate to the specific construct of interest and delineate how the sexuality of the respondent was assessed (see The Williams Institute, 2009 for more).

Even within sexual minority research, bisexuals and transgender individuals may be excluded from study because measures related to sexuality have only been developed for gay men and lesbians (Gold et al., 2009). A growing point of contention within LGBT psychology research is the homonormativity apparent in our own work. One way in which homonormativity becomes apparent is when studies focus on lesbian and gay men yet ignore bisexuals and transgender individuals.

1.6 System Response to Sexual Minority Survivors

The CDC’s Rape Prevention Education (RPE) program is one of the leading mechanisms for supporting primary prevention efforts around rape and sexual violence. The Violence Against Women Act (VAWA) of 1994 passed by congress established the CDC’s RPE to serve as a funding and training entity for national primary prevention efforts. In an evaluation of the program, RPE grantees outlined a number of weaknesses and areas in need of improvement. One of these areas was “lack of information about effective programs and best practices” (Basile,
One of the goals of the RPE is to encourage prevention efforts that target vulnerable populations. Many of the grantees of the RPE program report having programs in place for people of color, rural communities, LGBT communities, immigrant populations and the elderly; however upon site visits, the researchers indicated that these reports may be misleading and that rather than having prevention programs in place for these communities, the agency merely maintains an ‘open door policy.’ Giving further credence to this concern, participants in a qualitative examination of service availability for the LGBT community reported that not only were rape and sexual assault services scarce to non-existent for the sexual minority community, but also, in the words of one focus group participant, “agencies are less LGBTQ-friendly than they realize…” (Todahl, Linville, Bustin, Wheeler, & Gau, 2009, p. 969).

Fifty four percent of RPE grantees reported that the political environment within their state or region was a barrier to their work (Basile et al., 2005). Although we cannot interpret the precise meaning of political environment, we can consider this an indicator that over half of the agencies providing rape prevention services perceived macrosystemic forces as an impediment to sexual violence prevention. Todahl et al. (2009) provide many perspectives on the various macrosystemic influences that circumscribe culturally relevant intervention and prevention efforts with the most obvious being the social and political oppression that sexual minorities continue to face in our society. The authors also cite Girshick (2002):

[U]nique factors, rooted in discrimination, marginalization, and social oppression faced by LGBTQ persons overall, translate into poor access to services for LGBTQ sexual assault victims, disproportionate reduction in safety, and generally poor response to assault disclosure in the health, social service, and criminal justice sectors. (p. 954)
While a growing body of literature demonstrates the prevalence of sexual violence facing sexual minority women, researchers have yet to adequately explore the consequences of these experiences, such as ramifications for survivors’ emotional and mental health and their associated service needs. Adequate, culturally competent intervention and prevention programs are lacking and the basic question of whether experiencing sexual violence impacts sexual minority women’s understanding of or relationship to their sexual identity or same-sex sexuality has been virtually unexplored (Morris & Balsam, 2003). Taken together, these issues suggest that the need for greater attention from sexual violence researchers can be seen as a matter of professional ethics within our field, and a matter of social justice more broadly.

The current study is a first step in uncovering the lived experiences of surviving sexual violence for these women, including if and how experiencing sexual violence impacts their same-sex sexuality. Phenomenological psychologists describe numerous approaches to phenomenology, each rooted in a different philosophical tradition with each tradition providing guidelines rather than rules for inquiry (Hein & Austin, 2001). The current study is grounded in a feminist framework, aligned with what some qualitative researchers may describe as a feminist constructional hermeneutical phenomenology (see Schwandt, 1994) using a multidimensional lens of understanding individual’s experiences (Hutchinson, 2001). This is to say that women may experience rape differently based on their positions in society. Even for a small subset of sexual minority women, diversity in age, class, ability, ethnicity, sexuality, religion, nationality and numerous other factors will combine to create unique pictures of the causes and consequences of her experience(s) of sexual violence. This paradigm also guides the understanding that my own position in society as a White lesbian, originally from the United States, from a Southern Christian family and with an academic background in sexual violence
and in psychological research, inevitably informs the meaning and interpretations I bring to the data.

2. METHODS

2.1 Pilot

I interviewed one sexual minority survivor of sexual violence for the pilot interview. Eligibility criteria for the pilot participant were identical to those for the entire sample (i.e. 18 or older, identification as a sexual minority or describing her attractions or behavior as same-sex orientated, having a female gender identity and having experienced sexual violence). I defined sexual violence as a range of unwanted sexual experiences including but not limited to sexual assault, childhood sexual abuse, and rape, intentionally leaving room for her to label her own experiences, in hopes of capturing a diversity of sexually violating experiences that many sexual minority women have survived. Any experience that a participant described as sexually violating was deemed eligible under study criteria, regardless of how I would classify the experience.

2.2 Sample

The sample comprised six women. All women met the eligibility criteria described above for the pilot interviewee. Participants were all cisgender (Walls & Costello, 2011) and between the ages of 23 and 44. Two women identified as bisexual or bisexual/queer (used interchangeably), two women (one of whom found labels limiting) identified as lesbian, one woman identified as both lesbian and queer, and one woman described herself as mostly lesbian. Participants identified as White (2), biracial (1 White/American Indian, 1 White/Peruvian), African American (1), and Jamaican American (1).
2.3 Recruitment

I used snowball sampling (Heckathorn, 1997) since sexual minority women, particularly those who have experienced sexual violence, constitute a relatively small and hidden population. These women also experience multiple forms of stigma due to their sexuality and histories of victimization. As a purposive non-random respondent-driven sampling technique, I invited each participant of the project to recruit individuals within her own networks.

Recruitment began in two ways. I placed research advertisements in local gay-friendly businesses and newsletters describing a study for sexual minority women who have survived sexual violence. My e-mail address was provided within this advertisement. With this strategy, the initial respondent served as the ‘seed’ of the snowball, with the idea being that she would disseminate information about the study and my contact information throughout her networks once she participated in an interview. Simultaneously, I approached friends and acquaintances known to be sexual minorities. With this recruitment strategy, I was the ‘seed’ of the snowball, describing the study and providing cards with my contact information for women within my network to disseminate among potentially interested respondents within their networks. One participant volunteered for the study based upon an advertisement in a newsletter, while the remaining five were recruited through word of mouth.

2.3.1 Screening. I briefly explained the purpose of the research project to prospective participants who contacted me. I informed them that the interview was expected to last for one and a half to two hours. I verified that interested participants were at least 18 years old and we scheduled a time for the in-person interview, which occurred at a mutually agreed upon location.
2.4 Procedure

After explaining the study procedures and answering respondents’ questions, I asked for informed consent and discussed the voluntary nature of the study, including participants’ option to end the interview at any time for any reason. Next, I asked women to discuss their experience of sexual violence, their sexuality, and if experiencing sexual violence impacted their sexuality. The interview concluded with a discussion of how participants felt sharing their experiences, with an invitation to participants to ask any questions they had for me, and with a brief conversation about the follow-up interview.

All interviewees engaged in the optional follow-up meeting where we reviewed my notes and discussed any thoughts, feelings or memories that had emerged since the initial interview. I concluded each of the initial and follow-up interviews by asking participants to complete the Reactions to Research Participation Questionnaire (RRPQ; Newman, Willard, Sinclair, & Kaloupek, 2001), an instrument that assess participants’ reactions to their involvement in research, which was designed in part to guide ethical decision making for researchers and Institutional Review Boards (IRBs). The instrument is attached as Appendix C.

2.4.1 Safety plan. Upon scheduling each initial interview, I notified Dr. Erin Tone, a licensed clinical psychologist who was on call to provide her expertise should the need arise to refer interviewees for emergency services. Although it was never utilized, I had a Safety Plan drafted to guide decision-making if any participants had exhibited distress (see Appendix D). Each respondent was given a list of resources at the end of the initial interview, should the need arise for services later. The resources sheet can be found in Appendix E. Lastly, I checked in with participants the day after the initial interview to assess how they were feeling, and to
schedule a follow-up meeting. No participant reported an adverse reaction to the initial interview during this check-in.

2.5 Reactions to Research Participation Questionnaire Revised (RRPQ; Newman, Willard, Sinclair, and Kaloupek, 2001)

The RRPQ comprises 23 items and five subscales that assess reactions to participating in research. The five subscales are Participation, Personal Benefits, Emotional Reactions, Perceived Drawbacks, and Global Evaluations. Participants answered on a five point Likert-type scale from 1 = Strongly Disagree to 5 = Strongly Agree. Although its internal reliability has been supported with exploratory and confirmatory factor analysis (Newman et al., 2001), it is not known whether this measure has been used with sexual minority populations.

Understanding how participants react to their involvement in research, particularly research with marginalized communities on potentially traumatic life experiences, is vital. I asked participants to complete the RRPQ at the conclusion of the first interview and at the one-week follow-up period. While the small sample size precluded statistical analysis, exploratory, descriptive data drawn from this measure are presented towards the end of the results section to provide a picture of how the process of participating in these interviews impacted survivors.

2.6 Establishing Rigor

As discussed previously, qualitative methodologies are rarely associated with prescribed steps to adhere to in the course of research. Further, qualitative researchers focus on rigor rather than validity, as the concept of validity precludes the understanding of social constructivist or hermeneutical phenomenological ontology. Schwandt (1994) proposes, “Hence to judge an interpretation we might use criteria such as thoroughness, coherence, comprehensiveness, and so forth, and ask whether the interpretation is useful, worthy of adoption, and so on” (p. 122). He
further states, “Interpretive accounts… are to be judged on the pragmatic grounds of whether they are useful, fitting, generative of further inquiry, and so forth” (p. 130). Lincoln and Guba (1985) described four criteria with associated methods for qualitative research that can be contrasted with four criteria typically discussed in conventional quantitative research. They describe supplanting the concept of internal validity with credibility; one way of doing this being member checking. Rather than external validity they describe transferability, which thick description is used to convey. They discuss dependability rather than reliability and encourage the use of audit trails in order to achieve this aim. Finally, rather than objectivity, Lincoln and Guba describe confirmability, which they propose can be achieved through the audit trail and reflexive analysis. The following sections illustrate ways in which I attempted to ensure methodological rigor. Although they are discussed separately, these activities co-occurred and re-occurred throughout the course of analysis. My decisions were largely guided by the work of Corbin and Morse (2003), Strauss and Corbin (1990) and Creswell (2003), and Lincoln and Guba, (1985).

2.6.1 Member checking. I conducted member checking (Lincoln & Guba, 1985) at follow-up meetings held one week after each participant’s initial interview. Respondents ‘checked’ the data, clarified points not fully explicated at the initial meeting and shared thoughts or experiences that had occurred since the initial interview. Attending to criticisms by Morse (1994), Angen (2000) and Sandelowski (1993), new information not previously discussed in the initial interview was treated as another round of data collection and was analyzed alongside previously collected interview data. Information garnered through the latter interview did not replace data collected from the first. I concluded the follow-up meetings by re-administering the RRPQ and thanking participants for their involvement in the study.
2.6.2 Audit trail. I maintained an audit trail documenting the methodological and analytic decisions made during the life of the project. Such documentation includes all raw data, summaries, and descriptions of the coding, categorization, thematic generation and data comparison process, as well as a reflexive journal (Ortlipp, 2008). I used the self-situated reflexive journal to document insights, to make my relationship to themes and concerns transparent, and to identify thematic categories and their respective relationships. Content of the reflexive journal is presented at the end of the results section to provide insight into my process as the researcher. Audit trails may be provided to outside researchers to allow them the opportunity to assess the trustworthiness of a study’s results (Rodgers & Cowles, 1993).

2.7 Analysis and Synthesis

As in most phenomenological research, recruitment, interviewing, transcription, coding, theme generation and reflection occurred simultaneously as iterative processes. I transcribed interviews from the original audio recordings and de-identified them by using pseudonyms that I chose. Participants were offered the option to choose their own pseudonyms, but every participant declined. I conducted interpretive phenomenological analysis (IPA) guided by Shaw (2010) and Smith, Jarman and Osborn (1999). I analyzed each dataset (i.e., respondent narrative) individually before moving to the next. Each section within the results (i.e., each analyzed narrative) begins with a brief description of how participants described the most salient aspects of their identities. Next, I state the ‘index event’, or the experience(s) of sexual violence, which prompted respondents to volunteer for the research. Lastly, the number of primary themes and subthemes are indicated. A concept map follows each introductory paragraph for each participant, followed in turn by a description of each theme.
I generated a concept map for each respondent to illustrate the relationships between themes in their narratives. The location of each theme on the map was chosen based on its connection to other related themes. While the number of connections between themes is meaningful in understanding how respondents made sense of that component of their experience, its location (e.g. on the left or at the center of the map) is a byproduct of the map’s layout. Primary themes are displayed in bold, while subthemes are not bolded. Subthemes are displayed as overlapping or connected by a line, depending upon the relationship to the primary theme. Themes encompassed in dotted lines indicate the ways that participants contextualized their experiences. For example, one participant spoke about her experiences in the context of how she had made meaning through therapy, therefore her map is encompassed by a dotted line with the thematic label of ‘counseling’.

The final analysis was to conduct IPA across cases in order to present a synopsis of the most salient aspects of survivors’ experiences, which mapped onto one another’s narratives. This brief, across-case analysis is presented in what is traditionally reserved as the discussion section. This section is organized by similarities of this sample’s experiences of sexual violence, which align with what is commonly reflected within the sexual violence literature, and by unique features of this study population’s experiences.

3. RESULTS

3.1 Rebecca

Rebecca is a 26-year-old White lesbian/queer woman. She uses these labels interchangeably. Rebecca, the first participant to be interviewed, served as the pilot interviewee. Her interviews were the longest in duration, possibly due to the fact that she experienced more incidents of sexual assault than any other respondent. From the age of four until 21, Rebecca
experienced sexual assault by four different perpetrators, three known to her personally and one a stranger. Analysis of her narrative yielded eight primary themes and two subthemes.
Figure 3.1.1. Relationships between thematic categories in an interpretive phenomenological analysis of Rebecca’s interviews.
History of sexual violence in her life. Rebecca first experienced sexual assault at a very young age. The abuse began when she was four years old, the perpetrator was someone very close to her and only four years older than her, and the abuse lasted for three years. She stated that although she did not want to go into details, she thought it was important to mention this early abuse as ‘it may have set a precedent’ for the repeated experiences of sexual assault that she has lived through. From the time she was four until she was 21, four different individuals assaulted her. Between the ages of 16-18 she was sexually assaulted numerous times by two trusted male friends. At 21, while in college, she was raped by a stranger that she met at a bar.

In my defense this started very young, with somebody I very much trusted and so sometimes I make stupid mistakes like meeting up with the same guy three times or whatever. Um…but I think its cuz those first three times...were with people I really genuinely trusted and loved... I would just say for the sake of whatever it matters, that this happened as a child and then it became routine in my life.

Friend as perpetrator of sexual assault. The first time Rebecca was sexually assaulted by a friend, she was on a camping trip with Eric. “[H]e had a big crush on me and it was this thing that we had to talk about sometimes and work out...” Eric lived with her family on a couple of occasions because, as Rebecca described it, he had a bad home and school life. Eric’s father had raped someone in his family and therefore people told Eric that he would turn out like his father.

The second friend to sexually assault her was Mathew, an older man that she met through a mutual trusted friend, “He was a guy I got really close to and we would go to art museums and he would teach me how to draw and we would go to his house and we had a really good relationship.” The last time that Mathew assaulted her, she had met up with him to confront him about the previous sexual assaults.
Rebecca described coming home after being assaulted by Mathew. Eric was living with her family at the time. Disclosing her experience of being assaulted by Mathew made Eric finally realize that what he had done to Rebecca a year prior was sexual assault, “[W]e ended up having a really candid, I guess good conversation because I had always felt mistreated by him doing that and by his resistance to believing that was wrong. And he realized that finally after a year it was a terrible thing to do.”

**Textbook rape.** Rebecca spoke of how each of her experiences of sexual violence were painful and weakened her in some way, but she made a qualitative distinction with her last experience which was the most painful for her. She had previously talked about how she thought of her friends perpetrating assault as a kind of mistake. “I kinda think it was just a mix up. A terrible, misguided mix-up where somebody doesn’t have enough information about consent and is socialized to do things that are inappropriate.” However, she was unable to justify the actions of a stranger who pursued her in a bar:

I know a lot of the things that were painful about the last one, but I don’t know if it was because it was more real because it was a stranger and I couldn’t make up all my excuses or if it was cuz I was like in by dictionary terms officially finally…raped. Or, what it was exactly or if it was because I was already so weak, um, at the time it happened…

**Tactics used.** Rebecca did not describe the abuse she experienced in early childhood. However, her first two experiences of being sexually assaulted by a friend occurred in the same general way, where they assaulted her in her sleep or while they thought she was asleep. While on the camping trip with Eric and her mother, Eric assaulted her while Rebecca’s mother was asleep next to them and Rebecca was pretending to be asleep: “... I was asleep and he just started doing what he wanted to do and if I acted like I was about to wake up, he would stop until
he thought I was asleep again and then he would you know... put his fingers inside of me but at that point I rolled over and tried to act like it wasn’t happening."

Mathew, who sexually assaulted her a total of three times, also first assaulted her when he thought she was asleep. The following two times he held her down and masturbated on her:

He thought I was asleep and you know he acted alarmed when I was uncomfortable...[T]hen several months later he you know tried to act as though he was tickling me and like we were playing a game... and I was trying to push him off of me and trying to get him to stop but you know he was already interested in that and at that point, um, things got really uncomfortable and he ended up, I guess, masturbating while he was holding me down and um, still trying to act like it was a game and tickling me and telling me it wouldn't bother me and wouldn’t hurt and all that.

On the last occasion, Mathew’s roommate was home. Rebecca called to him for help but was ignored. She ended up crawling away and out of the front door.

When Rebecca was raped in college, she had been heavily drinking at a bar with another friend of hers because she was sad about breaking up with a girlfriend. She was with a friend from Women’s Studies and they were discussing sexual assault when the man first approached and began to harass them:

[W]e were talking about rape and we were talking about some of her past experiences of sexual assault… talking about when people force you to do sexual things that make you feel uncomfortable and how you handle them and what that means and what you know, the definition of rape is and what the sexual violence continuum is, and stuff like that, and he came up and was like, “I don’t know why any man would ever rape a woman because… I want my women to say ‘Yes Daddy, Please Daddy’”.

The stranger propositioned Rebecca, offering her $800 to have sex with him. He tried to pay for their drinks, pursued her and her friends around the bar and at one point rubbed his erection on her. Rebecca described how she and her friend along with another person had decided to get home from the bar when two of them were very drunk. She ended up in the car with the man who would rape her and her friend got a ride from another man, ‘[S]omehow it
made sense because if that guy tried to do something to Rena I would be in the other car and if this guy tried to do something to me, we would be in the same car, but it really doesn’t make sense, but that’s what happens when you drink too much.”

Instead of dropping her off at college, he got on the freeway, drove her somewhere out into a suburb of the city and took her to his house refusing to take her home. That night the man from the bar orally, anally and vaginally raped Rebecca. During the assault, he made her say, “Yes, Daddy, I like this.” Also during the assault, his girlfriend called and he answered the phone, covering Rebecca’s mouth.

Reactions to sexual assaults. Rebecca’s behavioral reactions to her numerous experiences of sexual assault changed over time. During her first assault by her best friend, she pretended as though nothing was happening and then confronted him about the experience later. The first time she was sexually assaulted by her older friend Mathew, she began by pretending that nothing was happening and then eventually stopped the assault and confronted him about how what he was doing was wrong. During the rape she experienced in college, she began with verbal and physical resistance but began to comply with his demands as she became more scared. Directly after the assault, she stole his medicine as retaliation for the assault.

Rebecca described the affective reactions to her numerous experiences of sexual violence as traumatizing, feeling demeaned, embarrassed, disrespected, and regretting some of her own actions.

Sequelae post-assault. Rebecca framed the sequelae of events post-assault largely in terms of physical and psychological trauma from rape, although there was clearly overlap between these, particularly in her account of inadequate medical and mental health responses. She also described in detail how her experiences of sexual violence, particularly the rape,
affected and ultimately lead to the demise of important relationships, altered her identity as a 
sex-positive person, and impedes her ability to be physically intimate.

Several days after the assault she was still experiencing vaginal bleeding and was unable 
to use the bathroom. Two friends were instrumental in getting her to the hospital for an 
examination. In her description of how her body felt she also reveals part of the psychological 
trauma that occurred which impacted her ability to examine her physical injuries:

I was very in touch with my body. I felt that things were different you know. I felt like I smelled different. I felt different. Things weren’t working and I didn’t understand why I was still bleeding… [O]ddly enough you know before that I was all pro-sex, pro-masturbation, pro-everything and I remember after that thinking that I was damaged in some way but I couldn’t actually touch myself to find out which was weird, that was the first time I ever felt that way.

She had bad experiences at the hospital, which further compounded the trauma she had experienced due to the actual rape. After waiting for several hours, she described how the intake nurse had gotten forceful with her about why she did not go to the police. Once she was able to see a doctor, her doctor made inappropriate comments and resisted conducting necessary tests and exams while a male nurse walked into the room during her pelvic exam:

[S]he was just very like, ‘well, he used a condom’…which he didn’t initially use a condom. And I said, ‘if you’re gonna fuck me or if you’re gonna rape me you could at least put on a condom’. And so he did… But he used it for everything…like oral, anal, vaginal. So, I didn’t feel like that was super fool-proof. I felt like at that point it could have torn. You’re supposed to change them. And she refused to do any kind of rectal exam despite the fact that I was having issues there. She didn’t refuse…that’s wrong…she just kept forgetting to do it… I think I had to ask her like 3 or 4 times to do my rectal exam and she finally kind of begrudgingly did for like 2 seconds and said everything was fine. Um…and that when people have anal sex it feels that way sometimes.

Unfortunately, Rebecca’s terrible experience at the hospital was a precursor to the quality of mental health care she would receive when she sought out therapy. Rebecca, as a Women’s Studies major in college, felt confident in her knowledge that none of her assaults had been her
fault, whether or not she had ‘made any mistakes’ before or after the actual assault. This knowledge seemed to slightly buffer the poor responses she received from the medical and mental health sector. After disclosing to her counselor about the rape and also the sexual assaults by Mathew, her counselor’s reaction was, “[S]he told me I had to ask myself what it was I was doing that made men act this way towards me. And so I never saw her again.”

When discussing her experiences with counseling and psychiatrists, Rebecca described how exhausting it was to continuously disclose to people who would then just turn around and either blame her or not believe her. She discontinued the process of seeking out professional support and relied instead on looking for books that could assist her as well as turning to her new girlfriend for support.

Rebecca described how she was unable to masturbate for a very long time and how difficult sex was for her and her partner. She would frequently break down in tears or would otherwise visualize being raped while they had sex, which would cause her to shut down. Even when they decided to simulate rape in a safe and consensual environment, it only helped them a limited amount and so she began to look for resources, “So I was like, ‘ok, this is a problem. I need to fix this.’ And I desperately searched for literature on how to recover from rape, how to have a relationship with a person after being raped, and how to have sex after being raped. Cuz I really really liked this person and I wanted it to work.”

Unfortunately, the books that Rebecca found were for women in heterosexual relationships and in no way mapped onto Rebecca’s experience. She read 12 books on recovering from rape and every one of them was heteronormative, “I never did find that when I needed it.” Later on, at a feminist sex shop she found what she had been looking for:

[M]uch later after our sex life was totally already destroyed and our relationship was totally destroyed, [I found it]. But it did include information for lesbian
women, bisexual women, straight women, and it was about having sex after experiencing trauma. And I thought it was so wonderful I bought it right away. It was everything I had been looking for and then I’ve never read it because it scares me. And because I haven’t had a serious relationship where I thought I had to bring up all that shit for myself again…

**Support system.** Throughout Rebecca’s interview, she described in painful detail the lack of support and the abundance of blame and questioning that she experienced from almost everyone around her, from her closest friends, counselors, doctors, professors to even her ex-girlfriends. This theme was closely intertwined with the actual experiences of assault she described and seemed to be the most salient feature of her experience as she shared her narrative. For example, her support system for Mathew was Eric, her first friend to sexually assault her. She described sitting in a bookstore the first time she confronted Mathew about what he had done and about how strangers at the store sided with him when he began crying, “I remember the other patrons at [the bookstore] actually somebody said something to me about how I shouldn’t make him cry or whatever. Nobody knew what we were talking about but, people did automatically side with him there, which was weird.” Some of her friends seemed to ‘change sides’:

Um, and then my support systems that were wanting to kill him, they talked to him at some point and they talked to me and I guess because it had happened more than once in the end they did question… they actually became friends with him. They weren’t quite comfortable telling me that like they believed what I said I guess but they just felt like maybe… it wasn’t that big of a deal.

Rebecca began drinking heavily her senior year in college. When she was being held at the man’s house who raped her, she called her ex-girlfriend for help. The ex-girlfriend told her that she could not put up with Rebecca’s behavior anymore. Even after the rape, Rebecca’s ex-girlfriend cut off contact with her because she could not support her. Her best friend also cut off contact after the rape because she thought Rebecca was lying. A number of friends did not
believe that she was raped and Rebecca therefore felt that there was no way that the police would believe her. She described having to pay out of pocket to find a counselor not affiliated with school who would address sexual assault and then she felt unsupported by that counselor. When she finally found two friends who did believe and support her, the same two friends that took her to the emergency room, they turned on Rebecca when Rebecca could not demonstrate ‘reasonable gratefulness.’ After her experiences at the hospital she closed herself in the house for a few days:

I went home and I didn’t talk to them for a couple of days and they got mad at me too. They were supposed to pay for the whole visit because Samantha’s mom was super rich like millions of dollars rich and her mom had been raped as a girl and wanted to pay for it um…. But I kinda holed up. I was afraid to leave. I didn’t want to talk to anyone and they felt like I was intentionally avoiding them in spite of everything that they had done. So they ended up not paying for it and they ended up getting really mad at me.

Even when her friends were not directly blaming Rebecca, she felt that they were questioning her:

And so I talked to Tina about it and she said that she believed I was raped but that her boyfriend didn’t. Which I don’t know why she felt the need to tell me that. But then she wanted me to clarify some things for him. So I guess she probably didn’t really believe me either but wasn’t really willing to say that since she was in a Women’s Studies class talkin’ about rape or something.

**Caretaking.** A theme consistently raised throughout Rebecca’s narrative was how she thinks of herself as someone who does not like to hurt people, as someone who takes care of others, and as a compassionate person with an impressive ability to forgive. This theme was raised on numerous occasions when talking about Eric and Mathew, her two friends who had assaulted her. She wanted to protect Eric by not disclosing how he had assaulted her, “*With Eric I didn’t talk to a lot of people because we…I had a lot of mutual friends with him. And because he lived with me and he was in a bad, he had a bad living situation at his own home, um, and so I*
felt that he really needed somewhere to be and really didn’t need a lot of that.” She even demonstrated tenderness when confronting him about the assault:

And with him I was very gentle about what I said. I didn’t say, ‘you sexually assaulted me’ or ‘that was sexual violence’… I just said what I thought he did was wrong and that you know, it’s not good that you know if he wants to do these things he needs to approach me while I am awake so that I can tell him no…

Even when describing the man who pursued her at the bar and ended up raping her, she seemed to need to justify her reaction after he initially approached her. When describing how she told him off she began, “And in general like I said I really like to make people happy, I try to be really nice to people but there are just some certain things you can do which are not going to be ok with me.”

She also wanted to protect her family from learning about her rape. With Eric and her family, she spoke about how the harm would be greater to them than to herself, “I didn’t want to tell my family… they would never forgive themselves despite the fact that it wasn’t their fault and I knew that they would try to kill him and so I didn’t want them to know. And… I also knew it would hurt them far worse than it hurt me.”

Rebecca demonstrated both a surprising capacity to forgive the people who perpetrated sexual violence against her as well as an ability to critically consider problems with cultural notions of consent in these assaults:

I assumed they were really super interested in being in a relationship with me and blurred the lines of consent and did these things that were terrible, um, that were maybe originally rooted in something that was not a terrible feeling – that they then did things that were inappropriate. Not that it excuses it but it somehow makes it better to me somehow…

**Sexual assault & sexual orientation.** Rebecca spoke about the relationship between her sexuality and perpetration of sexual assault as it pertained to her two close friends who assaulted her in her teen years. Both of these friends wanted to pursue a relationship with her in spite of
their frequent conversations about how Rebecca was a lesbian and not interested in them or any
men in such a way. “I think maybe they felt they could push the envelope a little bit more that
way because they knew that I wouldn’t give them the time of day. So maybe they felt like more
drastic measures were needed.” She described one of these conversations with Eric, her best
friend, when they were on the trip in California, just days before he sexually assaulted her:

[B]efore we were ever in that tent, when we were in Los Angeles at a hotel and
um…the car had broken down and my mother was gone to get it fixed and we had
a whole talk about – about me being narrow minded and me not being able to
break out of my box and that I shouldn’t feel so secure in my lesbianism and how
would I know if I didn’t try.

Being sexually assaulted by her friends was painful enough, but she described a type of
secondary victimization because they had both knowingly and intentionally violated her sexual
orientation. She tried to explain this to Mathew on one of the two occasions when she met up
with him to explain how what he did to her was wrong. She explained how she had finally come
to a place of pride in her sexuality after having been so ashamed, and how the timing of his abuse
added insult to injury:

I met him… to tell him that… what he did was really inappropriate, and that it
really scared me and not only that but that I felt like he knew I was a lesbian. And
he had somewhat, in some way disrespected me in that way too that he was
refusing to acknowledge it. And obviously like the sexual assault was just a
disrespect in general but um, mixed up in that was his… trying to tell me that if I
was with him I wouldn’t be a lesbian and I just needed to give that up, and I
should just give it a shot and kinda like the whole idea that if I didn’t give him a
chance then I was just kinda being a bitch because there’s no harm in trying…

Rebecca also described how experiencing sexual assault impacted her sexuality, though
not necessarily her sexual identity. She described how the men she trusted the most may have
been the most likely to assault her, so therefore she could not conceivably ever trust a stranger.
In college she learned about ‘queerness’ and took up the mantle personally because she thought
of it as a more helpful model for understanding sexuality. Although she still uses the label queer
to describe herself, she does not feel the same ability to be open to different types of sexual relationships as she did in college:

I guess you know, after being raped in college I had solidified a lot of that in my mind and still felt comfortable enough saying I was queer and feeling queer and…you know I guess the ideas about my sexuality didn’t change so much except that at this point I can’t imagine sleeping with a man just for fun again. And I think that had that not happened I would have done it again for fun. But… I can barely sleep with a woman – I doubt I’ll sleep with a man again for a long time. Or…not just have sex with a man I guess…but do much of anything.

**Ongoing effects of rape and sexual assault.** Rebecca described the ways that rape stays with her as being in the little personal details that only matter to her. She described how when she thinks about rape in her life, she does not think of the long explanations that she gave to me but of the little moments that continue to traumatize her. One particular example came out of the last time she was assaulted by Mathew, as she was crawling away. Right as she was leaving he made a comment about how she looked like a little girl in her tennis shoes. This singular statement seemed to encompass all of the trauma that he had inflicted upon her over time. Approximately a decade later she cannot bear to look at her feet if she is wearing tennis shoes. She also described on more than one occasion how trauma can reduce you to having irrational thoughts or questioning things that you know, like when she began to take a bath after Mathew ejaculated on her and became terrified that she would become pregnant:

But when I think about rape what I mostly do think about is actually more like the little details that are like only probably helpful to me. You know? Or hurtful to me. Or they are only things that I think I probably care about… I mean being raped is somehow being reduced to some…like you get stuck in some weird world where you’re not quite yourself and the things you know you don’t know anymore. And even though you know them in your head you don’t know them in your heart anymore.

### 3.2 Olive

Olive is a 36-year-old White bisexual woman who is married to a man. She has multiple sclerosis and is from the Midwest. Olive had been attracted to women in her teen years but did
not begin to identify herself as bisexual until 20. She does not identify as being part of the LGBT community, but sees her sexuality as an openness to pursuing relationships with the person she connects with rather than with a person of a particular sex or gender. Her identity as a pothead and a hippie characterized her young life and the community of people she was surrounded by, particularly around the time of her rape at 19. The analysis of her narrative yielded eight primary themes with two subthemes.
Figure 3.2.1. Relationships between thematic categories in an interpretive phenomenological analysis of Olive’s interviews.
Description of rape. At the age of 19 a drug dealer who was an acquaintance she was interested in raped Olive. She had stayed over at his house one night after a deal and they had taken acid and smoked marijuana. In the morning they began to have sex, but Olive was not producing lubrication, potentially due to the drug use or because her period had just ended. When she tried to stop him he held her down and raped her. Olive’s described the way that she immediately repressed being raped as central to her experience, “I remember like curling up, like getting as far from him as I could on the other side of the bed and...I immediately disassociated from what happened. Like absolutely immediately.” She described how the subconscious trauma was compounded when she saw a gynecologist the next day because she could not understand why she had experienced such painful sex:

I had so pushed out the fact that I had been raped that I totally had internalized it and it was me, my body, there was something wrong with me. To the point that we made an appointment for me to see a gynecologist to go check and make sure nothing was wrong. And I remember that gynecologist visit really clearly too cuz he wasn’t my regular gynecologist... So it was like whatever man doctor was in the office that day. And him doing the exam and just doing the finger exam and that being so painful and feeling so violating to me...and he was very like whatever and flippant that in my experience a lot of male gynecologists can be.

Repercussions of assault. Soon after being raped Olive’s life took a volatile turn. She left town without telling people where she was going, she became very promiscuous, and she did more drugs. She described being unable to connect with anyone and how this made her feel angry and isolated. She described how she was more attracted to women but was focused on regaining sexual control with men and thus initiated one-night stands and had unprotected sex.

Rape ruined relationships. Olive described how she had developed strange boundaries, was very guarded, and had trouble connecting with anyone after her assault. Her experience caused problems developing friendships or relationships. One particular story she shared illustrated how the results of her trauma damaged her relationship with a woman she was dating
at the time. Due to her own difficulty acknowledging and making sense of her rape, she questioned a girlfriend’s assault experience:

[S]he was telling me this story of being… I don’t think it was full penetrational rape but it was definitely sexual assault. And I remember trying to talk her out of it. Like not real aggressively but like questioning like, ‘are you sure it happened’ because I was so…and like before I had been raped like I would never had done anything like that. … I am not that insensitive. But I was like, all of that was about where I was at.

**Unhealthy relationships with men.** Olive described all of her relationships with men post-assault (with the exception of her current husband) as having been unhealthy and most of them as having been emotionally abusive. She related how she would have never accepted being emotionally abused by women, but with men it was acceptable. For years she was focused on regaining control through sex, which was more important than her attraction to other women:

You know, like I would use my feminine wiles and you know like this was during the repression period and then even afterwards… the whole time I was always way more attracted to women but I had way higher standards for women. And I had this fucked up need to regain control of sex with men.

**Relationships with women.** Olive described how relationships with women should be deep and meaningful. She was more attracted to women and connected with them at a deeper level, but the results of her rape caused her to pursue fewer relationships with women:

I think I was with a lot more men than I would have been with otherwise. And I think I probably…its hard to say because I don’t really know…but I think I probably would have dated more women in general because I wouldn’t have been so unconsciously focused on this retaking control of my sexuality with men back.

She fell in love with one woman soon after uncovering her experience of rape, but described this woman as also having emotional damage that caused her to be emotionally abusive. Olive ended their relationship as a result.

It was not until eight months later during a conversation with an old high school friend that the question of her rape arose. They had been talking about sex and Olive shared the story of
how she had very painful sex one time. Her friend responded that it sounded as though she had been raped. “I was like, ‘What!? You’re crazy.’ And then I paused for a minute and I was like…that’s sorta weird. And then I don’t know if it was that night or if it was within the next week that I started having flashbacks to those moments of like screaming no and being forcibly held down.”

**Difference between rape & repression.** During Olive’s narrative, she divided her description of the painful and volatile period after her rape into two sections, the repressed period and after she had uncovered the memory of the rape. She described both of these timeframes as ‘fucked up times’ with a lot of drugs, pain, and promiscuity, but she began to understand herself and her behavior once the memory of the rape was uncovered.

So then I went through a whole new period of being fucked up because then it wasn’t like the being fucked up of being repressed but it was like actually absorbing that I had been through this experience and like how absolutely horrendous it was but then I started understanding why like well now it makes sense that I wasn’t connecting with people and now it makes sense that I was like sleeping with random men that I had no interest in – like total one night stand kinda things, unprotected sex, and just like not caring.

Olive described the unique trauma associated with repression and the process of uncovering a traumatic experience. For her, it is more painful when people question the act of repression than the rape itself:

Like, I mean seriously, like I had repressed it within minutes of it happening. It’s just a much easier coping mechanism apparently for me. And it just…I think it made me angry to hear people say…like when I was recovering and like those years after it, after realizing it, it made me angry to hear that repression of the assaults was not possible than it did for me to hear someone like talk about an assault itself.

**Disclosure.** Olive did not disclose her experience to many people. She was concerned that she would not be believed because of the drug use involved and because her assault would be described as date rape. Disclosure was painful due to the threat of distrust:
I was so uncomfortable with this story and I was so uncomfortable that like drugs were involved and it was sort of a date rape situation and you know….it just makes things very blurry and when you tell the story it just makes things very blurry to people who don’t understand what this was about. I usually just didn’t want to deal with that. I was already processing it and I was already going through it so like why create situations that then I would again feel more uncomfortable or more like self-violated cuz like I had created this uncomfortable situation.

**Meaning making & healing.** Therapy was central in Olive’s recovery. Although she initially went to therapy following the death of her grandfather, she used therapy as a way to make sense of all of the unhealthy relationships with men that she had experienced in her life.

**Making sense of early experiences through therapy.** It was in therapy that Olive began to question her father’s behavior and work through some of her early issues with him. Although she did not describe her father as sexually abusive, she did describe how her father was sexually inappropriate when she was young. She described the process of questioning his behavior and his role in her life as both a good and a bad thing. She is ambivalent about her early experiences. On the one hand she seems to want acknowledgement for children when something inappropriate is happening. On the other hand she worries about making them scared or uncomfortable with too much direct discussion of potentially inappropriate behavior. In some ways it seems harder for her to make sense of her father’s behavior than the rape. This is mirrored in her questions over how to protect children:

But like at what point does it become inappropriate? And does it just confuse a child more? I mean like what – which way is more beneficial? To be more confused and more… uncomfortable in your childhood or grow up and then go back and say when you’re more mature and say, ‘oh…hmm….’. I mean which way…how do we know what’s more damaging and what helps us more?

**Wholeness.** Time and therapy have healed Olive. It was a long process with a high toll, but as she healed she no longer needed drugs. She believes that because she is whole she can talk about her experience and support others who are currently trying to heal after sexual assault:
I will talk about it now also with people I don’t know as well because I am in a place of, I’m at peace with it. Like I’m aware of that there are probably little aspects that it affects in my life. But I’m at a point in my life like I said before where it doesn’t affect me daily. But its something that like if I meet someone and they are going through it, I can share my story and say like ‘and here I am now’ so like ‘you can become ok from this’.

3.3 Barbara

Barbara is a 44-year-old lesbian. She identifies as a White-Indian (Native American) Southerner. Barbara experienced repeated instances of sexual abuse beginning at the age of 5, as well as physical and emotional abuse at the hands of family members. She was raised as a Christian in a family with a long history of violence. Analysis of Barbara’s narrative yielded 10 primary themes with six subthemes.
Figure 3.3.1. Relationships between thematic categories in an interpretive phenomenological analysis of Barbara’s interviews.
Specific aspects of her abuse.

Sexual abuse. When she was five years old and then again at seven years old, two different friends of her stepfather molested Barbara. She does not remember how long the abuse lasted. Barbara described the confusion of experiencing sexual abuse as a child; she did not tell anyone about these early experiences of sexual abuse until she was in her twenties: “So, you know at 5 years old you don’t know what to do with all that. I didn’t say anything to anybody cuz he told me not to and we were just special friends.” When describing her abuse at 7 years old she stated, “My mother was just never around, you know she was in school and working and so forth so it was just uh, I think it through the experiences I just didn’t know what to do with the information and uh, I was told never to tell anybody and you know it was our little secret.”

When she was between the ages of 9 and 12, Barbara’s brother sexually abused her. If she resisted his sexual advances, he physically beat her. She had a heart condition and if her other brothers were not around to protect her, he would beat her until she gasped for air. When she was 12 years old and her brother was 15, he wanted penetrative sex. At this point Barbara ‘put her foot down’ and threatened to kill him if the abuse did not stop. She described this period of time as torture.

Physical abuse. Barbara experienced physical abuse by both her brother, who sexually abused her, and by her mother. While her mother beat all of her children, the worst of these beating were reserved for Barbara. By the time she was 17, Barbara described having so much pent up anger from years of abuse that she threatened to retaliate against her mother:

Whatever she wanted to pick up to beat me with, or slap me into next week as she called it… she did that until I was – I think the last time I was 17 and I had already left home and I had gone to her house to talk to her about everything and she decided she was going to beat me up to change what I said and I told her then ‘if you ever touch me again I will not stop myself and may end up killing you’, because I had so much anger. Besides being angry about my, about being sexually
abused by three different men but just because I was being physically abused by her, and mentally.

**Emotional abuse.** Her mother was emotionally as well as physically abusive. Barbara described how her mother took a lot of her anger out on her because Barbara was a tomboy and hardheaded and Barbara’s mother had unresolved issues from her own experiences of abuse. At one point in time Barbara’s mother accused her of having an affair with a substitute teacher who was Barbara’s primary support system in her time of crisis. When Barbara was 15, her mother accused her of having an affair with her stepfather. “And how she could think that a teenager could decide to have a relationship and that was my decision I don’t know. But she did accuse me of sleeping with him when I was 15, 16, yeah.”

**Emotional toll of abuse.** The toll of years of abuse coupled with keeping all of this abuse a secret led to a lot of anger, an eating disorder, and ultimately to a time of crisis when Barbara attempted to take her own life. Today, Barbara describes having ‘blocked out’ a lot of her past but she states that the damage is permanent; trauma is lifelong:

I’ve blocked out so much of what happened, I don’t remember all of the details or how many times we you know…how many times they molested me. I don’t remember those kinds of details. I remember it happened, I don’t remember a lot of my childhood. Um, I pretty much tried to forget you know? And I have. My mom and brothers can bring up something and I’m like, ‘I don’t remember that’ you know?

She still experiences flashbacks that sometimes come out of the blue, triggered by a smell or something someone says. However, when she is in a relationship, particularly in moments of intimacy, these flashbacks are vivid and retraumatizing. Barbara described one incident that precipitated the ending of a romantic relationship with a controlling and abusive girlfriend:

I remember standing at the sink and all of a sudden she came up behind me and she started kissing me on my neck…I started having flashes and just totally just felt my skin crawling just like I was back in the moment and it was like being sexually abused at that time that I just totally freaked out and jumped away from
her and was like, you know tried to play it off like, ‘I don’t feel like it right now’ or whatever but I just from that point on every time she touched me I just felt like puking and just like my skin crawled. I was just done you know.

She does not think that these flashbacks will ever stop, no matter how much counseling she engages in or medication she takes. The best way she knows to minimize these flashbacks is to not be in a romantic relationship.

Toll on romantic relationships. Barbara described not only how bad romantic relationships can resurface her trauma but also how the effects of her trauma ends relationships. She thinks this is why she has not been in a relationship for the past six years. She has been in abusive romantic relationships and in relationships with other survivors of child sexual abuse. She described how being with other survivors of sexual abuse was particularly hard. She felt abused by partners who would ask her to play out rape fantasies.

Reframing. In spite of her long history of abuse and the ways that this abuse continues to impact her life, Barbara attempts to look at the bright side of her experiences. She described how her experiences have caused her to be a more compassionate person to both people and animals. Her abuse has led her to try and protect other children. She also feels as though she has developed a sixth sense about identifying perpetrators:

Has it impacted my life in a negative way? Yes. Has it impacted my life in a positive way? Yes. Um...it has made me more aware and pick up on things… I don’t think I’d normally pick up on. Um, I feel like I have sixth sense that um, I remember one occasion [where I worked], we had a client come in and just was an ordinary man. Just nothing stood out. But all of the hairs on my neck went up – just this man freaked me out. And I told someone later I said, ‘he abuses somebody’ and I truly believe that and I’ve had that happen off and on my whole life and I just get sickened by some people and I just get that feelin’ and I just, I run. I run.

Family history of violence. Child sexual abuse was not only common in Barbara’s life but in her family history and local community. She described it as normative but never talked
about, “[B]ack then you trusted your relatives and you were real close with people, friends and they watched over your kids and you know it wasn’t really, if it was well known it was just hush-hush and it was just one of those things.” Barbara believes that a lot of people perpetrate sexual violence because they were abused themselves, although she mentioned that she thinks everyone has a choice. She spoke about the threat of ongoing sexual abuse at the hands of her brother and stepfather, people whom she feels may still be abusing children today.

Barbara believes that her mother had a long history of abuse herself, from sexual abuse early in her own life to psychological abuse at the hands of Barbara’s father and stepfathers who were all alcoholics. Barbara was conceived when her father raped her mother, which Barbara perceives as having led to a lot of the abuse she experienced. For Barbara, that her mother was so callous as to disclose that she was conceived by rape was another example of how her mother was emotionally abusive to her.

**Relationship with mother.**

**Early relationship.** Barbara did not have a good relationship with her abusive mother. She felt that her mother was too hard on her, that she blamed Barbara for everything, and that the abuse was inevitable, even if she behaved like the perfect child. Her mother was also not around to protect her from the sexual and physical violence she experienced in her childhood. At one point, her second stepfather tried to convince her mother to relinquish custody of Barbara to an aunt, which her mother refused to do. At the time Barbara thought that this was out of cruelty, because her mother wanted to have her around to beat on and to blame. Later in life she came to understand that her mother was probably trying to protect her from the sexual abuse that occurred in the would-be adoptive family. Of all of the painful experiences with her mother, being erroneously accused of having sexual relationships with her stepfather and teacher and
telling Barbara that she was a product of rape were the most painful. Barbara’s family cut contact with her once Barbara came out as a lesbian.

**Relationship now.** Today both Barbara and her mother put forward effort in maintaining a relationship. Barbara says that this relationship stays rather superficial but is necessarily so, as her mother does not approve of her ‘lifestyle’:

[T]hrough the years I reckon she…feels that I haven’t changed, it doesn’t mean that she’s changed her beliefs but she’s more accepting and doesn’t bring it up much that I’m going to Hell. And when she does I just say, ‘I’m gonna stop talking, I’m hanging up now. And if you can’t behave then we can’t talk.’ So, at least she wants to make – have that connection with me, more than what she used to. She makes an effort. And I appreciate the effort because I know how she feels.

**Developing sexual identity.** Although Barbara knew that she was attracted to girls at a young age, she was ashamed of this and tried to act ‘normal.’ She mentioned that it was not only wrong but also dangerous to be a lesbian in the South. As she grew into her teen years, her shame and guilt grew:

… I was like what are you doing? You’re not supposed to look that way. You’re not supposed to act that way. You’re not supposed to feel that way. And um…especially if you live in [the South]… that was just not the proper way. You could get strung up for being a lesbian. Um, so…I tried to do the normal things, hang out with guys, date guys…um…but…I didn’t talk about guys the way that girls did that I knew.

Barbara described numerous failed attempts at being heterosexual. Meeting a friend who identified as a lesbian precipitated Barbara’s process of admitting and beginning to embrace her sexuality. She would eventually move to a large city with this friend and pursue a relationship with her. Barbara described that period as the first time in her life that she felt free.

Barbara stated that she knows in her heart that experiencing sexual abuse did not cause her to be a lesbian. It may have affected whether she lived as an out lesbian or not, and it certainly impacted the way she lives her life, but it did not cause her sexuality:
I don’t think that me being sexually abused in any way determined my sexual orientation. Um, I think it made me more determined to get out of a religious box and do what I felt was right for me emotionally and physically cause otherwise I think I would have stayed and gotten married and had kids even though it wasn’t what I wanted to do, I think I probably would have done it just to please my family and then I would have had to, you know who knows if I would have ever tried to come out of the closet. I probably would have tried to sneak around and done it, who knows.

**Dangerous heteronormativity.** After Barbara came out to her family, everyone except for one brother cut off contact for about 10 years. The conservative ideology that Barbara was raised with, which she described as fueling her internalized guilt and shame, coupled with the desire to regain her family’s love led Barbara to ‘check’ her sexuality multiple times. Barbara described three different incidents where she was almost raped because the man she was with wanted to have sex and she either did not want to or had changed her mind and ‘backed out.’ Barbara described how conservative and religious ideology could lead to unsafe situations, including rape:

I think when kids… in the Bible belt are taught that uh…its against God’s will and that you’re going to Hell…we tend to put ourselves in situations we should never be in. And we end up sometimes getting raped for it. Because we’re trying to prove that either we’re straight or trying to make ourselves be straight, or just to clarify that we’re either lesbian or gay. Uh…and I think that’s wrong… I felt I had to, to try and be straight for my family because they wouldn’t love me. And they didn’t love me for about 10 years.

**Addressing the problem.** For others who have survived trauma, Barbara thinks that it is important to find a therapist that you trust. Her early experiences with mental healthcare were not positive but as an adult she has periodically pursued counseling and psychiatry. Barbara thinks that counseling is an essential part of treatment and that medication on its own is not enough. She does not think that counseling and medication can necessarily fix everything. In the end she says that she tries to dwell on the positive and that ‘you just have to do the best that you can to get by’.
Barbara also thinks that it is imperative that children have someone to care for them and that children should not be blamed. She says that people need to be knowledgeable about child sexual abuse and that children need to be trusted and protected from harm. The things that Barbara spoke about as being so vital were the very things that she did not have as a child.

**Improvements.** Barbara thinks that things are better for children and adults today. She says that there is more awareness of child sexual abuse and that children are safer. She also describes how there is more awareness about rape and that treatment of abuse is better now than when she was a child.

### 3.4 Maria

Maria is a 31 year-old Hispanic lesbian. She identifies as White and Peruvian. Maria was raised primarily Catholic but with some Jewish influences, and currently identifies as Protestant. Christian values are important to Maria. She primarily identifies as lesbian or gay, and uses these terms interchangeably. She also describes herself as being 20% straight, occasionally feeling as though she could, although never quite did, pursue dating men. When Maria was 12 years old she visited her maternal grandfather in Peru and he sexually molested her. Analysis of Maria’s narrative yielded eight primary themes with one subtheme.
Figure 3.4.1. Relationships between thematic categories in an interpretive phenomenological analysis of Maria’s interviews.
Confusion over molestation. Maria described the confusion of being molested by her grandfather and her trouble making sense of the experience afterward. She described trying to justify his behavior, based on his poor eyesight and their language barrier. Ultimately, she was unable to absolve him of the abuse:

Oh my grandfather was always, even though he was ill medically it never affected his mind at all. Like it wasn’t - he never suffered like Alzheimer’s he was always like very cognizant of what was gong on… I was 12 and I knew this was bad but I didn’t know what to do because I was 12 and I was just very like weird… I was very confused by the whole thing. And I never told my mom because I didn’t know how to word it. Cuz like, it was very weird. It was just very weird.

Intergenerational violence. Although Maria participated in this project due to her experience of molestation; a great deal of her interviews and the ways that she described the themes within her interviews were nested within a context of intergenerational violence, which impacted the relationship she had with her mother.

Mother’s abuse toward Maria. While both Maria and her mother suffered the abuse of her grandfather, Maria’s mother was also abusive towards her. Maria described her mother as emotionally unstable growing up. Her mother was very angry and often took out her anger on Maria. She was emotionally abusive for most of Maria’s childhood, from about age 8 until age 17. She described how her mother used to chase her around the house threatening to beat her and how her father would have to intervene.

I do remember a couple of times when I was like 10 – I don’t remember why she did this either but I remember her… she did this twice and I remember my dad, I think the first time she did this he had to undo it and then the second time he undid it immediately and they had some giant fight about something, I don’t know. But I remember she belted me into this chair and then she was just yelling at me about something, I don’t even remember what. Like, I don’t know. Which is weird, right? I mean that’s like, that would be considered abusive right? I’m assuming.
Through our interview, Maria came to see the larger context of ongoing intergenerational violence in her family, a new and uncomfortable realization for her:

[L]ike you repeat what you grew up with right? And your parents, by that same logic, repeat what they grew up with. So my mom grew up in a household I think that was kinda violent and abusive, and kinda dysfunctional… But then our relationship is fucked up. So, there’s a lot of dysfunction going on. Which I worry about personally. I worry that if I ever have children like oh my god would I ever – like I don’t think I’d ever do what my mom would do to me ever but I don’t know, I feel like once you’re exposed to that it messes you up... I worry about that. I don’t want to bring any of that to if I ever have children… even if the cycles diminish each generation, I don’t want to diminish it. It would be nice if it would just be gone. You know?

**Mother’s experiences of violence.** Maria’s mother witnessed a lot of domestic violence between her parents. “*My mom has this weird reverence for him and then she would tell me about how my grandfather used to beat up my grandmother and they would all hide in the attic when she was growing up, and like he gave her a black eye and stuff.*” Based on her mother’s erratic behavior in Peru, Maria wonders whether her mother may have also experienced child sexual abuse. On one occasion Maria found her mother sobbing in her childhood bed. During one of their many fights while in Peru, her mother screamed at her and said that she hoped Maria would be kidnapped.

**Trouble with disclosing the molestation.** Maria’s mother’s love for Maria’s grandfather was confusing and difficult for Maria to hear about: it also made it impossible for her to disclose her experience. Maria believed that her mother either would not believe her or would have a mental or emotional breakdown if Maria accused her grandfather of molestation. She felt either way as if disclosure would do more harm than good. Maria described numerous times how painful it would be if her mother did not believe her:

[M]aybe its like a reflection on my relationship with my mom, but like it’s not about not trusting her but I really did worry if she would believe me. And I don’t, I don’t know how to explain that. Like that doesn’t sound great. But like if I had a
child and something like this happened to them I would want them to tell me and I
would want to think that they would know its ok to tell me-, like even if its about
my father, I mean obviously that would be very hard to hear but um, you know I’d
like to think that there’s that, like I choose you over my father kinda thing you
know? And I don’t feel that from my mom.

While Maria has not disclosed her experience of molestation in therapy, she has told
romantic partners:

I guess me telling people I’ve dated…they were important people to me but they
were just people I dated. Versus telling someone in a more professional sense
made it really real, like oh this is something that really happened. I guess I wasn’t
really ready to deal with it in that way.

Maria is currently dating someone and spoke about how she wanted to disclose the sexual
molestation to her partner, but worried that the disclosure would impact their future intimacy:

[I]f I tell her this whole thing is that gonna affect what we, if we ever do stuff?
Like is that going to affect like, is she going to be worried about that? Or is she
going to be worried about like, ‘oh I don’t want to do this yet’ or whatever, it’s
gonna – it’s gonna change something.

**Results of abuse.** Maria described initially coping with the sexual abuse by forgetting,
but the trauma re-emerged in her teen years. She feels that abuse stays with you: one has to
address their issues or else they will just re-emerge again. Maria described herself as a depressed
and angry teen. She worried about the impact that her grandfather had on her perceptions of men
and went through a type of conscious cognitive restructuring where she actively chose not to hate
men based on what her grandfather had done to her. Nevertheless, her abuse has caused
problems with intimacy and sexual vulnerability.

While the specific act of sexual abuse primarily resulted in these concerns over intimacy,
the context in which her abuse occurred also stays with Maria. Visiting family in Peru is difficult
for her. The experience of being molested at 12 is always in the back of her mind, but having to
remain vigilant to protecting herself from her mother’s emotional abuse while in Peru compounds these feelings and leaves Maria feeling drained:

Peru brings out something weird in her and I don’t like it. And its…when we’re there for more than a few days I don’t know, there’s some emotional stuff that comes up in her and I’m usually the one who has to deal with it. And so…cuz she’s not going to be crazy to my relatives which is nice but she feels very comfortable with me. And I generally don’t fight back. I just kinda try to let her be crazy and avoid it.

**Family Dynamics.** Maria describes her father as being a lot like her, having an avoidant personality. Her parents used to fight and yell a lot. Her family does not want to understand their behavior and although she wishes her parents would try therapy and attempt to address their behavior, she knows they never will. She wishes they had been better parents. Her brother has a disability that seems to have protected him from their family’s dysfunction, which left Maria having to ‘carry her parents’ baggage.’

Unlike her parents, Maria has attempted to search for meaning and understanding in the family dynamics as well as her own behavior. She modeled her parents’ behavior in her first romantic relationship by engaging in a lot of yelling. While Maria’s parents only believe in therapy for treating a disability, such as her brother’s, Maria sought out therapy in order to address her issues.

By her mid-20’s Maria had begun to understand her family better. Not only does she better understand her mother, but she also understands her experiences with her mother as emotionally abusive. She is not sure if she would define her mother’s behavior as physically abusive, but did acknowledge that some of her experiences would be labeled as child abuse today. She still wishes that her parents were open to a healthier way of expressing their emotions and wishes that her mother would stop mistreating her when they visit Peru. She can handle her mother’s treatment better today, but it still comes with a toll, “*When I was younger I used to*
really blame myself. But now I don’t… It still requires me mentally disconnecting. Its still not something that’s easy for me to do. And its emotionally draining to have to like do that with your mom.”

**Sexuality.** Maria described being same-sex attracted prior to the sexual identity development process. She described how a person may always know that they are attracted to women but not really understand what that means until 15 or 16 years old. Once she understood her attractions, she felt as though it was wrong and ignored her sexuality because she was ashamed of it. At age 20 she met another woman who was attracted to women and they dated for a brief period. Maria came out to her family and friends when she was almost 22. She had grown up in a very heteronormative environment and seemed to display some signs of internalized stigma. The reactions to her coming out were generally positive and a lot of people were not surprised when she came out, but this upset Maria.

**Sexuality & abuse.** Maria was introspective and open about whether there was any relationship between her experiences of abuse and her sexuality. Her anger at her grandfather, her depression, and the dawning of her same-sex sexuality began to emerge all around the same time, when she was 15 or 16 years old. She sees this confluence as more a function of adolescent development rather due to any causal relationship between the abuse and her sexuality. She further speculated on what she perceived to be a commonality among a lot of same-sex attracted people’s experiences, “I don’t know, I assume that every gay person goes through some sort of ‘why am I gay thing’. And I guess cause that is part of my life story that was there. But…like I don’t think that’s why I’m gay at all…”
3.5 Naomi

Naomi is a 23-year-old first generation American. She was raised by Christian Jamaican parents in the suburbs of a large city in the southeastern United States. She identifies as agnostic and only dates women. At 15, a young man she had been dating for a couple of months raped Naomi. She also had a number of other sexually coercive experiences, as well as at least one other experience of sexual assault in her early adulthood. Naomi’s narrative analysis yielded eight primary themes and one subtheme.
Figure 3.5.1. Relationships between thematic categories in an interpretive phenomenological analysis of Naomi’s interviews
Experiences of sexual violence. Naomi opened her narrative with the way she understands sexual violence and the central role that consent should play in understanding such experiences. The issue of consent in framing sexual violence broadly was a topic that re-emerged:

I guess my experience um didn’t involve as much like physical violence as some people expect like when they hear about experiences of like rape but, I feel like what’s important is the whole concept of consent and if there isn’t any consent and you’re in a place where you feel like you’re doing something that you didn’t want to do then you don’t feel like you’re doing like something is being taken from you. Something is being robbed of you.

Naomi was date raped at 15, contracting something from this assault that she did not learn about until years later. A friend in college sexually assaulted her again at 19. When she was in college, a group of her friends had gotten drunk together and she had stayed over at their house. She shared a bed with one of her male friends who continuously tried to force himself on her even though she protested numerous times.

She described all of her other sexual experiences with men as sexually coercive, “Pretty much every boyfriend I had at some point in time I had told them no, not interested and somehow we ended up still having sex even though I had just said that I didn’t want to do it... like every boyfriend that I had.”

Effects of sexual violence. Naomi’s continuous negative experiences with men have had a broad and lasting impact. After her first experience at 15, Naomi lost interest in sexual experimentation. She stopped trusting men and has struggled with issues of trust in intimate relationships ever since:

[Sexual assault] gives you this feeling where I still didn’t trust anybody completely who could find me sexually attractive. Because it was like what do they want from me? If they’re sexually attracted to me then that means they must want sex. And if they want sex then that means that they want something from, not necessarily that they want to give me something... So even when I
transitioned into dating women, um, I still had a hard time connecting on that level. Or allowing people to try to connect to me on that level where it could even lead to some type of romantic or sexual relationship.

The lack of support she received after the assault in college and the negative reactions from her friends amplified questions over why she never felt justified to physically fight back:

I feel like interestingly enough, part of the problem that I had with myself and the way that I handled it was the fact that I didn’t try to fight back. And every time someone had like oppressed me in a sexual manner like I never, I never really you know thought it was ok for me to actually physically fight back… [W]hen I told people about it later they were just like, well why didn’t you leave? And I didn’t really know. I didn’t really have an answer... I think maybe that was part of what I lost the first time around. But I – I still haven’t really figured that part out.

**Claiming rape.** It has been difficult for Naomi to claim her experience as rape. For one, there has to be an understanding of consent to label an experience as rape and at 15 years old she did not have this understanding. Later on however, with that knowledge, she still had trouble claiming the label. As a Women’s Studies minor she feels confident that her experience constitutes the definition of rape, however knowledge and experience do not always intersect. She still struggles with focusing on ‘her mistakes’ that put her in the back of the car at 15 years old that led to the date rape. When she talked about her experience in college, her friends’ focus on Naomi’s behavior, rather than the mutual friend’s perpetration of sexual assault, also impeded her ability to label that experience. Relating back to what she said in the beginning of her narrative, Naomi described how painful it is when a ‘no’ is not enough and that women should not have to fight to stop an assault. With this, Naomi was asserting that society gives credence to a victim’s claim of rape if they fight back physically. “*The culture that we live in has groomed women to feel like men are expected to have this overt sexual desire for women that they can’t necessarily control and women have an obligation to if they feel uncomfortable they need to make it physical or something like that to show you know how serious they are about their no.*”

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Throughout Naomi’s narrative, she continuously shifted between two frames of understanding her experience. At times she spoke of her experiences on a very personal level and revealed her questions about her ‘responsibility’ in the rape and sexual assault and about her reactions to the assaults. However she also framed her experience in the larger cultural context of a society that demeans and oppresses women. When she spoke from the latter frame, she was more likely to label her experience as rape, to understand her friends’ responses as a product of their socialization, and to look for solutions to the problem of sexual violence at a systemic rather than an individual level.

**Sexual violence as a cultural vs. individual level problem.** Naomi spoke quite a bit about sexual violence as a cultural rather than an individual level problem. She described her personal experience as a broader example of inequality, mentioning how our cultural attitude toward sexual violence was personally painful to her. She sees a need for a cultural paradigm shift, which she perceives as the only way sexual violence will end:

> [A]fter each experience I just always felt like there was something larger that was amiss as to why these types of scenarios existed for not just me but for anyone who had those types of experiences. And…cuz every time I wanted to ask myself why, like why is this happening? It always grew into this larger you know looming concept of inequality for women. And of course that doesn’t just stop here in the US but you know the culture in the United States is definitely different in that you have smart educated women that can still you know believe that that verbal, a verbal no isn’t enough of a defense against a sexual advance.

> It is not only important for Naomi that we culturally redefine rape with the concept of consent at its core, but that we recognize all sexual violence for how damaging it can be, whether or not there is physical violence involved:

> I guess my whole take away from my personal experience was you don’t have to be punched in the face or anything like that for it to be sexual violence, you know. It, its like if you’re in that scenario then just the emotional bruising that you can get from that type of experience can be just as if not [more] damaging to the way
that you process relationships, you know sexual relationships with people after being intimate.

**Sexual agency.** One of the themes that Naomi discussed, which encompassed both her personal and cultural interpretations of her experiences of sexual violence, was the issue of her lack of sexual agency or what she also referred to as her sexual control and sexual power. At times she struggled with understanding this lack of agency and wondered whether it stemmed from her early experience of date rape. At other times she spoke of a larger cultural imperative for women to lack sexual agency:

Like [I lost] some self respect in the realm of my sexual identity or my sexual power I guess. Not identity but power. Because it felt like for whatever reason, whoever else had a desire, their desire was more important than what I was feeling. Regardless of whether it was verbal or nonverbal, whatever they wanted was more important than what I wanted. But that was basically my experiences with men... they just thought that since I’m their girlfriend I should feel obligated to give them that and to enjoy it. So it felt like it just felt like it was a continuous thing that I was running into with all of my relationships with men.

**Family.** Naomi was raised by supportive parents. She described how although they are devout Christians and from a conservative country that rejects homosexuality, her parents are ‘liberal’. Naomi’s parents taught her to think critically for herself and to stand up for her beliefs. She is out to her parents and they accept her same-sex sexuality and her decision to no longer be a Christian, “They don’t agree, they don’t want me to be gay of course, but...we have an open enough relationship that I can introduce them to the people I’m dating and we can have conversations about the people that I’m dating and get advice if I needed it.”

She has never disclosed her experiences of sexual assault to her parents because she is afraid of what her father would do if he knew, “My dad...um...I mean they’re Jamaican. Rape is very serious to them. My dad used to tell me all the time about how he would have no problem you know ending someone’s life if he ever found out that they were trying to harm me in some
way. Especially rape. So I don’t I didn’t want to see him ending up in jail or fleeing the
country.”

Faith. Naomi’s faith has played a large role in her life and was a central theme in her
narrative. As a devout Christian Naomi wanted to remain a virgin until marriage and she
made this wish explicit to her boyfriend. When he penetrated her without her permission he
not only violated her trust but essentially violated her theology, which was paramount to her at
that time. Naomi felt helpless to stop the assault. Her boyfriend’s reaction further compounded
the pain of the incident, “[H]e later told me that he didn’t even believe I was a virgin just
because of the way I had acted during the whole experience. And he never wanted to talk to me
again.”

Naomi described how her theology not only dictated sexual practice but also precluded a
same-sex sexuality. She knew that she was attracted to women in high school but was very
ashamed of this and tried to ‘pray it away.’ Fortunately, her parents had nurtured independence
in Naomi that permitted her to interrogate and in effect choose her own ideology independent of
her theology. By the time she was in college she had lost faith in Christianity, which she
described as essential in order to be able to date women:

So I always had questions that could never be answered by my pastors or you
know religious you know leaders and they would always say pray to God and
He’ll help you understand. But I felt like I never got any clarity on the things that
I wanted to know when I was asking God direct questions... But by the time I got
to my sophomore year I was really on my way out of trusting everything that I
had read in the Bible because it was just kind of like if these things don’t line up –
what is supposed to be right? … So its kinda like that that opens the gate to
anything in the Bible being potentially being wrong.

Sexuality. Naomi has been attracted to women from an early age and in high school
hoped to be able to change her same-sex sexuality in order to only be attracted to men. She had
intense friendships with girls in her youth, to the point that she felt jealous of their other
relationships. Her mother had to try and convince her that it was ok if her friends had boyfriends.

Around 19 years of age, when she ‘changed her religion’, she became open to dating women.

She described her experiences of dating women and men as very different:

…I think part of the reason why I was so comfortable with her was because you know everything required consent… she didn’t want to do anything that I didn’t want to do. And once we got to a place where I was actually comfortable enough to have sex with her, it was a totally different experience because everything about the sex that we were having was catering to pleasing the other person and not about your own you know your own enjoyment to the point where you’re completely like not even focusing on the needs or what the other person wants or is interested in.

**Sexuality and sexual assault.** Although she experienced mounting distrust of men over numerous experiences of sexual assault and sexually coercive experiences, she does not think that her assaults caused her same-sex sexuality, which she describes as being deeper than attraction:

I wouldn’t say that you know, because I was raped I became a lesbian, anything like that. Definitely not. I have always been attracted to women. Definitely when I was younger I didn’t feel comfortable with allowing my mind to go there because of my religious beliefs, but once that was gone I was 100% open to dating women. So I definitely wouldn’t say that that played a role.

While Naomi spoke of her transition into dating women as a liberating one, she found that relationships with other women did not exempt her from some of the same problems she experienced with men. After her first relationship with a woman she learned that not all lesbian sex privileges consent. One of the women she has dated recently held her down while they were having sex, even after Naomi told her no. Naomi explained how she thinks that consciously or not, some women may be more likely to perpetrate sexual violence than others:

Especially with women that have never dated men, it can definitely get to a point where you know, since they have never experienced any type of sexual oppression from men because they’ve never had a relationship with men, they they don’t I guess they don’t understand how important that can be to somebody. You know to understand… how damaging it can feel to somebody when when
you feel like you’re being held down and forced into doing something that you’re not interested in doing.

3.6 Tiffany

Tiffany is a 27-year-old African American woman raised in the Northeast with roots in the south of the United States and in the Caribbean. She identifies as bisexual and queer and uses these labels interchangeably. Her theology has always been important to Tiffany. She was raised Baptist and in more recent years has redefined her theology in ways that map onto her experiences and values. When Tiffany was a junior in college she experienced date rape. Analysis of Tiffany’s narrative yielded eight themes with two subthemes.
Figure 3.6.1. Relationships between thematic categories in an interpretive phenomenological analysis of Tiffany’s interviews.
**Experiencing sexual assault.** Tiffany had been on two or three dates with a man prior to being raped. They had discussed that she did not want to have sexual intercourse because her faith prohibited it and she was not personally ready. After a date she had gone back to his room and, while they were kissing on the bed, he penetrated her without warning. She was scared and felt helpless to stop the assault. In the middle of this, she asked him to use a condom, which later raised questions for her as to whether there was implied consent in the assault:

> I remember him looking at me and then I remember like him entering me. Like I just remember I like remember the impact of that… I realized at that moment that I could not get away that I could not like both the look in his eyes scared me and the physical weight of him on me scared me and it was late at night and um so I stopped him and said you know if you’re going to do that can you use a condom… And I also kinda felt like oh well was there consent in asking him to use a condom once he had already started. So for a while I thought I can’t call it rape cuz I asked him to use a condom even though I never, I explicitly told him that I did not want to have sex and he um penetrated anyway. Um, it was my first experience of heterosexual sex.

**Post-assault meaning making:** Immediately after the assault occurred, Tiffany described efforts to ‘salvage her experience’ by trying to turn the perpetrator into her boyfriend. They only saw each other once more and on their second sexual encounter he was aggressive with her again.

After the assault she felt very alone. She did not speak about the rape, she blamed herself, and described going into a depression, “*And I was really depressed after you know that happened. And um so much so that I felt internally something that I had never felt before, this kind of self loathing. I remember like praying and crying and asking for forgiveness…*”

Claiming and labeling her experience as rape was a long process for Tiffany. For a while she felt that she lacked the language to adequately describe her experience. Two central components to her process of meaning making were a class she was enrolled in around that time called Violence Against Women, and her mother’s compassion and ultimate encouragement to
label her experience as rape. While in the class in college, she learned about the continuum of sexual violence. Although this education was not an immediate source of comfort, it did give her the space to locate her experience along this continuum:

[T]he deep thing is that all this is happening and maybe a month after that I remember us having a conversation about limited vocabulary and how often we will say this is a victim of battery or we’ll say this is clearly a rape victim because a stranger approached her in the park late at night and we talked about the ambiguity of the other types of violences that happen to women that don’t have names. So I remember thinking to myself like yeah, its something like that. Like I don’t know if I can use rape yet but I know that what I experience happened in this category of coercion.

In the interim of making sense of her experience, while she was studying abroad, Tiffany developed a relationship with a man. Her boyfriend’s compassion and their trusting relationship presented Tiffany with what she saw as an opportunity to reclaim her sexual agency, “[W]hen I was in this relationship [abroad] with my boyfriend we had a decided moment when I was like ‘ok, I decided we’re going to have sex now’ and I think in some ways I was trying to salvage the sense of agency and quote end quote losing my virginity and reasserting that I have power and control in this situation.”

She described telling her mother that she had had sex after the rape as a type of confession. Her mother’s compassion and growing concern for her daughter led her to urge Tiffany to label her experience as rape many years later. For Tiffany this was pivotal and liberating:

[L]ike right before I graduated from seminary, my mom says to me um, I told my mom what happened when it first happened. And she was kinda so devastated by it she didn’t quite know what to do and so she had a conversation with me and she was like ‘you know [Tiffany] I really think you need to start claiming… like calling what you experienced rape. Like I really think you would free yourself and would be a benefit to yourself to begin to talk about it in that way’.
Reactions from others post-assault. Framing and speaking about her experience as rape is a fairly recent occurrence for Tiffany. However, even when she did not have this language but did understand her experience as sexually coercive, she did not feel the supportive space to disclose, “[B]asically I remember feeling really alone. Yeah, so, the responses I had received, and I feared negative responses so I didn’t share with too many people. Cuz at that moment I just thought I had had sex and it was bad and I was feeling so terribly because I had had sex.”

Tiffany described trying to talk about it with a former roommate. Her roommate’s reaction framed these early responses and the responses she feared receiving if she chose to continuously disclose, which she described as exhausting:

I really did not talk to many friends about it… I was trying to kind of open up the conversation with [my old roommate] but I could tell from kind of her vantage point I absolutely could not call it rape because I was there and I had chosen to be there you know and I remember her kind of narrowing her eyes at me when I like begin like I was like you know I was really thinking this was coercive but I don’t know and I remember her looking at me as if to say… I knew we had kind of different politics around even you know when a woman should leave after being assaulted you know it was her position that a woman could leave and just get out. You know she had no compassion for victims of battery… I guess for fear of like having to a you know tell the story over again you know that’s exhausting and draining…Um so I didn’t I didn’t reach out for a prolonged period of time.

Although she was not calling her experience rape at that time, and still blamed herself, her mother seemed to intuitively know that there was something amiss about Tiffany’s experience:

So um I think when it first happened she didn’t know what to do because I was adamant like I was ‘it wasn’t rape, I just I was stupid you know I had sex and I feel, the reason I feel awful is that I’m guilty’ and you know like I feel like I brought that kind of rhetoric into the experience and didn’t really give her a place to enter you know because I really shut down… She never once like, she didn’t condemn me at all… She was concerned with my pain and when she didn’t hear from me for a couple of days which was odd for our relationship she was like very concerned like ‘I’ve never known you to be like this’ and I think she was concerned that I was going to hurt myself or do something harmful to myself…
Counseling. Tiffany’s described her early attempt to reach out for professional support as more harmful than helpful. Her first three counselors amplified her feelings of blame and shame, which ultimately lead her to turn inwards:

My very first counselor gave me like this like this Christian… pamphlet about not having sex before marriage…I was a religion major, I had enough sense to know this was ridiculous but… had I not known that like it was really she was totally out of line you know like in so many ways. I knew she was out of line but that really discouraged me from seeking professional help.

In spite of this first bad experience, Tiffany returned to counseling a number of times. The therapist whom she sees through her current university has offered her only good experience with professional support for the assault:

[T]ruth be told like really my counselors here have been the first folks who have dealt with date rape well. I feel like my other counselors have not dealt with it well. Well like I told you about the first one the Christian thing the second one was the one who kind of insinuated, no said explicitly that I should have pushed him off of me and I really should have just gotten out of there you know as if I wanted it. And the third just kind of looked at me like ‘ok, well thanks for sharing. That’s interesting.’

When asked what she needed after her experience of rape, the first thing Tiffany mentioned was that she needed a good therapist.

Sexuality. Tiffany knew that she was attracted to women by the time she was 13 years old when she had her first same-sex encounter. However, she said that even though she knew she had the capacity for this attraction, she still pushed it away. At that age Tiffany wanted to be ‘normal,’ she did not have the language to talk about her attraction to girls and her conservative theology did not allow her the space for these attractions:

But I really like pushed it away in part because you know I just wanted to be normal, too because I was attracted to guys so why not just act on it you know like the outlet is normal vocal assertions of crushes constituted normativity. So I was just like ok let me do that. And um, really I experience attraction to men and women differently. I did not have the vocabulary, the language um the kind of vocabulary that we use or popular culture uses to talk about heterosexual
engagement is not the same language I would use to talk about my attraction to women.

In spite of having strong queer mentors during her high school years, Tiffany felt what she described as an ideological chasm where she had to exist for a long while until she could re-write her personal theology. In this chasm she was unable to make sense of how rich influences in her life such as these mentors were not allowed to exist in the faith tradition that she had always known. At this time, her faith was a barrier to understanding herself and to being able to offer and receive mutual support:

[O]ne of my best friends as a teenager had been out since she was 13. But she wasn’t out to me. She was like the girl down the block you know? And so I didn’t know and we like had a recent like reunion after all these years… And I was like oh my goodness she never came out to me, I didn’t know… [I]t was like wow, what support systems we could have been to each other if we would have felt safe with each other. You know like [she] saw me as a really religious teenager, and I was… so I could see why she didn’t see me as a safe space. And I just didn’t feel comfortable telling anyone including her about my attraction to girls… I just wanted to be normal, just anything to be normal.

The past two and a half years, from the end of seminary until now, has been a time of great self-discovery and exploration. During this time she has begun to claim her experience as rape and at the end of seminary she got involved in her first same-gender relationship. This relationship prompted a period of questioning and labeling her identity and over the past two and a half years she has come to understand herself as queer and to identify with that label.

She describes her process of coming out as primarily positive with one important and notable exception. Her mother, a source of immense support around her experience of rape, has been the only non-supportive person about her sexuality, “I’ve been kinda sad, really sad that I think my mom and my relationship has been strained, very much strained because of my sexuality.” Tiffany wishes she could have delayed her coming out to her mother until she was better able to talk about her sexuality:
I really like often say if I can go back and redo a moment in my life I would go back and I think it was premature coming out, I didn’t have the language yet to talk about how I was feeling. And I think that ambivalence um was really kinda used as artillery against me ya know? But what I’m beginning to see is like the constraints of living a double life are equally as strenuous so I guess its like six, one half dozen.

Tiffany also spoke about the added difficulty of her mother, like many other people, understanding her bisexuality:

I mean like most folks um both in the straight and queer communities, bisexuality is just like whoa, what is that you know? And she’s had a, I… think she would have had an easier time getting it if I would have just said I’m a lesbian, the fact that I’ve been pretty adamant about retaining like no, I’m attracted to men still and I’m attracted to women. I think for her that’s been like a conundrum.

**Relationship with mother.** Tiffany’s mother has played a large role in her narrative about sexual violence and her sexuality. Her mother was deeply and obviously concerned about her daughter’s pain and intuitive about the nature of that first sexual encounter with a man. Moreover, Tiffany never heard her mother speak disparagingly about any queer person. This disconnection between her mother’s sensitivity under many circumstances and her struggles with Tiffany’s sexuality amplifies the pain of their current estrangement. Tiffany’s mother seems to have an even harder time with her daughter’s sexuality now that Tiffany is in a serious relationship with a woman. Her mother blames the date rape for her sexuality and also questions whether the absence of a normal father figure negatively impacted her.

**Theology.** Faith has been a central and defining component of Tiffany’s life. She was raised in a Black Baptist church, was socialized into small women’s faith communities, and received her call to ministry at the age of 18. By her second year in college she also knew that she wanted to become a religious scholar. Tiffany has experienced several faith shifts, which over time have allowed her to retain her spiritual connectivity while making space for the multitude of her experiences and those of friends and peers around her.
Initially, her religion did not permit her the space to identify her same-gender loving self. It was also a source of shame after her experience of date rape. She described the evolution of her theology during multiple phases of her life. Through different youth programs and then later as a nascent scholar, she has been able to challenge and reshape her faith tradition to incorporate same-gender loving people and experiences and different religions and faith practices. She speaks of her current theology with passion, describing it as un-orthodox but inclusive, affirming and liberating.

Although her theology is generally a source of support in her life, she has not been able to use it as a source of healing related to the assault. The narratives available to her from religious texts do not map onto her experience. She is still trying to understand the role of God in the assault and thinks that her theology is still what drives her feelings of guilt and self-blame:

I never really had the question of ‘why did God let this happen to me?’ …I had the kind of damnation in some ways of like ‘I have failed God’ you know? Which is definitely a theological way to make meaning out of it but doesn’t really affirm the life-giving theology that I know. …[I]t’s not acceptable for me to say like ‘God allowed this to happen’. Or ‘God wanted this to happen’ or somehow ‘God let this happen’. Those meaning makings are not sufficient for me. Um, and then so then the underside of it becomes ‘It’s my fault’ you know? If I reject those then I have to work on, and I do reject those so I’ve had to work on well what, how do you talk about God’s participation or non-participation in this moment you know?

While she has not yet located God in her experience of assault, she feels the divine presence in her knowing that she will continue to thrive in spite of her experiences. She also feels His presence in the support she has received through the years:

I don’t know if in this case my theology in this way has been really helpful for me or has been a source of guilt you know. But, I… outside of a kind of systematic theology or a structured theology, I certainly attribute the divine to bringing people into my life to help me learn and grow and heal and name and and they don’t necessary fit within like a prescribed ways of religious knowing, but they have felt Godly to me.
**Intimacy post-assault.** Sexual intimacy with men was difficult for Tiffany after the assault. She described her experiences with women as very different:

I haven’t had much sex with guys, after the boyfriend [in South Africa], mostly just one-time encounters. And they’re just hard experiences. Like, um, particularly the moment of penetration is hard. Its like a very, and it like sometimes I have had two situations where I started crying you know? I don’t find intimacy as hard with women… And I don’t experience intimacy with them as challenging but affirming and life giving.

Although she characterizes her experiences with women as very different than with men, she did describe one time that the trauma re-emerged when having sex with a woman. It was her first time using a dildo: “Like prior to that moment um it didn’t come up because for me female to female sex was different, it was good and pure and true. Just different. It was just different than what it meant to – and that first experience of her using this phallic object that really ‘ah’ like I freaked out and started crying. You know?”

Tiffany described both of her female sexual partners as sharing an ethic of consent, which may be due to the fact that her current partner is also a survivor of sexual violence and the first woman she was with had experiences that fell on the continuum of violence against women. However, even in the context of a loving relationship rooted in an ethic of consent and between two women with shared experiences of assault, traumatic experiences can and have been triggered. In our first interview Tiffany joked about the extent to which conversations about consent played out in each instance of intimacy between her and her girlfriend. Yet in the one week between our initial interview and her follow-up interview, her girlfriend’s history of assault was triggered:

I kind of very jokingly but non-the-less laughed last week like she and I have so many rules about make sure its consensual and this weekend I really did not realize that she didn’t want to have sex or do anything and I was kinda tugging on her pants and when I realized that she really meant stop I stopped. But it had already kind of invoked something in her that we really had to have a big talk
about the next day in the way of me feeling like, ‘oh my goodness I’ve done something to invoke this memory for you, please know that I was not trying to coerce you into doing anything at all’…

In talking about this experience, Tiffany highlighted both the ways that previous coercive experiences inform sexual practice even in safe spaces and the silence surrounding same-gender assault, which was the occurrence that came up for her girlfriend. While being the one to trigger these memories for her girlfriend was very painful for Tiffany, she expressed gratitude for the way that they stopped, acknowledged the gravity of the moment, and processed the experience together.

**Larger Systemic Issues/Barriers to Understanding and Coping with Assault.** Tiffany sees the social narrative surrounding date rape as a large issue in our society. It is meaningful for Tiffany that she always refers to her experience as date rape, as if her experience of rape has to be qualified differentially. She thinks it is more difficult for people who have experienced date rape to label their experience as rape due to the fact that the perpetrator is known to them and that, for her specifically, she made decisions such as going back to the man’s apartment, and therefore may be partially, at least culturally speaking, to blame. Tiffany talked about the need for more language to speak about as well as a better understanding of violence against women and sexual violence, including same-gendered experiences.

Tiffany also criticizes the pervasiveness of heteronormativity in our society, particularly in the healthcare sector. Earlier in our interview she spoke about the counseling she is receiving from her current university as the first place that has affirmed her sexuality and that has been prepared to adequately address her experience of sexual assault. Towards the end of our interview she mentioned that at this same university she went to a gynecologist who, for the first time, did not assume that she was heterosexual. She thinks that it is important to ‘queer the
world’. She used the example of instructions on a box of cream to cure yeast infections to demonstrate the need for research such as this:

[I]ts so ridiculous when you have a yeast infection and you open up the package to read like how do you do it and how do you use this cream and it says ‘tell your partner that he should not’ – and just like how deep it is that particularly in medical care that just something as simple as a yeast infection instructional package has heteronormativity, that’s a problem to me... I say all that because I think that research like this makes a space for queerness in every facet of life, theoretically, and that theory moves the material that moves to the yeast infections.

**Assault and sexuality.** When asked whether her experience of sexual assault impacted her same-sex sexuality, Tiffany gave a thoughtful and complex response. She explained how she does not think that there is a causal link between the two, yet every experience in her life up until now has impacted where she is today. Therefore, in some way all things including the assault have informed her sexuality. She described how a change in any one decision, such as choosing to live in one city over another after college may have impacted her entire life. Because she sees the world through its interconnectedness, and understands her experience in the world as a culmination of many interacting influences, she cannot disregard her traumatic past. However, how she conceptualizes the influence of the assault on her sexuality is a specific epistemological understanding that reaches beyond these two specific topics. It is important to her personal narrative and perhaps more important to a broader cultural narrative that one understands that the assault is not privileged in the development of her sexuality. Tiffany described that in her meaning making, the assault is no more important than her current city in the reading of her sexuality.

In her process of coming to understand herself as a queer woman, Tiffany also thinks it is important to recognize the space from which she initially began to engage other women. Rather
than these experiences stemming from a reactive space post-assault, Tiffany sees her journey as a positive and life-giving development:

That’s something that I’ve tried to work out in therapy but I really don’t have like a hard and fast answer… I really struggle with the kind of direct line between coercive experience and therefore I turned to women. I certainly see, it seems almost intuitive right… but… I did not begin exploring a relationship with a woman reactively, you know? I began exploring it constructively because I was attracted to her. I really was attracted to her… [I]n as much as any experience has informed where I am right now yes, the date rape informs my sexuality. But I don’t know if I’m willing to privilege it. Because I think also for me I want to think about my sexuality as like something beautiful and fruitful and constructive and maybe not a response to something traumatic.

3.7 Participants Reactions to the Research

At the end of each interview, participants were asked how they felt about participating in the project. Each woman spoke about her participation in a positive way, describing the importance of the study, that she was glad to be able to help, and that she hoped her participation would benefit others who have survived sexual violence. Four of the six participants stated that ‘[they] felt good’ about their participation and did not describe any negative reactions. One participant stated that she was glad to participate, but that trying to describe all of her experiences of sexual violence within two hours made her feel stupid. She worried that telling her narrative in this way highlighted the mistakes that she had made. Another participant who described her participation as personally beneficial also mentioned that participating in the project made her realize the prevalence of violence within her family, which she was not expecting and was finding it difficult to recognize.

Each woman voluntarily completed the Reactions to Research Participation Questionnaire (RRPQ) at the end of her initial and follow-up interviews. This instrument was used to explore how participants felt about the research, and whether those feelings changed after having completed a second member-checking follow-up interview. Overall, participants’ scores
remained fairly stable from initial to follow-up, with the largest variation being a four-point difference between total RRPQ scores. Figure 3.7.1 shows an average of participants’ RRPQ subscale scores at initial and follow-up. There were no substantial differences on any subscale. Overall, women rated their involvement the most positively on Participation (e.g. “I was glad to be asked to participate.”), Perceived Drawbacks (e.g. “Knowing what I know now, I would participate in this study again if given the opportunity.”), and Global Evaluations (e.g. “I think this research is for a good cause.”). Although very positive, participants rated Personal Benefits (e.g. “I gained insight about my experiences through research participation.”) slightly lower than these other subscales with a total average of 17.33 at initial and 16.67 at follow-up. Notably, participants scored Emotional Reactions (e.g. “The research raised emotional issues for me that I had not expected.”) as the least positive, with an average score of 13.67 at initial and 13.5 at follow up.
Figure 3.7.1. Averages of participants’ ratings on each RRPQ subscale at initial and follow-up interview. Subscale scores could range from 4 – 20 for Participation, Personal Benefit and Emotional Reactions subscales. Perceived Drawbacks subscale score range is 6 – 30. Possible range for Global Evaluations subscale 5 – 25.
I was most interested in examining women’s ratings of perceived personal benefits and emotional reactions to these interviews. Figures 3.7.2 illustrates each respondent’s scoring of one Personal Benefit items at initial and follow-up. Figure 3.7.3 illustrates respondents’ scores on a sample Emotional Reactions item.
Figure 3.7.2. Individual scores for sample Personal Benefits item, “I gained insight about my experiences through research participation.”
Figure 3.7.3. Individual scores for sample Emotional Reactions item, “The research raised emotional issues for me that I had not expected.” Scores are presented in raw form.
3.8 Positionality and Reflexivity in the Research

Given the feminist framework of this project, several points from my reflexive notes bear mentioning. First, I personally knew four of the six participants prior to the research project. I knew about each of these women’s lives to varying degrees, and in one instance knew a lot about her assault experiences prior to the interviews. For each of these participants, I only included information that they offered during the interview and did not include or solicit information that I otherwise had access to. While this was ethically important to me as a researcher, participants could have conceivably chosen not to withhold something during the interviews if they knew that I was already aware of a certain experience. Simultaneously, these participants may have been more comfortable and willing to disclose a greater amount of detail or more difficult topics because of our personal relationship. It is impossible to know how the results may have varied on the basis of having or of not having had a personal relationship with each respondent.

On one occasion I contacted Dr. Tone, the clinician supervising this project. I became concerned about a participant’s speculation of ongoing abuse in her family. For me, this evoked feelings and memories of working with homeless LGBT youth in Los Angeles. I found myself reflecting on my previous role as a case manager, grappling with the painful suspicions of ongoing abuse and the boundaries of my ability to address it. The participant had previously contacted the Division of Family and Children Services (DFCS), which launched an investigation that was subsequently closed due to lack of evidence. Being a third party to a speculative report, I was not positioned to contact DFCS personally. I did however, at the suggestion of Dr. Tone, suggest that the participant might want to contact DFCS to discuss her concerns and to clarify what information she would need to file another report.
Finally, through the process of maintaining a reflexive journal I examined and chose to write about my concerns of the member checking process in qualitative interviewing with survivors of trauma. This topic grew in importance during periods of personal reflection rather than during the actual interviewing process. I chose to explore this issue further in a Lessons Learned section in the Discussion below.

4. DISCUSSION

The experience, impact, and sequelae of sexual violence against sexual minorities are as varied as what we see represented in the general VAW research literature. A number of reoccurring themes generated from this research project are well represented within the broad and well-developed canon of sexual violence research. Some of the themes most salient to participants’ narratives include survivors’ relationship to the perpetrator, framing and making sense of their assault, issues of disclosure, revictimization as well as intergenerational issues of violence, psychological consequences of sexual assault, and trouble with intimate relationships post-assault.

While these issues are currently being addressed by many scholars, activists and practitioners, the current sample also introduced features unique to LBQ and same-sex attracted women that must be attended to in order to adequately respond to the problem of sexual violence facing our community. Reoccurring themes specific to this sample of sexual minority women included identity formation, finding a reason for a sexual minority identity, coming out narratives, cultural stereotypes about sexual assault and sexual minority women, and heteronormativity.
4.1 Commonalities Between Survivors’ Experiences

4.1.1 Relationships to the perpetrator(s). Sexual violence experts have long demonstrated that the majority of sexual assaults are perpetrated by someone known to the survivor (Department of Justice [DOJ], 2009). While one respondent did experience rape by a stranger, every woman in this sample experienced rape, sexual assault, molestation or coercion by a trusted other; a friend, relative, boyfriend or girlfriend.

4.1.2 Making sense of the assault. Participants described lacking the language or meaning making capacity to be able to label their experience as one impediment to disclosure. They therefore did not feel the space to claim their experiences as sexual assault until later in life. Participants’ experiences were consistent with extant research on labeling sexual assault experience, which indicates that labeling takes time (Botta & Pingree, 1997; Fisher, Daigle, Cullen, & Turner, 2003a; Kelley, 2009). For this sample, the inability to label their sexual assault made it more difficult to talk about their experiences and to begin the process of healing. While previous work is equivocal on the relationship between labeling rape and psychological adjustment (e.g. Botta & Pingree, 1997 and McMullin & White, 2006), the inability to label their sexual assault appeared to be a relevant concern for the study sample. Further, confusion experienced by women assaulted as children who were unable to label their assault experience appeared qualitatively different than participants’ narratives about the process of trying to label or cope with late adolescent or adult victimization. The trouble with meaning making for those who experienced assault later in life was more grounded in questions over their complicity in the experience of assault, which causes self-blame to play more of a central role in survivors’ internalization of the experience. Previous work on labeling has demonstrated that women who
label their experience as rape are more likely to blame the perpetrator for the assault (Botta & Pingree, 2002; Kahn et al., 2003; Kelly, 2009).

4.1.3 Disclosure. There is a well-developed body of literature on sexual assault disclosure. This literature shows that relatively few survivors of sexual violence report their experience to authorities (e.g. Fisher, Daigle, Cullen & Turner, 2003b), and such disclosures are more likely to occur when a stranger, rather than someone known to the survivor, commits the assault (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Starzynski, Ullman, Filipas, & Townsend, 2005). None of the women in this sample reported their experiences to law enforcement officials and only one participant described disclosing to someone in the medical profession. Survivors of sexual violence, be that childhood sexual abuse or rape, need to be able to disclose their experience without fear of negative and blaming responses, a frequently cited reason for non-disclosure in this sample, and a predictor of PTSD symptoms (Ullman, Townsend, Filipas, & Starzynski, 2007). Unfortunately, none of these women felt that they had a safe space for disclosure. Participants either disclosed and were met with blaming responses, or chose not to disclose for fear that they would not be believed. Some women spoke about how exhausting it is to have to repeatedly disclose their experience and that it was ultimately more harmful when they disclosed and were not believed. Sadly, these women experienced disbelief from family members, friends, and therapists. A number of studies have highlighted how utilizing formal support systems (e.g. medical systems) may be more hurtful than helpful when secondary revictimization is the result (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). This form of revictimization impedes future disclosures and help-seeking (e.g. Campbell, 2005), which was evident in this research. One notable difference between this sample and participants in previous research on secondary victimization is in regard to mental health services. Campbell
and colleagues (2001) found that 70% of respondents in their study reported their experience with mental health professionals as healing. Participants in the present study, in contrast, described numerous negative experiences with counselors who blamed them and caused them to discontinue seeking formal support.

4.1.4 Revictimization. It is difficult to streamline or synopsize the issue of multiple experiences of violence, as well as intergenerational violence, and still maintain the integrity of each woman’s unique narrative. However, at the broadest reading, violence was pervasive for women in this sample. Two participants spoke at length about family histories of physical and emotional abuse. One participant spoke about the pervasiveness of childhood sexual abuse within her family and her community when she was young, which is consistent with a child sexual abuse literature that focuses on transmission of violence (McCloskey & Bailey, 2000; Testa, Hoffman, & Livingston, 2011). Three women reported numerous experiences of assault. For Rebecca, all of these experiences were sexual assault, including rape. Maria, who experienced molestation as a child, also experienced a great deal of emotional abuse as well as some physical abuse at the hands of her mother. Barbara experienced repeated sexual, physical, and emotional abuse by a number of perpetrators, including her mother and brother and experienced sexual assault later as a young adult. Naomi, who experienced date rape as a teenager, also had numerous other sexually coercive experiences in the years following her rape and was sexually assaulted again in college. Revictimization is a major concern for all survivors (Desai, Arias, Thompson, & Basile, 2002; Gidycz, Voble, Latham, & Layman, 2006; Roodman & Clum, 2001), including sexual minority women (Descamps et al., 2000; Morris & Balsam, 2003).
4.1.5 Affective responses. Each respondent spoke of negative emotions that emerged after their assaults, typically describing periods of depression and isolation. Four of these women reported experiencing flashbacks, typically associated with PTSD (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996). For three of these women, flashbacks were most commonly triggered in moments of sexual intimacy. Three respondents still experience flashbacks. Two respondents spoke of flashbacks as a persistent feature of their experiences of sexual trauma, which remains with them. Although depression and PTSD are common for many survivors of sexual violence (Yuan, Koss, & Stone, 2006), they may be particularly prevalent and impairing among sexual minority members. Gold, Dickstein, Marx, and Lexington (2009), for example, have demonstrated an association between PTSD and internalized homophobia, both of which may be undergirded by self-blame. Balsam (2003) contextualizes sexual minority women’s experiences of victimization through a lens of cultural victimization which points to societal homophobia as a force that compounds the trauma experienced by lesbian and bisexual survivors. More research on sexual minority women’s affective processing of sexual assault is warranted in order to explicate the relationship between sexuality and traumatization. However, we do know that revictimization is associated with worse psychological functioning for this community (Morris & Balsam, 2003).

4.1.6 Trouble with intimate relationships. Experiencing sexual violence has taken a toll on this group of survivors’ relationships and has impaired their ability to engage in intimacy. Women described the numerous ways that their assaults impacted their future relationships such as a general lack of trust and difficulty getting emotionally close and feeling emotionally and physically vulnerable. Rebecca spoke explicitly about searching for information to help her sustain her relationship. Although much of this discussion focused on difficulties with sex and
other aspects of physical intimacy, Barbara described how just being in a relationship generally opened her up for more ‘triggers’ and pain. That is one of the reasons she has stayed single for six years. Naomi described an inability to be emotionally vulnerable, which impacts her ability to engage in intimate relationships.

4.2 Unique Features of LBQ Women’s Experiences

4.2.1 Attraction preceding identity formation. All of these women knew that they were attracted to girls and women when they were young. Each of them took years, some as many as a decade, to begin the process of forming an LGB identity and longer still to come out. For this sample of women, particularly for participants who were raised Christian, there was sufficient stigma around their same-sex sexuality in order to feel the need to ‘fight it’.

4.2.2 Searching for a reason for same-sex sexuality. Two women provided unique insights into the process of making sense of one’s sexuality after having survived sexual violence. Maria described the common experience of ‘searching for a reason’ for one’s non-heterosexual identity. She described how when one is first coming to an awareness of a non-heterosexual orientation as an adolescent, it is common to look for a reason. Further, many LGBT individuals may be expected to come out with a narrative in defense of their sexual minority status. Maria’s experience of molestation was one of the initial issues she interrogated in the search for an excuse for her same-sex attraction. Tiffany spoke with sadness about her mother’s meaning making for Tiffany’s sexuality, specifically her date rape experience. While Tiffany bravely described her struggle to interrogate this question for herself, which has been a more recent struggle for her than other respondents, she also provided a narrative that seems to undergird our community’s fear of the pervasive stereotype. Tiffany, who now revels in her sexuality and finds it as a source of inspiration and joy, cannot make sense of her same-sex
sexuality, something she regards as so positive, developing from a space of traumatic victimization.

4.2.3 Stereotypes about victimization causing same-sex sexuality. This project probed a very difficult and loaded question: whether experiencing sexual violence impacted women’s same-sex sexuality. Each of the respondents described being attracted to women prior to their experience of sexual violence, and none of the women stated that they identified as LBQ because they had experienced sexual assault. Several respondents described how their assaults might have played a role in the sexual encounters they came to later in life, be that with women or with men. For example, focusing on regaining sexual control with men post-assault lead Olive to be promiscuous with men and likely lead to fewer relationships with women. Rebecca also mentioned that if it were not for her experience of rape, she might have been able and willing to be sexually intimate with a man, but that any intimacy at this point was very difficult and intimacy with a man would likely be impossible. With these exceptions, most respondents described a lack of an ability to engage in a full and meaningful sex life with anyone as the primary impact that sexual assault had on their sexualities. Each participant rejected the causal claim that victimization caused their same-sex sexuality; several participants did so adamantly.

None of the women spoke about their experience of assault as being due to their sexuality. However, one respondent did explain that two of the people who sexually assaulted her may have done so because they were attracted to her and knew that they would not ‘get anywhere without pushing her.’ Her experience does fit under a broad umbrella of assault experiences due to her same-sex sexuality; however, her experience appears qualitatively different from the more familiar narrative of corrective rape (Di Silvio, 2011).
4.2.4 Heteronormativity. Several respondents spoke about heteronormativity as a barrier to accessing important resources post-assault. However, beyond barriers to treatment, women also highlighted other ways that pervasive heteronormativity impacted them personally. Rebecca, who turned to printed materials after professional support failed her a number of times, was largely unable to find anything for women in relationships with other women. Naomi spoke of the pervasiveness of heteronormativity in her environment as a barrier, which extends beyond seeking specific services, but as a cultural exclusion which impacts her everyday life.

Barbara’s narrative highlighted how heteronormativity may actually put sexual minority women at increased risk of sexual violence. In her experience, social and specifically family pressure to be straight lead her to ‘check’ her sexuality on a number of occasions by trying to date or be intimate with men. She described putting herself into dangerous situations that she was unable to control because a man she was with expected and wanted to force her to have sex when she did not want to.

Finally, both Naomi and Tiffany raised the frequently over-looked issue of same-gendered sexual violence. While Naomi hesitated to describe her experience with another woman as sexual assault, Tiffany spoke openly about how her partner experienced same-gendered sexual assault, which has had an impact on their relationship. She acknowledged not only that same-gender assault is rarely discussed in general, but also that there is a culture of silence surrounding sexual assault between women.

4.3 Intersectional perspectives.

In viewing this small sample as a diverse subgroup of the population, both underlying commonalities and important distinctions emerge in their experiences of assaults, coping, and meaning making. Each of these respondents has been raised in a country that is not yet inclusive
of their sexuality. Yet, important changes in social attitudes likely inform respondents differentially based upon their age, or the age at which they came into an understanding of their same-sex sexuality. In addition, changes in social attitudes about sexual assault, which have evolved over the years (McMahon, 2011) likely have an impact. Further, the geographical spaces in which these women were living and developing intimate bonds likely play a large role, particularly in the South where ‘tolerance’ is low. Christianity played a large role in several participants’ process of understanding and claiming their same-sex sexuality. These women either had to reject their spiritual traditions in order to embrace their sexuality, or had to rework a theology that was accepting and affirming of their same-sex sexuality. For Naomi, her family’s nationality informs their values about the egregiousness of rape. And for two respondents, having siblings with disabilities impacted the amount of attention or the quality of care they received from their parents, which should have been a protective factor during their childhood and adolescence.

4.4 Lessons Learned

Member checking is regarded as a best practice in qualitative interviewing. In general, I found this practice to be beneficial in both expected and unanticipated ways. Lincoln and Guba (1985) have pointed out that member checking not only allows for improving the validity of the dataset through respondents’ check of initial interpretations and filling in any gaps from the initial interview, but it also allows respondents more ownership over their narratives and can ultimately lead to participants’ decisions around what to retain or reject from the transcript. I found that member checking also facilitated participants’ story telling during the initial interview. Most of the respondents expressed concerned over getting timelines or sequences of events perfectly accurate. More than one participant stated that she did not want to
‘unintentionally lie or mislead’ the reader or me. Reminding interviewees of our follow-up meeting assuaged some of this fear and respondents seemed better able to proceed with providing their narratives when they knew that they would have a second opportunity to look over their data and correct any errors.

Unfortunately, member-checking interviews were not without potential drawbacks. Although no participant articulated that they regretted participating in these follow-ups, or that these second meetings were harmful or distressing, I have come to question the appropriateness of conducting member checking, in its traditional form, on certain topics. In any qualitative research on sexual violence, and particularly when working with a population that IRBs assume are ‘vulnerable populations,’ one must not only rigorously defend certain methodological or protocol decisions internally but also be able to articulate these to other persons invested in the welfare of research participants. While planning this project, that is where the bulk of my efforts lay. I scrutinized decisions made, questions I would or would not ask, etc. However, I did not conceptualize the member-checking interview as necessarily unique or distinct from the initial interview. During the initial interview, participants are seen as the experts of their experience, interviews are open ended and for this project, at most semi-structured. Participants had the continuous opportunity to avoid any topics too sensitive, to evade certain issues that they did not want to address, and I as the interviewer served as more of a witness to their narratives rather than an investigator. I had protocols in place if participants became distressed and for reminding participants that we could stop or take a break at any time. However, in member checking interviews, the researcher plays more of an active role. In this second interview, we reviewed my notes from the initial meeting. Initial interpretations were evident, if for no other reason than the order in which her data were organized.
Many of these women’s narratives, which began focused on experiences of sexual violence, were histories embedded in multiple forms of violence, physical and emotional. Some of these women came from families with generations of repeated violence. During the member checking interviews, this became more loaded than I anticipated. Without the unarticulated context of the rest of their lives that participants had had access to when telling their stories in the initial interview, I handed back to my participants a synopsized history of their lives focused on their experiences of abuse. Not all of my participants had considered their experience of sexual violence in the context of generations of violence, or as contextualized within many years of multiple forms of abuse and neglect. Two of my respondents actually made comments to the effect of ‘when you put it like that, it sounds like a lot.’ I had never consciously intended to instigate my participants to consider their experiences in a new light. I do not consider it my place in this project to place new layers of meaning on a participant’s experience. Although I cannot be certain, it is my hunch that this contextualization was a lot for at least one of my participants to realize. Another woman talked about how covering a lifetime of abuse in an hour and a half can make you feel “stupid”. I am concerned that such a practice could highlight any underlying ambivalence about whether they had made mistakes or questioned whether they were partially to blame for their experience.

While these are very specific concerns from my experience carrying out this project, I think the broader issue is one to be considered in any qualitative interviewing on potentially traumatizing experiences. Mainly, my concern lies with timing and control. As pointed out by one participant, we as researchers may attempt to cover negative experiences that happened over the course of years or for some, perhaps a lifetime. Asking a participant to listen to a reading back of all of these experiences in the course of one or two hours may in some instances cause an
undue emotional or psychological burden on participants. My concern is not with the initial
telling of their experiences, as they have access to many other details of their life that can be
weaved throughout their narratives without having to focus solely on negative experiences. But
in member checking it is only the researchers’ notes being reviewed which necessarily constrains
the topics under consideration. This also plays into the issue of control. I intentionally chose a
methodology that would maximize the amount of control my participants had in this work.
Again, however, I am concerned that the most cautious interviewer may still have too much
control during this member checking process, being the one with the information to be presented,
questions needing clarification, or the sequencing of topics discussed.

In sum, I think that researchers who conduct qualitative interviews on sensitive or
potentially traumatizing experiences need to carefully weigh potential benefits and risks of the
member checking process. This is not to say that member checking should not as a rule be
conducted. Again, I believe member checking is in fact a best practice in qualitative research.
However, if one is to undertake member checking on such difficult topics, care must be taken to
identify or develop new tactics of reviewing these data.

4.5 Conclusions

Sexual minority women who have survived sexual violence experience many of the same
problems as sexual majority women with two unique and notable features. Heteronormativity in
our culture limits the types of resources necessary for this community and serves as a barrier to
accessing currently existing resources. Pervasive cultural stereotypes which tie women’s sexual
identity to histories of traumatic experience are demeaning and cause unnecessary stress and
hardship in women’s process of identity formation. Further, the toll of simultaneously making
meaning of one’s sexual assault experience and same-sex sexuality are currently unknown.
In order to adequately address the needs and experiences of this community, sexual violence intervention and prevention efforts must attend to the unique factors that affect sexual minority women who have survived assault. Services and resources (e.g., therapeutic practices and printed materials) must be critically self-aware of whether their approach assumes that survivors are heterosexual. Three specific recommendations generated from these data for professionals in this line of work are (1) carefully consider pronoun usage in all communication, including print materials, (2) provide relationship and sex therapy services or resources that do not focus solely on heterosexual intercourse, and (3) acknowledge the existence of same-gendered assault, working to develop culturally competent services for this subset of survivors.

While the above three recommendations will assist the field in making strides towards cultural competence, professionals must also keep in mind that just as with any community, there is great variation in sexual minority women’s lives that impact their experiences of sexual violence. Basic considerations should be made to not exclude survivors from resources post-assault based on their sexuality. When working with survivors individually, variation in age, nationality, religion, geographic location, (dis)ability status and other unique features of her history may provide insights into her specific experience and needs. Professionals within the field of sexual violence should reflect the diversity of this population. Services and service providers who are knowledgeable about, and ideally reflect the values and experiences of their clients may be better positioned to provide the type and quality of care needed.
REFERENCES


APPENDICES

Appendix A

Georgia State University
Department of Psychology
INFORMED CONSENT FORM

Title: Sexual Minority Women Surviving Sexual Violence
Principal Investigator: Sarah L. Cook, Ph.D.
Co-Investigator: Erin B. Tone, Ph.D.
Student Investigator: Tracy N. Hipp

I. Purpose. You are invited to participate in a research study. You are invited to participate because you are attracted to other women and have experienced sexual violence. The purpose of the study is to learn about non-heterosexual women’s experiences of sexual violence. We also want to learn about if and how experiencing sexual violence impacts same-sex sexuality. Your participation will take between 1.5 to 2 hours for the first part of the study. The second part of the study will take up to 1 hour. You do not have to participate in both parts. A total of ten women will be recruited for this study.

II. Procedures. If you decide to participate, the interview will take between 1.5 and 2 hours. This includes 10 minutes for a brief paper and pencil survey. The interview will involve asking you to tell us about your experience of sexual violence. We will also ask questions about your sexuality. After the interview, we will discuss how it felt to answer these questions. The entire interview will be audio recorded. You will be given $20 for your participation in this initial interview. If you are willing, we will meet again in 1 week for a follow-up interview. The follow-up interview should take approximately 1 hour. The follow-up interview includes 10 minutes for a brief survey. At the follow-up interview we will review notes from the first interview. The follow-up will also be audio recorded. You will be given $10 for your participation in the follow-up interview. We will destroy recordings at the end of the research. We will conduct the interviews at a place that we both agree on.

III. Risks. We do not think you will have any more risks than you would in discussing these topics in normal daily life. But there is the possibility that participation in this study may cause you discomfort. We can take breaks or stop the interview at any time you wish. You do not have to talk about anything that you do not want to. If you become distressed and need support, we will stop the interview. I will contact a licensed psychologist supervising this project and we will pursue treatment or services as necessary. Every participant will receive a list of referrals and resources to keep. Some of the resources are free and some you may have to pay for.

IV. Benefits. We do not know if participation in this study will benefit you personally. It may feel like a benefit to discuss your experiences. Overall, we hope to gain information about experiences and needs of same-sex attracted survivors of sexual violence. This is an understudied area in research.

V. Voluntary Participation and Withdrawal: Participation in research is voluntary. You do not have to be in the study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any
time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. **Confidentiality:** We will keep your records private to the extent allowed by law. Drs. Cook, Tone, and Tracy Hipp will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection; OHRP). We will use a pseudonym (fake name) rather than your name on study records. The information you provide will be stored on a password protected computer in a locked research laboratory. The audio recordings will be destroyed once the research is complete. We will not ask for your real name or other information that might point to you. When we present this study or publish its results, you will not be able to be identified personally.

VII. **Contact Persons:** Contact Dr. Sarah Cook (404-413-6265 or scook@gsu.edu) or Tracy Hipp (hippl@student.gsu.edu) if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIII. **Copy of Consent Form:** We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research and be audio recorded, please check one of the boxes below.

☐ No, I do not want to participate.  ☐ Yes, I want to participate.

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**APPROVED**

Consent Form Approved by Georgia State University IRB December 08, 2011 - September 14, 2012
Appendix B

Interview Protocol

Consistent with phenomenological interviewing, the focus of the interview will be on hearing participants’ narratives. Therefore, the interview will be as open-ended as possible, with me providing very little input. Two primary questions will be asked:

1. Will you tell me about your experience(s) of sexual violence?

2. Has this/these experience(s) impacted your sexuality and/or sexual identity? If so, can you tell me about that?

Prompts will be used as little as possible during this interview. However, if participants need prompting in order to ‘tell their story’, some of the prompts identified below may be used. Although they will be used sparingly, and this list of potential prompts is lengthy, prompts will not be limited to those outlined below.

I appreciate you taking the time to meet with me. As you know, I’ve been looking for sexual minority women to speak to about their experiences with sexual violence. When I say sexual minority, I’m ultimately talking about anyone who doesn’t identify as heterosexual, experiences some level of same-sex attraction, or whose gender is different than what was assigned to them at birth.

I identify as a lesbian and I work in a research lab that does work on sexual violence and other types of violence against women. But I have been stunned by how little has been written about non-heterosexual women’s experiences. Sexual violence has impacted my life, and the lives of so many people really close to me that I decided I have a responsibility to do my part to ensure that some of this research also reflects our experiences. It is a matter of social justice for me and I couldn’t do this without people like you willing to share their stories. So thank you.

I want us to go through this consent form together and discuss anything that isn’t clear.

[Review consent form]

Do you want to pick a name for you that we can use during the interview? I will also use this name when I write about the research project. That way you will stay anonymous.

[Choose pseudonym]

Ok, and before we get started, if I ask you anything that you would rather not answer just let me know and we will move on. I am going to try and interject as little as possible. I’m more interested in hearing you speak about your experiences, like telling me your story, rather than a traditional interview. If I don’t react much, it isn’t in reference to anything you share but more about me trying to step back and just let you talk.

One last thing: If you want to stop at any point that is ok too. The information that you can share with me is really important but it is even more important to me that you’re comfortable with our conversation ok? Any questions before we start?

First, just tell me a bit about yourself, like how old you are, where you are from, how you describe your ethnicity and sexuality – stuff like that.
[If necessary to prompt the interviewee, I may use the following]
How old are you?
Where are you from?
   How long have you lived in Atlanta?
How would you describe your ethnicity?
How would you describe your sexuality?
Have you always identified this way?
   [If changed] Do you know when this changed?
When did you first know you were _____?

Ok, we will come back to sexuality. But now I would like for you to tell me about your experiences of sexual violence.
[If necessary to prompt the interviewee, I may use the following]
Was this the only time?
   [If no] How many other times did this happen?
      What were those other times like?
Where were you/what was going on?
Who did it?
Did you/how did you know them?
What happened afterwards?
   Did you need any type of care right afterwards? (mental, physical)
   Did you tell anyone?
   How were you treated?
   How were you doing/how did you cope?
How/does the rape effect you today?
   Does it effect your daily life?
   Can you/do you talk about it?
   Is it important to talk about?

There has been very little research on how rape effects women’s sexuality. Can you talk about how or if your experiences impacted your sexuality or future sexual experiences with women?
[If necessary, prompts may include the following.]
Can we talk about what your sexuality and sexual identity were like before the assault?
   You identified as ______ beginning around age ______?
Up until the time of the assault, did you still identify that way?
   Do you remember being primarily attracted to certain genders?
   Were you dating women/men?
   Sleeping with women/men at that time?
   Did friends/family know?
And do you think anything changed after the assault?
   Identification?
   Were your attractions the same?
   Did you continue to date women/men?
   Sleep with women/men?
   Did friends/family know?
   Did your sex life change at all?
[If not addressed elsewhere within the interview, the following will be asked.]
After your assault, is there anything that you looked for or anything you needed but didn’t find or get? (Anything from services to books or someone to talk to?)

After your assault, what was most helpful to get you through?

Is there anything else you would like to share or you think is important that I should know?

How did you feel talking about this with me today?

Not very many researchers have sat down to have a conversation with survivors of sexual violence who identify as something other than heterosexual. To inform my future work but also to help out other researchers, there is a quick survey that asks about what this interview was like for you. When you are done with it we can seal it up in an envelope if you want and I wont look at it until all of the interviews have been completed with all of the women I will be talking to. Would that be ok?

[Give RRPQ-R]

Ok, we are almost done. If you would be interested, it would be great to meet back up in about a week. We can go through my notes and make sure that I recorded everything how you intended. I’d like to make sure that I’ve captured your experience as best I can. I expect that to take no more than an hour. Is that ok?

Should I call or e-mail you tomorrow to check in and set a time?

[Get best contact info]

One last thing. I would like to speak to a number of non-heterosexual women about their experiences. One of the best ways for me to do that is to ask people like you that I have interviewed if you know of anyone who might be interested in participating. Don’t tell me who they are, but I’d like to give you my contact information and if you think of anyone, please pass this along [give cards]. We call this snowball sampling in research; we use it when we are talking to a kind of “hidden” population. Not all sexual minority women are “out”, and not everyone discloses about their experience of sexual violence. But this way, if you were to tell any of your friends about the study, I could still talk to them and learn from their experiences.

Do you have any questions for me?

Ok, then I will be in touch tomorrow. Thank you so much for meeting with me today.
Appendix C

Reactions to Research Participation Scale

*Below is a list of statements about participation in research. Please consider these statements and how they relate to your experience in this study. Use the 1-5 point scale shown below and circle the number that best describes your reactions to your experience today.*

I like the idea that I contributed to science.

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I was glad to be asked to participate.

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I felt I could stop participating at any time.

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Participation was a choice I freely made.

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I gained insight about my experiences through research participation.

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I gained something positive from participating.

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I found participating beneficial to me.

1 2 3 4 5
  Strongly Disagree Neither Agree Strongly Agree
  Disagree nor Disagree

I found participating in this study personally meaningful.

1 2 3 4 5
  Strongly Disagree Neither Agree Strongly Agree
  Disagree nor Disagree

The research raised emotional issues for me that I had not expected.

1 2 3 4 5
  Strongly Disagree Neither Agree Strongly Agree
  Disagree nor Disagree

I experienced intense emotions during the research session.

1 2 3 4 5
  Strongly Disagree Neither Agree Strongly Agree
  Disagree nor Disagree

I was emotional during the research session.

1 2 3 4 5
  Strongly Disagree Neither Agree Strongly Agree
  Disagree nor Disagree

The research made me think about things I didn’t want to think about.

1 2 3 4 5
  Strongly Disagree Neither Agree Strongly Agree
  Disagree nor Disagree

The study procedures took too long.

1 2 3 4 5
  Strongly Disagree Neither Agree Strongly Agree
  Disagree nor Disagree
Participating in this study was inconvenient for me.

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I found participating boring.

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I found the questions too personal.

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Knowing what I know now, I would participate in this study again if given the opportunity.

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Had I known in advance what participating would be like I still would have agreed to participate.

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I think this research is for a good cause.

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I believe this study’s results will be useful to others.

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I was treated with respect and dignity.

1 2 3 4 5
Strongly Disagree Neither Agree nor Disagree Strongly Agree

I trust that my replies will be kept private.

1 2 3 4 5
Strongly Disagree Neither Agree nor Disagree Strongly Agree

I understood the consent form.

1 2 3 4 5
Strongly Disagree Neither Agree nor Disagree Strongly Agree

If there is anything else you would like to share at this time, please use the space below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Thank you for your participation!
Appendix D

Safety Plan

Interviewees will be members of the community, not necessarily Georgia State University students. The interview will not occur on campus. It will be conducted at a location, day and time agreed upon by the interviewer and the interviewee. Upon scheduling each interview, I will notify Dr. Erin Tone, PhD (404.413.6291; psyebm@langate.gsu.edu) a clinical psychologist and faculty committee member on this thesis project of the time and date of the interview so that she may serve as an on call emergency resource if necessary.

Debbie Lillard Liam (404.286.1177; DebbieLillard@MosaicCounseling.net), a community based therapist with 20 years of experience working with the sexual minority community and survivors of sexual violence has agreed to be a resource for participants if she is needed. Liam is familiar with the project and she and I will remain in contact throughout the course of this project in order to facilitate referrals if necessary.

Should the interviewee become upset during the interview, the following steps will be taken:

1. I will stop the interview and assess her level of distress.

2. If she regains composure, I will ask her if I should proceed with the interview, if she would like to reschedule for another date and time, or if she wishes to withdraw from the study.

3. If she appears to be in crisis, I will contact Dr. Tone (404.413.6291 office, 404.401.8565 cell) to consult about the need for emergency services. After consulting with Dr. Tone and discussing the list of resources available to the interviewee, we will likely contact one of the crisis support resources together, or I will take the interviewee to Grady Rape Crisis Center for immediate services unless Dr. Tone has recommended another course of action.

4. If she is not in crisis but appears distraught, I will urge her to utilize one of the supportive services from the resource sheet and will ask if she would like me to facilitate getting her connected to services.

5. I will give each interviewee a resource sheet upon exiting the interview should she require services at a later date.

6. I will contact each interviewee the next day to assess how she is feeling and to ask if she would like to schedule a follow up meeting.
Appendix E

Supportive Services

Hotlines
24-Hour DeKalb Rape Crisis Hotline
(404) 377-1428

24-Hour Grady Rape Crisis Line
(404) 616-4861

Therapists
Debbie Lillard Liam, LCSW (Mosaic Counseling)
Licensed clinical social worker with over 20 years of experience. Specialties include trauma, sexual assault and sexual identity.
(404) 286-1177
DebbieLillard@MosaicCounseling.net

Jen Bertasi Liam, LCSW (Mosaic Counseling)
Licensed clinical social worker specializing in strength-based therapy on family/relationship issues, domestic violence, trauma and sexual identity.
Jen@MosaicCounseling.net

Groups
Women Healing Women
Imani Evans leads a group of primarily African American sexual minority women who have survived violence.
imani@miracles2day.com

Women-Identified Survivors of Intimate Partner Violence
Carrie Lippy leads this Lesbian Health Initiative group every Monday from 7-8:30pm at the Philip Rush Center.
(404) 916-5447

Agencies
DeKalb Rape Crisis Center
Offers individual and group counseling, including a LGBTQ Victim to Survivor Group
204 Church Street, Decatur, GA 30030
info@dekalbrapecrisis.org
Office – (404) 377-1429
Hotline – (404) 377-1428
Rape Crisis Center, Grady Memorial Hospital
Emergency physical and mental healthcare
80 Jesse Hill Jr Dr SE, Atlanta, GA 30303
(404) 616-4861

United 4 Safety
Collaborative of more than 40 individuals representing 16 GA LGBTQI domestic violence and sexual assault organizations.
For LGBTQI-relevant services, you can leave a message at 400-200-5957
Someone will return the call within 24 hours.