

1-1-2011

From "Reel" to "Real" - Embodied Responses to Rape

Bruktawit Retta
Ryerson University

Follow this and additional works at: <http://digitalcommons.ryerson.ca/dissertations>



Part of the [Sociology Commons](#)

Recommended Citation

Retta, Bruktawit, "From "Reel" to "Real" - Embodied Responses to Rape" (2011). *Theses and dissertations*. Paper 1662.

This Thesis is brought to you for free and open access by Digital Commons @ Ryerson. It has been accepted for inclusion in Theses and dissertations by an authorized administrator of Digital Commons @ Ryerson. For more information, please contact bcameron@ryerson.ca.

FROM “REEL” TO “REAL” - EMBODIED RESPONSES TO RAPE

by

Bruktawit Retta, BScN, 2006
Ryerson University, Toronto, Canada

A thesis

presented to Ryerson University

in partial fulfillment of the
requirements for the degree of

Master of Nursing

In the Program of

Nursing

Toronto, Ontario, Canada, 2011

© 2011 Bruktawit Retta

Author's Declaration

I hereby declare that I am the sole author of this thesis or dissertation. I authorize Ryerson University to lend this thesis or dissertation to other institutions or individuals for the purpose of scholarly research.

Signature

I further authorize Ryerson University to reproduce this thesis or dissertation by photocopying or by other means, in total or in part, at the request of other institutions or individuals for the purpose of scholarly research.

Signature

FROM “REEL” TO “REAL” - EMBODIED RESPONSES TO RAPE

ABSTRACT

Master of Nursing, 2011
Bruktawit Retta
Master of Nursing Program
Daphne Cockwell School of Nursing
Ryerson University

Women’s perspectives of their embodied experiences of and responses to rape are explored in this research. In sexual violence literature, there is minimal focus on individuals’ experiences and responses to rape and when included, what is emphasized is medical, legal, and social systems responses.

Post-colonial intersectional feminist theory frames this research, highlighting impacts of social locations and systematic processes on the embodied multi-layered experiences of women who have been raped. Narrative methodology including creative data collection facilitated opportunities for participants to express their experiences. My analysis, grounded in participants’ stories and my own experience of rape, incorporated visual representations and poetry reflecting on sexual politics and discourse.

Creative dissemination of women’s narratives provides greater understanding of women’s embodied and contextual experiences of rape. Bringing to light the diversity and resilience of women who have experienced rape, can contribute to influencing health care policies and practices while advancing critical social justice.

ACKNOWLEDGMENTS

This thesis was not only an academic feat, but a deeply personal journey, which I could not have traveled without the support and encouragement from my guides. Thank you to my thesis supervisor, Dr. Margaret Malone, for her overwhelming support, insightful guidance, enduring commitment, and encouragement. To my committee members Dr. Jennifer Lapum and Dr. Jasna Schwind, thank you for demonstrating to me that a creative thesis is possible through sharing your own creative work.

I am so very grateful to the School of Graduate Studies and Master in Nursing program at Ryerson University, for funding for the past 2 years through the Ryerson Graduate Award and Ryerson Graduate Scholarship, as well as the Registered Nurses Foundation of Ontario which provided financial awards towards my schooling.

Thank you to my friends and family who have been there for me, at all hours of the day and night, when I needed to talk, go out for a walk, or just needed a shoulder to lean on. Thank you to my loving partner who has figuratively and literally walked by my side, providing me with endless support and love, even through my emotional rollercoaster while writing this thesis. I love you dearly.

Finally, I give my deepest thanks to the participants who took the time and were courageous to share their experiences.

DEDICATION

To women and children all over the world who face sexual violence every day.

And to the people who speak out against such atrocities.

TABLE OF CONTENTS

	<u>page</u>
ABSTRACT	v
ACKNOWLEDGMENTS	vii
DEDICATION	ix
CHAPTER 1: INTRODUCTION	1
Walking Back in My Brown Leather Shoes	1
Purpose	2
CHAPTER 2: LITERATURE REVIEW	5
Overview of Rape	5
Legal Definitions and Feminist Critiques	6
Problem of Rape Myths and Stereotypes	7
Looking at the Context: Embodiment and Rape	7
Naming the Experience and Common Responses	9
Institutional Attitudes	11
Race and Rape	12
CHAPTER 3: THEORY, METHOD, AND DESIGN	15
Research Methodology	15
Theoretical Framework	15
Analytic Methods	18
Recruitment	20
Data Collection Methods	21
Structure of Meetings/ Interviews	23
Before the Interviews	23
The First Interview	23
The Second Interview	23
Other Processes of Data Collection	24
Ethical considerations	26
CHAPTER 4: PREFACE TO THE FINDINGS	29
Rape Scripts	29
Lucky Alice: A “Reel” Narrative	30
Reflection and Analysis	32
CHAPTER 5: FINDINGS: MY NIGHTMARE— DRUG-INDUCED RAPE	35
Drugged into Consciousness	35
Context	36

Difficulty Remembering.....	38
Telling	40
Reporting	42
Mind-Body Connection.....	49
Reflection and Analysis.....	51
 CHAPTER 6: FINDINGS: CLAIRE’S STORY- A THREE YEAR RELATIONSHIP	 53
First Real Relationship: A Poem by Bruk Retta, Inspired by Claire.....	53
Difficulty Remembering.....	57
Telling	57
Rape Definition and Reporting.....	58
Mind-Body Connection.....	59
Reflection and Analysis.....	61
 CHAPTER 7: FINDINGS: NOELLE – PANDORA’S BOX: INCEST AND CHILD ABUSE.....	 65
A Daughter - A Father - A Lesson: A Poem by Bruk Retta, Inspired by Noelle.....	65
Flashbacks.....	68
Telling	70
Mental Health and Legal System	72
Family Dynamics	74
Assumptions	75
Parenting and Fear	76
Consequences of Telling	79
Labeling	80
Mind-Body Connection.....	83
Reflection and Analysis.....	85
 CHAPTER 8: DISCUSSION	 91
General Reflections	91
Lotus as Metaphor	92
Naming the Experience.....	96
Commonalities in Responses	97
Denial/Disbelief and Disconnection	97
Self-Blame.....	98
Flashbacks	100
Anger.....	101
Seeking Connection for Validation	103
Rough Waters — Social Attitudes, Services and Education	105
The Social Rape Myth and Use of Language	105
Legal and Health Care Services’ Attitudes and Accessibility.....	106
The Impact of Rape on Relationships	111
Intersecting Race, Gender, and Class.....	112

CHAPTER 9: CHANGING THE WATERS – A NEW PERSPECTIVE OF RAPE	117
Creating Spaces and New Perspectives.....	117
Developing Allies and a New Culture.....	117
Social Services and Sexual Assault.....	119
Prevention and Education.....	120
Creative Research and Embodiment	123
New Perspective	124
Epilogue.....	125
 FIGURES.....	 29
Figure 1-1. Rated “R”ape. A representation of the individual experiences of rape	29
Figure 1-2. Cracked Masked; Broken Spirit.....	48
Figure 1-3. My Shadow	64
Figure 1-4. Freedom.....	85
Figure 1-5. The Lotus: The Many Kinds of Rape.....	93
Figure 1-6. Lily Pad Leaf: Factors Influencing Embodied Responses	95
Figure 1-7. I Am Not Alone.....	102
APPENDICES.....	127
APPENDIX A: CONSENT FORM.....	127
APPENDIX B: RECRUITMENT MATERIAL.....	132
APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE.....	133
APPENDIX D: OPTIONAL GUIDED CREATIVE ACTIVITY.....	134
APPENDIX E: INTERVIEW #1 GUIDE.....	135
APPENDIX F: INTERVIEW #2 GUIDE.....	136
APPENDIX G: RESOURCES FOR PARTICIPANTS	137
APPENDIX H: REB LETTER OF APPROVAL	139
 REFERENCES.....	 141

CHAPTER 1: INTRODUCTION

Walking Back in My Brown Leather Shoes

Your pain is the breaking of the shell that encloses your understanding.

Kahlil Gibran, The Prophet, (p.43)

I have personally experienced rape and it has profoundly changed my life. While mentally processing my rape, I saw two diverging paths: to remain bitter, angry, and self-loathing, or to transform this cruel experience into a vehicle in which I could help others in similar situations— I chose the latter. After I was raped, I felt like I had lost my connection to the earth and, as if gravity had disappeared, I was free floating in confusion. I wrote this poem while trying to write my thesis.

Stolen

He stole my shoes

He stole my foundation

He stole my

Soul My Certainty

My Centre

Of

Gravity

My Balance

My Connection

To the World

My Awareness.

This poem refers to the simple yet much adored shoes I bought around the time I was raped. They were flats, brown in colour, and leather. They were comfortable and cute. I had worn them the day I was raped. For many days after the rape, I could not get myself to go into my house-mate's room to retrieve them. At some point, many days later, he had thrown them downstairs where I lived. Even after they were returned to me, I could not wear them: they were now tainted forever.

My shoes are a metaphor for myself. They were worn once and now had to be thrown out, cast out, as they were now considered trash. This is exactly how I felt, like trash. The soles of my feet were bare, like the soul in my body, empty, and without connection to the earth.

I started this research process because I wanted to understand my response to rape, and, in turn, to hear how others have responded. In this thesis, I endeavour to put those shoes back on, to return to my past with the intention of informing my future, as well as to travel through other women's stories with the purpose of understanding our responses to rape.

Purpose

The purpose of this study was to explore and understand women's embodied experiences of and responses to rape. My research focused on the experiences of three women, including myself, who have self-identified as a person who has experienced rape. A narrative methodology with creative data collections methods was used within post-colonial feminist theoretical frameworks, specifically critical social theory and intersectionality. As Hankivsky and Varcoe (2007) explain, in analyzing violence against women, intersectionality focuses on turning a critical gaze towards the culture of violence, which includes all forms of discrimination, not just gender. The process of exploring women's experiences, including their

complex temporal responses requires implementing a safe physical and emotional environment. The methodology section provides practical, theoretical, and philosophical details regarding this process. In order to provide a safe place and space for discussion, I engaged in the process of cultivating “cultural safety,” developed by Maori nurse leaders in New Zealand, which involves gaining insight into how power inequalities influence the health of marginalized members of society (Anderson et al., 2003).

I used a reflective process, and was conscious of what Gadamer (1975) calls pre-understanding by attempting to understand my own personal feelings and experiences, integrating this into the research process, in order to be truly open to hearing each woman’s story (Fleming, Gaidys & Robb, 2003).

I started this research process because I struggled in my own experience with rape and found getting formal help was a frustrating process. The formal system (legal, medical, and mental health) did not seem to understand my embodied experience of rape. Although this process of exploration was started as a reflection of my responses to my own rape, ultimately, my intentions are to use the knowledge gained to further rape and trauma research. To gain insight into other rape narratives, I dialogued with other women who have experienced rape, and read Alice Sebold’s (2002) memoir of her rape, entitled, “Lucky”. Though I focused on three individual stories and a written memoir, the overarching purpose of this study, from a feminist critical social perspective, is to link the personal with the political. As Hankivsky and Varcoe (2007) suggest, it is important to shift from the individual, to searching for social explanations in order to analyze, challenge, and expand social policies for a healthier local and global community.

CHAPTER 2: LITERATURE REVIEW

Most commonly, rape is a crime of opportunity; the victim is chosen not because of her looks or behavior, but because she is there— Helen Benedict, 1992, p. 16.

Overview of Rape

Curious about what others had written about rape and sexual assault, I plunged into the literature. Sexual violence affects millions of people throughout the world. It is driven by a multitude of social, cultural, political, and economic factors, though the World Health Organization (2002) documents specifically that the greater proportion of those affected are women and girls pointing to gender inequality as the root cause. Though this was informative, I continued searching, wanting to know the Canadian status of sexual violence. I learned that according to the General Social Survey (GSS), Statistics Canada (2008) reported 512,000 incidents of sexual assault, though less than one in ten sexual assaults are reported to police. In comparison, I was shocked to find that police records on sexual assaults indicating stable rates in the last few years, reported 24,200 sexual offences in 2007, dramatically lower than the survey reported rates. There are many possible reasons for this marked difference. However, the mismatch between the legal and institutional definitions versus women's own understanding of their experiences of rape is a central and key issue (Cahill, 2001; Regan & Kelly, 2003; MacKinnon, 2007; Campbell, 2008; Patterson, Greeson & Campbell, 2009) which I will address in the next section.

Legal Definitions and Feminist Critiques

While completing the literature search, I was intrigued by the different terms that are employed for rape. I came across the term sexual assault, which I found to be distant and detached. According to Statistics Canada (2007), sexual assault is a legal term defined as: “Forced sexual activity, an attempt at forced sexual activity, or unwanted sexual touching, grabbing, kissing, or fondling” (p. 11). Wanting to understand the legal terminology, I searched for clarifications: for adults, sexual assaults are categorized according to levels of severity from level 1 (lowest) to level 3 (highest) (Statistics Canada, 2008). In 2007, police reported that the majority of sexual assaults (86%) were considered level 1 (Statistics Canada, 2008). Although levels help legal institutions classify crimes, women often feel that these categories do very little to describe the extent of their experience. In my case, I never thought of my experience as “sexual assault”—I was raped. To me, the term rape, which is often used by women themselves who have experienced sexual assault, is more impactful, focused, and less diluted than the legal term sexual assault.

Cahill (2001) urges that “the legal definition of rape should include, [...], an understanding of the bodily and sexual meanings central to the action of rape, and should take those meanings into consideration when considering the appropriate legal response to a rapist” (p. 163). Regan and Kelly (2003) alarmingly point out that rape continues to be neglected as a social and political discourse in government and institutions. They argue that “limited attention is one of the factors underpinning the widespread increase in attrition” (p. 18) [or rape convictions]. Therefore, it is a crucial time for research focused specifically on rape and its personal and political implications.

Problem of Rape Myths and Stereotypes

Stereotypes limit how society views an individual or group. In Code's (1987) paper, "The Tyranny of Stereotypes," she argues that gender stereotypes are oppressive, creating caricatures of what women "should" be, which makes it difficult to see the realities that women embody. However, it is not only the stereotypes of women that are problematic. Noticing my own assumptions regarding my rape, I began to realize that rape stereotypes exist, and that they have transcended into social, legal, medical, and mental health services (Campbell, 1998; Patterson et al., 2009). From the literature, I found that most people who experience rape do not seek help from formal social systems because, among other reasons, their experiences do not match many of the existing stereotypes, e.g., a stranger who attacks with force, leaving physical injuries (Campbell, 1998, 2008; Kelly, 2000). In fact, rape is more likely to occur with someone you know (Collins, 2010). Statistics Canada (2010) indicated that only 24% of women did not know their perpetrator. Even though statistics reveal the frequency and extent of sexual violence against women, women frequently feel that professionals working in social institutions will not believe or protect them, so they often choose to avoid further humiliation and emotional upset, relying primarily on their own support systems (Patterson et al., 2009).

Looking at the Context: Embodiment and Rape

The issue of rape poses significant problems when institutions have generic and stereotypic ideas of how women will respond (Patterson et al., 2009). This dominant discourse is problematic and requires examination. Cahill (2001) suggests using embodiment as a way to capture the contextual reality of rape focusing on "historical location, cultural environment, economic status, gender, race, sexual orientation, physical limitations, psychical limitations,

emotional experiences and others” (p. 113). An embodiment perspective recognizes that the experience of rape is shaped by a larger discourse, but that the experience of rape occurs in an individual’s unique body (Cahill, 2001).

When seeking to tell autobiographical narratives, people often include the context of their stories, the situational factors as well as the personal, emotional, and physical reactions that help describe embodied lived experience. Smith (1993) eloquently explains the embodiment of gender and its meanings:

Embodiment is a complicated phenomenon, making woman with congeries of meaning.

If the topography of the universal subject locates man’s selfhood somewhere between the ears, it locates woman’s selfhood between her thighs. The material and symbolic boundary of the female body becomes the hymen- that physical screen whose presence or absence signals so much (p. 12).

This quote signifies how our society views men and women. Men are valued for their reason and logic and women for their chastity. Though gender ideologies in society have been slowly challenged, women in their everyday lives are still being judged for not being a virgin, for being seductive and enticing men to rape them. Women are still judged by what they wear and not necessarily on their knowledge and skills. An example of this is women in national politics; they often are criticized for their fashion sense rather than their position on policies.

Society likes to categorize bodies, to find meaning and significance; gender is but one aspect. Smith (1993) continues to explain this process of categorizing bodies:

Paradoxically a unified body is consolidated on the ground of the fragmented body. Some fragments align into gender identification, some into racial or ethnic identifications.

Moreover, while there are unlimited material differences from one body to another, only

certain body parts make up the “meaningful “cultural and social differences. And culturally only certain bodies are experienced as different” (p. 129).

Both of Smith’s (1993) quotes speak to the embodied stereotyping of people in society, which places more value on certain types of bodies than others. In this research, embodiment is a great fit with narrative methodology to demonstrate the socio-political context of daily violence committed upon women’s bodies, supporting the notion that narrative research about rape is not only informative, but it is most importantly an imperative.

Naming the Experience and Common Responses

As I progressed through the interviews, I continued my literature review to include research on naming the sexual violations as well as common responses. Warshaw (1988) and Herman (1997) explain that women feel a sense of disbelief or denial during and after the rape, and thus have difficulty naming their experience. The shock of being raped, together with the silencing stereotypes make it complicated for women to sort through their violating experience. A sense of disconnection of body and mind, also called dissociation, is also common amongst women who have experienced rape (Warshaw, 1988; Rothschild, 2000). This disconnection is a mental mechanism to protect the individual from severe distress. Sometimes, this can happen when there is something that reminds a woman of the rape, which causes her to re-experience the trauma all over again; this reliving of trauma, is called a flashback (Warshaw, 1988; Rothschild, 2000).

Often, and for many reasons, women blame themselves for the rape (Warshaw, 1988). Part of the self-blame may be due to the fact that in the dominant culture, women are burdened with having to prove their rape. Since these women often take on the feelings of self-blame, they

may also, not only harbor feelings of anger towards their perpetrator, but also toward themselves for not having known better. The anger women feel after being violated reflects Thomas' (2005) 15 years of research; women's anger is rooted primarily in their experiences of powerlessness and injustice.

The women that I interviewed spoke about how they were able to validate their experience by speaking to others about their rape. Seeking connection with others to validate an experience of rape is common (Herman, 1997), however it can be challenging. Many larger social attitudes and legal, health care, and mental health institutions practices can deter women from opening up and talking about their rape experience (Frese, Moya, & Meglas, 2004). Furthermore, national and local media covering news use language that maintains and promotes rape myths (Sampert, 2010).

Other challenges women have regarding naming their experience include how society views drug facilitated rape. In situations where women were intoxicated or drugged, determining capacity for consent is a troublesome, especially when they have voluntarily accepted drinks and illicit drugs. Benedet (2010) argues that the legal assessment of incapability to consent to sexual acts has nothing to do with the degree of voluntary intoxication. Although Benedet's (2010) argument makes sense, the reality is that generally, people see women as consenting if they accepted alcohol or drugs from their perpetrator, as demonstrated by a study conducted by Girard and Senn (2008). In their research examining the effect of voluntary or involuntary drug use on attributions about sexual assault, participants were asked to assign who they thought was responsible for sexual assault. They found in situations where the woman had voluntarily consumed drugs or alcohol, participants perceived the perpetrator as less responsible for the occurrence, and increased blame on the woman. Moreover, women themselves have

assumptions, based on society's myths, of what it means to be safe. Logan, Cole, and Capillo (2007) write that women's perceptions are different for acquaintances when compared to strangers as women often feel safe with a sense of familiarity.

In summary, this research demonstrates that women were more likely to call their experience rape, if the rape was perpetuated by someone who was not a boyfriend or someone they were involved with romantically, or if the rape occurred when they were children, or if physical force was used during the rape. In addition, they were least likely to call their experience rape if there was alcohol or drugs used, or if the act involved was oral or digital penetration (Kahn, Jackson, Kully, Badger, & Halvorsen, 2003).

Institutional Attitudes

Institutions such as police and emergency departments encourage certain attitudes that affect the person who is seeking help. It is not only the individual who interfaces with the woman who is raped, it is a system that dissects her life into what seem to be separate and often disconnected parts for institutional purposes, in order to get evidence, and yet does little to provide a sense of comfort. Furthermore, in most cases the perpetrator gets a minor consequence for his actions. For example, in the case of child sexual abuse, Griffiths (2007) reports most (67%) prison sentences involving family violence against children in Canada were three months or less, and also that family members are less likely than non-family members to receive a prison sentence for violence against seniors. Given the above, it is no surprise that women internalize their experience of rape. Rape is considered a crime in theory, but in real life, rape can, in many instances, be considered as an act that is not only permissible but accepted as part of social norms (Herman, 1981, 1997; Cahill, 2001; McGregor, 2005; Anderson & Doherty, 2008). Herman (1997) argues that the harsh reality of our formal social systems discourages women

from officially reporting the crime, which leaves them to suffer in silence. Black feminist authors such as Lorde (1984) and hooks (1981), encourage women to speak about their intersecting oppressions, and of their experience with violence so that it can be shared and examined socially, rather than just privately.

Race and Rape

Women's responses to rape are often contextualized by their race. For women of colour, it is often difficult for them to prove rape because of the "dominant narratives, structural inequities, class inequities, and cultural practices" (Mukhopadhyay, 2008, p. 154).

Mukhopadhyay argues that the narratives of Black women being raped by White men are not as developed because of the underlying system of beliefs that White men are entitled to have any woman they want, regardless of race or class. Black woman's bodies are seen as public property and as such, they are not seen to have the right to protect themselves from sexual violence. This creates a negative cycle of violence, silence, and inaction. Lorde (1984) counters this cycle, offering a transformation of silence into language and action. Lorde examines the causes of silence which include fear of judgment or censure, but mostly she states that women fear being visible.

While working on a women's mental health unit specializing in emotional trauma, I began noticing that women of colour rarely were admitted. However, I knew women, for example, from within my own Ethiopian community, who needed mental health services. I realized that the unit did not reflect the diversity of the large metropolitan city in which I lived. I concur with James (2007) who argues that there is a lack of appropriate services for women of colour in Canada, especially for the African Diaspora and that their exclusion from the rape crisis centers reflects the Canadian practices of systemic erasure of Africans in Canadian society. This

plays a role in how comfortable a Black woman feels to report her rape. Crawford (2007) concurs, stating that black women are not seen as legitimate victims of violence. Massaquoi (2007) extrapolates the issues of black women sexualities, as sitting between gender and race, and because the cultural meaning given to the negative stereotypes, black women are silenced on the subject of their sexuality.

This literature has articulated what I have not been able to do so thus far. I had embodied knowledge of how I would 'look' to the police, to everyone in the legal system. To them, I was just another black woman stereotype, another woman who took a drink that was drugged, just another woman.

CHAPTER 3: THEORY, METHOD, AND DESIGN

Research Methodology

Though there are many forms of narrative research, the commonality is that each deals with stories and the underlying narratives (Clandinin & Connelly, 1998; Clandinin & Huber, 2002; Frank, 1995, 2002; Holloway & Freshwater, 2007a; Holloway & Freshwater, 2007b). Generally in narrative research, the researcher determines a problem or issue, selects one or more individuals who have a story or experience to tell, collects information about the story and the context of this experience, and then engages in the process of reorganizing it into some type of framework or way to make sense of it (Cresswell, 2007; Josselson & Lieblich, 2003).

In this study, I specifically formed my approaches to methodology based on the work by Frank (2010) and Lieblich, Tuval-Mashiach, and Zilber (1998). Frank's work involves giving precedence to the individual narratives and enters into them dialogically, which simultaneously enables me to hear and interpret participants' stories as well as weave my experience of rape into the discussion. Lieblich, Tuval-Mashiach and Zilber focus on the 'linguistic features' of narratives to identify and assess the emotional content, which is important to highlight when exploring embodied responses.

Theoretical Framework

Similar to all research, in this narrative study I employed a specific theoretical framework. Some narrative researchers ground themselves in philosophical ideologies such as post-positivism, critical social theory, and post-structuralism. For example, narrative researchers who frame their work with critical social theory, believe that narratives provide a means to demonstrate the evidence of existing oppression in our society and our institutions (Holloway &

Wheeler, 1996), and provide a sense of agency, which is not accessed through conventional methods (Maynes, Pierce & Laslett, 2008).

Throughout the process, I was conscious of my own positionality as an African-Canadian woman and drew upon well known Black Feminist Theorists such as Audre Lorde (1984), bell hooks (1981) and Collins (2000), to support my research by using their perspectives of intersectionality and black feminist thought. Collins (2000) specifically describes four tenets of Black Feminist Theory, which guided my research. The first tenet assumes that that knowledge is built upon lived experience and argues that the most authentic knowledge develops from those who are experienced with a particular social issue. Thus, Black feminist epistemology first begins with “connected knowers,” those who are intimately connected to the subject matter. The second tenet is the use of dialogue, and this is done by using “we” and “I,” instead of the objectifying and distancing language of social science. The researcher then must not disappear, and must remain present in the text. The third tenet of black feminist knowledge requires that ethics and caring must be present in the research and encourages researchers to analyze their findings, as well as be conscious of their emotions within, as not to separate feeling and thought in the process. And last but not least, Collins states personal accountability as the last tenet, arguing that researchers needs to personally examine and reexamine their values and beliefs in relation to their knowledge and lived experiences.

For this narrative research, I specifically integrated critical social theory and feminist perspectives, including work by Hankivsky and Varcoe (2007) to frame my analysis. The main idea behind critical social theory is to challenge the social beliefs and dominant values in order to stimulate new ways of thinking, knowing, and being in the interest of emancipation (Leonardo, 2004). Feminist theory identifies ways in which dominant ideologies and practices disadvantage

women and other marginalized groups in order to reshape the status quo; the central concept is that individuals have contextual knowledge and produce situated knowledge (Anderson, 2011). Thus, I was focused on examining women's situations and positionalities from a critical perspective that challenged dominant and oppressive ideologies and social systems.

Because qualitative research is a fluid and emergent process, I explored other authors and their work while engaged in the data collection and analysis process. This flexibility allowed me to include authors who spoke to the findings and the narratives of the women who were interviewed, helping to guide my exploration of the many complex issues surrounding rape. Qualitative researchers often input their own feelings, viewpoints, and experience in the analysis (Fonow & Cook, 1991; Holloway & Wheeler, 1996; Clandinin & Connelley, 2000; Holloway & Freshwater, 2007a; Holloway & Freshwater, 2007b). Throughout the research process, I reflected on my own experience of rape, and was essentially a co-participant, actively making meaning of my own rape trauma through written and creative approaches.

With qualitative and creative research, the ambiguity and relativity imitates life: it is messy and can be risky; however it is so appropriate when dealing with bodies. "Working with images can thicken interpretation [and] [i]mages can evoke emotions and imaginative identifications, too often lacking in social science writing" (Reissman, 2008, p. 179, 180). Together with research, creative activities can also be used in interventions for women who have had traumas. Researchers such as Buk (2009) and Gantt and Tinnin (2009) have supported using art as a safe means to activate and treat trauma memories through their neurological research.

Conducting this research was a balancing act between being reflective about my own experiences and being careful to avoid making assumptions of participants' feelings, making sure to carefully and deeply listen to the participants to achieve authenticity thus supporting

Gadamer's ideas of pre-understanding, and the essential meanings behind 'cultural safety'.

For the purpose of this research, a narrative methodology within a feminist philosophical framework is an ideal approach to a) highlight the power imbalances, sexual discourses, and oppression in rape, and b) to restore a sense of power to women who have had this experience by giving them a space to voice their embodied and unique perspectives.

Analytic Methods

In this study, the analytic methods that I employed were mostly informed by Frank's (2010) and Lieblich, Tuval-Mashiach, and Zilber's (1998) work. Frank's analytic focus drew my attention to how social institutions can affect individual narratives; more specifically, how individuals become coerced to put their stories together in certain ways such that social institutions were often represented in and appeared to shape participants' narratives. Analysis of participants' stories included development of plot, the characters, outlining the overall tone and mood of the story, as well as any tensions and/or sense of resolution (Lieblich, Tuval-Mashaich, & Zilber, 1998). My analysis focused on embodiment, sexual discourses, and sexual politics, grounded in the experiences of participants, as well as my own. Specifically, I used metaphors as a method (as used in Schwind, 2009), to safely "wring the experience for its essence and, with that new learning to make sense of an otherwise overwhelming situation (p. 17). Similar to Lieblich, Tuval-Mashiach and Zilber's approach, I used a "literary lens" to draw attention to participants' language (Lapum, Angus, Peter, & Watt-Watson, 2010) in order to gain a deeper understanding of women's embodied experience of rape. Part of my analysis incorporated story maps (Lapum et al., 2010) to visually document events and experiences.

Because the process of analysis is iterative, I had difficulty pinpointing a process at first, but then gradually allowed myself to relax and reflect. I engaged in at least three readings of the

transcripts: the first reading was to read through the transcripts, while listening to the audio recording of the interviews to check for accuracy of transcripts as well as attend to emotional and overall tone of each interview. During the second reading, I purposefully paid attention to the whole story as it unfolded during the interview. During this process, I began to tape the pages of the transcript together making a long document so that I can visually see the progression of the story. I also re-read my field notes, making comments and highlighting key words and emerging ideas in the transcript. I took various coloured pens and marked the transcript with the emerging coded words. On a separate sheet, I created a legend of the colour codes and their meaning. During the third reading, I took the main words and reflected on the major ideas, which in some instances were distilled into my own poetry, drawings, or visual and linguistic metaphors.

After conducting the interviews and reviewing the transcripts, I had difficulty trying to retell their stories. I was tentative, much like an artist who is nervous because she sees the person in the flesh and wants to do justice by painting a portrait that tells the whole story. I realized and sought comfort in the idea that a portrait is a representation, a perspective. Frank (2010) asserts that “stories enact how memory reconfigures; they are the process of memory-in-action as much as they are repositories where memories are kept” (p. 83). I reviewed his suggestions for analysis: first, to translate the story into images, visually and/or mentally; to also pay attention to differences between the storyteller and the researcher or analyst; to appreciate the story and the storyteller; and lastly to slow down, so that I could pay attention and really hear the richness and complexities of each story. This last suggestion for an analytic process, I found to be the most challenging because in every aspect of my life I felt rushed. However, when I slowed down, I was able to hear the stories better, resulting in a richer, fuller examination.

As I was conducting interviews and analyzing participants' stories, Sebold's (2002) memoir entitled "Lucky" became extremely integral to how I made sense of the data. Thus, before I present the findings of my study, I provide an exploration of the socially dominant rape stereotype or rape "script" a comparison and contrast with the rest of the participant narratives. The next chapter is a preface to my research findings and summarizes what society sees and validates as rape, through the analysis of Sebold's (2002) memoir.

Recruitment

Originally, up to three women who self-identified as someone who experienced rape were to be recruited to participate. The age ranges decided upon were between the ages of 18 and 55 as this represents the most likely age group that has experienced rape (Statistics Canada, 2007). In actuality, I recruited two women, and included my own story as part of the narrative analysis. For the purpose of this research, I included these three very different individuals, who experienced sexual traumas and were affected in their own unique and profound ways. The following are the steps that I followed in order to recruit the women to participate in my research.

- 1. Recruitment methods:** Recruitment included word of mouth and snowballing techniques as well as connecting with women's community organizations to facilitate the recruitment of potential participants. I sent out recruitment material by email and personally left printed material with these organizations (see Appendix B).
- 2. Interested participants:** Participants were invited to contact me for further information regarding the nature of the research and/or to express interest in participating in the study. If the person was interested, they contacted me by phone or email. I then

explained the ethical considerations and participation expectations for the study. At this point, an explanation of research was discussed, and if they were still interested in being a research participant, they were asked to sign a consent form and fill out a demographic form before being interviewed.

- 3. Considerations regarding readiness to participate:** The recruitment process included considerations regarding readiness to participate. Some strategies to assess readiness included dialoguing with the participants. Since trauma experiences are highly individualized, it was not possible to determine beforehand how much time was needed to elapse following the trauma before a person could talk about it in a research study. However, as noted in the literature (Kendall-Tackett, 2009) and from my own experience, at least 2 years was needed for a person to have moved through the initial crisis stage. That being said, I dialogued with the individual to assess if she had supports already in place in case she needed them, and inquired about how she would feel about participating in a study that could potentially be emotionally laden.

Data Collection Methods

Data collection methods included:

1. Two semi-structured interviews (60-90 min.) for one of the participants (Claire), and one 90 minute interview with the other participant (Noelle).
2. My field notes documented emotions, behaviours, and the tone of the interviews
3. Participants were invited to participate in a creative activity (optional) and/or discuss their past creative outlets during the interview itself.

4. Throughout the research process, I kept a journal, participated in reflective creativity (wrote poems, drew, painted), and in reflective dialogues with my thesis supervisor and my committee.

Narrative research often follows an iterative process (Josselson & Libelich, 2003).

Therefore, questions posed to study participants focused not only on their immediate response, but the unfolding of their response and meaning of their experience over time. Adjustments to questions were made as the interviews progressed based on the literature/research accessed in preparation for this research, my mental health counselling skills and experiences, and interviews that had already been completed. A number of options were provided during interviews for participants to creatively articulate their embodied experience. For example, if the participant felt it was useful, I offered opportunities for drawing, painting, writing, visually mapping etc. In order to help the participants reflect on the creative process, I provided them with a guide (Appendix D).

For the interviews, a semi-structured interview guide (see Appendix E & F) was used with associated probes, to allow maximum flexibility in exploring the topic in depth. With the informed consent of the participant, the individual interviews were audio taped and later transcribed. An honorarium of \$20 per interview was provided to participants to defray the costs of participating, e.g., transportation or child care costs. Participants were also asked to complete a brief demographic questionnaire (see Appendix C).

Structure of Meetings/ Interviews

Before the Interviews

Participants and I discussed the following over a period of time, both on the phone prior to the interview, and in person, during the scheduled date of the interview. With my guidance, the participant:

1. Reviewed the consent form, clarifying any further questions they had, including ethical considerations, and then signed the research consent form.
2. Reviewed and answered a brief demographic form as well as provided specific directions on how to best contact the participant, in a safe and confidential manner.
3. Before or after the interview, negotiated a date, time and location for the second interview.
4. Consent of the participant was also obtained to record the interviews for transcription.

The First Interview

During this meeting, the participant was given time and opportunities to express their experiences and responses of rape. The length of this interview was negotiable and depended on how the participant felt at the time and their emotional readiness. The first interview for both participants lasted approximately 90 minutes. During the interviews, I verbally checked in, as well as non-verbally observed, how they were responding to the interview and, at certain moments, asked if they wanted to stop or take a break.

The Second Interview

Noelle did not have a second interview. During Noelle's first interview, there was an interruption in the room that I had previously booked for the interview, by two security guards,

even though I put great efforts into posting a sign which read: “Please do not disturb : Interview in Progress”. This interruption caused Noelle to flashback to a time when she felt interrogated by the police. At this point I asked if she wanted to continue with the process of the interview and she agreed that she did. After the interview we also debriefed and spoke about setting up a different room for the next interview, i.e., if she felt comfortable doing a second interview. After reviewing her transcripts, I realized we had covered so much in the first interview, and, reflecting on how we were both disturbed by the interruption, we agreed that we would connect again if by email or phone if there were a need for any further questions and/or clarifications.

Claire, the second participant, had a second interview; it took place approximately 2 weeks after the first interview. During the second meeting, Claire was given the opportunity to express her responses and experiences of rape through a different method than the first interview. She brought a creative writing project that she had completed for school many years ago and reflected on the process and what it was like for her to write for a broader audience. This reflective discussion, during the second interview, included the prior research interview and her feelings about it. We also addressed the broader social implications of rape, and what families, friends, and communities can do to help women who have gone through the rape experience.

Other Processes of Data Collection

I had a positive and fulfilling experience using creative activities to process my own experience of rape. Because I had this experience, I thought that perhaps participants would engage in an optional creative activity as another process of collecting narrative data. Even when they were assured that they could participate at home on their own time, they preferred to talk about their creativity instead. If I had to conduct a similar study in the future, I would take more time to get to know the participants and discuss with them about ways in which they would

prefer to tell their story, instead of asking them if they wanted to participate in an optional creative piece. I was exposed to creative activities and found it helpful and assumed that others would as well. People may also feel self-conscious about performing or creating for others to view. Lastly, I recognized that talking not only comes naturally in an interview, but it is generally what people expect.

The process of collecting data also included my reflections on each narrative, including my own. I drew, wrote poems, wrote journal entries, and read, talked with others, and listened to music in response to and in order to make sense of all the data that was presented to me. This process helped me sort through my embodied knowledge; it helped me articulate my thoughts and feelings in ways that were more complex and real than simply reading and writing. The result of this process is seen in the following chapters. Breathing creativity into research and its dissemination has the potential to evoke emotions and makes research findings more accessible to all concerned with the research topic. It opens up spaces for dialogue and pushes the boundaries for new perspectives and knowledge construction (de Mallo, 2007).

Sociologists, Andersen and Collins (2004) argue that unlike more conventional forms of research such as surveys, interviews, and even direct observations, “personal accounts are more likely to elicit emotional responses” (p. 21). Moreover, they note that traditionally social science has frowned upon emotional engagement as it would obscure objectivity. Yet personal stories, e.g., narratives, “tap the private, reflective dimensions of life, enabling us to see the inner lives of others, and in the process, revealing our own lives more completely” (p. 21). This was exemplified for me as the researcher in this study. Through hearing the narrative of the participants in this study, together with reading and reflecting upon Alice’s story “Lucky,” I was

able to reflect upon and come to know in much more depth and breathe my own experience of rape.

Ethical considerations

Because studying emotionally traumatic events can be triggering, causing flashbacks (Herman, 1997), I took precautions to minimize the emotional distress that it might cause. I provided as much choice, flexibility, and agency for the participants, as well as assessed their responses and engaged in discussions about how they felt. I provided frequent reminders that at any time they felt they wanted to withdraw; they could do so at any time. Consent is a process, so I continuously assessed and provided “check-ins” throughout the study (Bussel, 2008).

I chose a pseudonym for each participant to protect their identities as recommended by both Josselson (2007) and Liamputtong (2007). Furthermore, demographic forms, receipts, and consent forms were kept separate from all other data. Participants were not required to keep copies of any consents, receipts, or information regarding the research to protect their safety and confidentiality in their participation of the study.

In the interview, participants were also given options, such as changing topics, rephrasing, and/or continuing or stopping the interview. I also provided a list of community health care services, together with counselling, legal, and financial services and the relevant contact information (see Appendix I). For safety purposes, I informed my thesis supervisor of interview dates, times, and locations. I also carried a cell phone for communication access in case of an emergency. Recognizing that the research would have an emotional impact on me, I also ensured opportunities to discuss my own experience of rape with appropriate counselling, health care, and other related services. Regular opportunities for debriefing with my thesis supervisor and/or committee members was also build into the planning.

Interviews were conducted in a safe and convenient location mutually agreed upon by each individual participant and the researcher. Examples of choices offered included community centres, Ryerson University, private rooms in public libraries, or participant's homes (if they preferred). As safety, confidentiality, and convenience were essential, I engaged in dialogue with the participant, to ensure we agreed on a location that was safe for both of us. I also used pseudonyms for all persons and places in order to protect the identity of those involved.

Regarding the design of the study, narrative methodology is an ethically informed approach, as Frank (1995) points out "those who have been objects of others' reports are now telling their own stories...they define the ethic of our times: an ethic of voice, affording each a right to speak her truth, in her own words" (p. xxiii). Though potential risks were identified, I anticipated that the benefits of this study will outweigh the risks. Many factors, including the design and methods of the study, promoted participants feedback and included continuous check-ins to include a more process oriented method of obtaining consent. By sharing their stories, participants provided a greater understanding about their embodied and contextual experience of rape. And this in turn, I anticipate, will help build the body of knowledge with the future hopes of influencing the policies and practices of health care providers and professionals in the legal and social system.

The universe is made up of stories, not atoms.

There is no agony like bearing an untold story inside of you.

Rape Scripts



After hearing the stories of the women I interviewed, I thought about my own story.

29

represent this plurality of experience (Figure1-1). Noticing that none of us experienced the accepted rape stereotype, I picked up a book that a close friend of mine had recommended I read, entitled “Lucky.” Appropriately titled, it is a memoir by Alice Sebold (2002), and her experience with stranger rape. It tells the story of how she was able to identify and charge her attacker, all the while exploring the raw truths of the social and legal stereotypes, and how her story managed to fit these ideas of rape and be “accepted” in the court of law. As I was reading her story, I realized I needed to juxtapose her story with ours; to integrate it into my research to show the variety of rape stories and how they often contrast with the expected “ideal” rape victim in society. I will start by summarizing Sebold’s story, and reflect on my own story. I will then share the participants, Claire’s and Noelle’s narratives, in the next chapters (their names were changed in order to protect their identity).

Lucky Alice: A “Reel” Narrative

Alice Sebold (2002), in her memoir entitled “Lucky”, describes how, as a freshman at Syracuse University, she was walking home to her dorm at night when a stranger attacked her and threatened her with a knife. She described in detail how she was physically assaulted, raped, and then robbed. In her story, Alice was “lucky” in that she was awake and conscious, and she was able to remember and describe her attacker in enough detail to identify him to the police. In her story, she was also able to identify and label the trauma as rape right away and had evidence to prove that there was an attack: she had clearly been beaten, having visible signs of cuts and bruising.

On the night she was raped, Alice, an 18 year old young woman, who at that time was a virgin, was, as she describes, modestly dressed. She was walking through a tunnel when she was attacked brutally, leaving her with cuts and bruises on her face and body. She did not have

anything to drink that night, nor did she smoke anything. She wore glasses that night, which were knocked off her head during the attack/assault. Later the police found them and returned them to her.

The night she was raped, she returned to her dorm room and, with the help of her friend, called the police. She then called her mom and told her what had happened. Months later, after the summer break, Alice decided to return to Syracuse for school, and about 5 months after her rape, she saw the man who had raped her walking down the street. She was able to contact the police and give enough details for a preliminary sketch.

Alice eventually went to court, describing the experience as re-traumatizing. When she describes the court room proceedings, and how the defense lawyer interrogated her, it was clear to me that Alice was being judged and scrutinized: questions that were asked included what she was wearing that night, what she was doing in the tunnel by herself, and so on, signaling a victim-blaming approach which supports theoretical arguments made by Cahill (2002), Patterson, Greeson, and Campbell (2009) and so many others.

Despite all the re-traumatization of the legal process and against the odds, her rapist was convicted with the maximum sentence: 8 and a third to twenty-five years imprisonment, in a New York State prison. However, this legal victory could not erase her embodied knowledge that her world was no longer safe. She described feeling that the rape was continually haunting her. Interestingly, a while after she had learned that her rapist was now in prison, one of her closest friends, Lila, was raped by a stranger. In Lila's case, the rape did not include a weapon and her friend, though bleeding from the torn hymen, was not visibly injured in the more visible ways that Alice had been. The same police officer who had been assigned to Alice, assessed her friend's situation, and noted the lack of visible injuries.

She and her friend Lila were so close that they often referred to each other as “clones”. When Lila decided she was not going to follow through with the investigation of her rape, Alice did not understand why she would make such a choice. Later on, Alice realized that she had been the “successful rape victim”, but that many other women did not have these “successful” legally processed experiences, and/or felt they did not have the emotional and physical strength to go through the legal process.

Reflection and Analysis

Alice’s “luck” was not only the fact that she came out of the situation alive, as the police officer said, but that her rape situation fit better into the dominant and pervasive ideas of rape and Alice clearly recognized this.

By this time I knew what the superficals were and they stood in my favour. I was a virgin. He was a stranger. It had happened outside. It was night. I wore loose clothes and could not be proven to have behaved provocatively. There were no drugs or alcohol in my system. I had no former involvement with the police of any kind, not even a traffic ticket. He was black and I was white. There was an obvious physical struggle. I had been injured internally- stitches had to be taken. I was young and a student at a private university that brought revenue to the city. He had a record and had done time (Sebold, 2002, p. 168). Evidently, the rape stereotype impacts on how a woman’s traumatic experience is accepted by others. For example, a rape is seen as more believable when it involves a stranger who attacks you from behind, leaving physical evidence that force was used. Alice was also a virgin, which helped her legal case. Because she was a virgin, she was seen as a victim. Her sexual past (or in her case, lack thereof) was being included in how the legal system viewed her case. Had she

been a sex worker, the odds are that the court would have seen the act of rape as something that was consensual (Mukhopadhyay, 2008).

Race also played a part in her story: though Alice herself recognized that her rapist just happened to be a Black man, the fact that she was a White female also helped her case. Being a White, middle class student, a virgin, and having been raped by a Black man, brings about the politics of race, gender, and class and how they materialize in court. As feminist and critical social theorists argue (hook, 1981, Lorde, 1984, Collins, 2000, Anderson, 2011) there are many social and political forces that impact race and gender which will be examined further in the discussion chapter.

In her story, Alice was the central figure, though we get to know her parents and sister very well through Alice's descriptions. Alice described herself as always having been the odd ball in her family, loud and almost eccentric, while her family was predominantly quiet. We also get introduced to her friends, her professor, as well as the legal entourage she had including her lawyer and the police officers that were involved in her case. Because she didn't know him, we do not get a feel for the man who raped Alice. She is only able to give a superficial account of what she knew about him.

The plot was full of tension throughout. She describes how she felt ostracized for being a rape "victim" and how others responded to her. She describes tensions in friendships, in her family, as well as her own struggles with focusing on school, and her academic life. The climax of the story was during the legal proceedings, when Alice had to face her rapist and testify as a witness. When she finds out that they were successful in charging him with the maximum penalty, there is a sense of relief, of restitution. Like a "real" rape narrative, there is no sense of resolution in Alice's memoir; she leaves the book undone, unfinished, with almost a chilling

tone. Though she herself has had resolution in the legal system, as her rapist was charged and sentenced with the maximum penalty, she was left unresolved with her friend's rape, and perhaps still left with haunting traumatic memories or flashbacks as is commonly experienced years after the trauma (Herman, 1997; Rothschild, 2000).

Overall, "Lucky" is a story of how Alice Sebold fit the accepted societal definition, and dominant stereotypes, beliefs and myths of rape, and how her position in society, the circumstances of her rape, and having supportive people helped her win her case. Her narrative is almost like a fantasy, my fantasy. Why was I not a "successful rape victim"? The next section focuses on my narrative and my continuous process of healing.

In the next three chapters, I provide the "results" separated into 1) my story; 2) Claire's story; and 3) Noelle's story. In each of these chapters, I detail the context and main narrative elements. This is followed by a section on my own reflection and analysis.

CHAPTER 5: FINDINGS: MY NIGHTMARE— DRUG-INDUCED RAPE

Drugged into Consciousness

When I awoke

It was another day

A day when I realized my naked body

Was....

Naked

When humanity exposed itself and

Raped

Me

Into

Consciousness

I am 31 and the eldest of four children. I live with my partner, who has known me for more than 10 years. At the time of my rape, we were not a couple; however we had dated in the past. My current partner was compassionate throughout my traumatic experience, and remains supportive. My siblings all live at home with my mother and father. My brother is in his mid-20s, my younger sisters in their mid-teens.

My mother, father, and I immigrated to Canada when I was 2 years old. Though most of my life, I have lived in Canada, and like most immigrants, I struggle to balance my Ethiopian-Canadian identity. Having lost my fluency in Amharic, the national language of Ethiopia, I often

listen and watch the cultural norms as an outsider having the ability to interpret and translate the ideas and norms into a language that has meaning and relevance. My observations often focused on gender norms in the Ethiopian-Canadian families we visited, as well as my own family of origin. Thinking of my own story, I now understand that my family's ideas as well the dominant culture had a significant impact on my initial response to my personal response to rape.

Context

At the time of the rape, I was 27 and living on my own for the first time, if not counting the three years when I had moved out for school. I struggled with my parents about embracing my wish to move out. I wanted to move closer to work to decrease my commute, and felt ready to spread my wings; however, they still wanted me to be at home. I had just started a new job, in a Toronto African community organization, downtown, promoting sexual health within that community. Because of the tension that my move created with my family, I had asked my current partner to help me move, though at the time he was a close friend. After my move, I realized that my job was not what I expected, and my housing situation was sketchy.

My new residence was a room in an older house, with no working oven (only a functional stove), with hard water and mice. My place, even with its structural issues, was my new home. I lived there with many others: there were four guys upstairs, and I lived with another girl in the basement. We each had our own rooms with locks. There was no real common area, since one of the living rooms was turned into a bedroom. Though the house had its issues, I was prepared to make do with what I had; after all, there were many new exciting things in my life: a new job, a new boyfriend, and now, a new place.

At the time, I was dating a guy named Akiki, a man originally from Uganda, who was a medical doctor and HIV researcher. I was enthralled by his passion for his work. My father would have approved of him. Akiki felt strongly about African issues, was an academic, and a medical doctor. This was the recipe for husband material according to my father, though he never made it explicit. He seemed to look for status and prestige in every aspect of his life.

This recipe for a partner was not what I had imagined. I realized during a weekend in late August, that Akiki was a womanizer, like my last boyfriend. We were at an African street festival, and a friend of mine caught him getting other women's telephone numbers after we had committed to each other. I was angry with him. The next night, I vented to my housemates, John and Andrea. They were having relationship troubles as well, so we all decided to go out as housemates to cheer ourselves up. I remember it was a Sunday evening and thinking that it was not what I would usually do on a Sunday, but I felt so angry about what I had heard about Akiki, that I needed to distract myself.

Reflecting back, I not only wondered why I was raped, but had trouble grappling with the method in which I was raped. I had no recollection or awareness of the actual incident until I awoke in his bed naked from the waist down with a sore anus; my shirt and bra still on. He got out of bed and went to the bathroom. As he walked away, his naked body glared at me before disappearing into the bathroom. I was confused. I automatically thought that John must have been trying to help me, being one of my housemates and someone I trusted. My first instinct was that I lost my keys and that he had offered his room for me to sleep in. I looked around for my glasses so I could look for my bag and my clothes.

I was so concerned about being late for work that morning, I hopped in the shower, not thinking that I had been raped at all. I was just utterly confused. When I got to work I was sicker

than sick. I was turning green; I felt a nausea that I never felt before. Someone noticed the way I was walking and asked if I was okay. I was limping as my butt was still sore and my posture was bent forward, my body begging me to expulse what had entered me. I excused myself, and projectile vomited in the alley. I went back home where I vomited at least ten more times until I was dry heaving. I felt poisoned.

Difficulty Remembering

What was most troubling for me was that I could not remember exactly what happened that night. I only had a couple drinks at the bar, and two glasses of wine at home over the course of five hours. It did not make sense to me. Why was I reacting this way? I remember being at the bar at last call. I remember the bartender and his exotic top hat. He poured Andrea and I drinks but I was not sure if I kept my eyes on my drink. I felt such pain.

I was puzzled about my anal pain...and then I realized that I had been penetrated. That's when I knew I had been raped. I never would have agreed to that sexual act. I came to believe either he or his bartender friend had drugged me because of my lack of memory from apparently 2 am to 10 am. I did not consume enough alcohol to have totally blacked out otherwise. I did some online research and thought it could have been GHB (Gamma-Hydroxybutyric acid - also known as one of many date rape drugs). I spoke to my roommate who confirmed that she had seen him sexually aroused in the bedroom with me and she had left. It was difficult for me to hear this because on one hand I felt betrayed that she would leave me in his room, but on the other she had not known me for very long and maybe she thought that it was consensual.

That night Akiki wanted to come over to apologize for his womanizing behaviour. I didn't want him to see him but I also didn't want to explain why I wanted to be alone, so we

arranged to spend time together. Before Akiki showed up that evening, my roommate, John saw me sitting on the doorstep of the side entrance. I thought in my head, “Please don’t come close to me,” but he sat down anyway. I explained to him that I did not remember anything about the previous night, even how we got home, and proceeded to tell him about my anal pain. I asked him outright if he did anything. He smiled and said that I “liked it,” but then began to ask that I not tell anyone in the house, that it was between us. “At least did you put on a condom?” I asked. He denied using any protection!!! He wanted to know if last night was going to make things awkward: “Awkward for whom exactly?” I felt like asking. Awkward couldn’t begin to describe the feelings I felt. I wanted to move, to get out of that place. I was not only convinced he was a creep, but he was reckless: he had raped me and didn’t even think to use a condom. How dare he worry about awkwardness when I was worried for my life!

My boyfriend Akiki, showed up a little later. He was able to notice that, emotionally, I was not well at all. He tried to make me feel better, but I was just going through the motions. I thought he truly cared for me, until several days later, when I told him what exactly had happened to me. That’s when his true colours came out. I was not interested in him anymore, he seemed more and more threatening. I was afraid to tell him about my rape because I could not predict how he would react; I did not know him long enough to know whether he would be supportive. We already were having issues in our relationship, and I did not trust him enough to tell him right away. In fact, I felt like ending our relationship.

The following day, about 30 hours after my rape, I went alone to the emergency room at a sexually assaulted and domestic violence unit thinking oh my god...was I sexually assaulted? I was not a domestic violence case... did I belong here? Many thoughts raced through my mind. Maybe I was wrong....maybe it wasn’t urgent enough to go? But I had to do something, and

because I had no memory of the event itself, I felt that going to the hospital would be less stressful than being grilled by the police. I was a nurse so I felt more comfortable going to a hospital than to a police station; hospitals were familiar to me, and I felt more confident about navigating through the health care system, as opposed to the legal system.

At the hospital, I was directed to go into a room. I was waiting all alone, and then a nurse with plain clothes (jeans and a t-shirt with funky designs) assessed me. She asked me questions about the incident, what I remembered, and then took samples. With my consent, she took samples for the rape kit: my blood sample, urine sample, and then proceeded to do swab my vaginal and anal area. I closed my eyes, wishing I was dead. I felt like I had to endure the rape kit, in the event that I would proceed with laying charges against him. I needed to have “real” proof that something occurred that day, because I knew that a “feeling” of being raped would not be enough for the charges to stick.

When the nurse was evaluating the possible risk of contracting HIV, I was scared. I honestly did not know his status, and was not about to find out the hard way. I opted to take the PEP (Post-Exposure Prophylaxis) HIV treatment for a month. She gave me many pills to take; they were HUGE. I took them there in the emergency room. The nurse asked so many questions but honestly, all I wanted to do was go home.

Telling

I felt there were not many people that I could tell. The first person I told was a close female friend named Laurie. She picked me up at the hospital and we went to get something to eat since I had not yet eaten dinner. At the restaurant I was so embarrassed; I started vomiting again. The pills also had a nauseating effect and I felt poisoned once again.

A few days later, I broke up with my boyfriend Akiki, over the phone, and proceeded to explain what had happened to me. He flew into a rage, one I had not felt before. I thought he would be empathetic and would be concerned about my health. Instead, I felt his anger. My intuition told me it stemmed from the fact that another man had moved into his territory. Over the phone, he texted me that he had been a child soldier, in Uganda, and that he felt the urge to kill again.

I was terrified! I told a good friend of mine (who is now my boyfriend). He stayed with me when he was not working, so that I could feel safer. I was scared to stay at my place, but moving back home was not an option for me. I did not want to tell my parents. Not yet anyway. I thought about how breaking my news would affect my mom as her mother had just died unexpectedly, in Ethiopia. I felt that instead of taking care of myself in my post-rape situation, I would have had to care for my family by reassuring them and taking on their emotional baggage. I had barely enough energy to care for myself as it was. Besides, the last thing I needed was being “punished” for being raped. I felt that I needed to regain control, not lose it by being coddled, and overly protected.

In comparison, to Alice’s narrative, my story of trauma was confusing and blurry. I had known the person who raped me. I lived with him together with others in a shared residence. Though I didn’t know him well, I trusted that he would have respect and good will towards me. Initially, I blamed myself for having gone out with my roommates. I remembered the long lecture my father had given me while driving to the University of Waterloo, but one piece of advice that I never forgot was when he told me “Whatever you do, watch your drink!” This replayed in my mind over and over like a broken record. I started questioning even further: if I had only watched my drink... if I had only stayed in... if I had only not moved out....this

wouldn't have happened. I now know the reality; women from all cross-sections of life are targeted and raped (no matter what they do) and yet women continue on blaming themselves (Herman, 1997; Rothschild, 2000).

Reporting

I never officially reported the rape. Many people have asked me why. Until now, I have not been able to articulate the challenges and problems with reporting rape. The reasons why I didn't report the rape were numerous and are contextual to my experience. I couldn't remember anything about that night. I couldn't remember even how I got home let alone what exactly happened. Also I was not raped by a stranger but by someone I knew and that I was living with in the same house. My rape did not fit the stereotypical ideas of what rape constitutes. I was not bruised, or cut, or threatened with a gun or knife. The more I write, the more I remember my circumstances that contributed to my decision to not report.

I remember a rumour about John, my housemate. The rumour indicated that he had committed some kind of fraud and went to court and won. My other housemates and I found court transcripts of John in court. After we had read the transcripts, and knowing the situation, it was clear that this man could talk his way out of anything. I had this information stored subconsciously in my mind, during the aftermath of my rape. I knew that if I had taken him to court, that I would have ended up with nothing to show for it, except complete exhaustion and the perception that I had failed. John was also older by about 10 years at least, meaning he had a lot of lived experience. He knew people who worked in the legal field, and law enforcement, such as lawyers and police officers. This did not make me feel any more confident about reporting. In fact, it just confirmed that the courts often operate like an old boys club.

Regarding race, John was white. I was black. I consider myself Ethiopian, but I have learned that in North American society that there is a need to categorize by colour. Since I am African, I am considered to be Black. I am the “other”. I realize race, like gender, is a socially constructed phenomenon.

The other reasons are more bodily. I had just experienced perhaps the most traumatizing event in my life thus far, and I was reeling. I needed to focus on getting myself back together, on gathering my energy so that I could move to another place, where I could feel safe again. I needed to change jobs too, since my job was causing me significant stress on top of the stress I was already experiencing from the rape. I ended up taking sick time at work in order to put things in order in my life. The healing didn’t start until many months after my move, and my new job, though I still felt I had no time to heal; no time to reflect.

I needed counselling, but I had been on a wait list for more than 9 months. I finally called them to see where I was on the waiting list. They said I had missed my spot because they had tried contacting me but the number was no longer in service. I was devastated. To feel safe, I had changed my number as soon as the rape occurred. I had not thought to call anyone because I was in shock. I was begging them. I told them what had happened and why I had changed my number. They said they would try to see what they could do, but in the meantime, they suggested a Wendo course (a self-defense class for women) that I could take. They encouraged it, saying that it may help to do something in the meantime while I am waiting. Though I appreciated meeting other women, and connecting with those who had experienced similar situations, I still have an issue with their ultimate message: I needed to learn how to protect myself, as opposed to teaching others that it is not acceptable to rape.

I eventually received counselling for the rape. It was a rough start, since while on the waiting list, I had tried to find private therapists, but not only was I spending money I didn't have, the sessions left me feeling empty. When I finally got in to a specialized long term trauma counselling program, I was fortunate to have come across a really well trained, compassionate mental health professional that actually heard what I was saying and let me do what I needed to process what had happened to me. This is where I rediscovered my love for creative activities. I started drawing and painting in the sessions with her.

My trauma counsellor had explored with me an alternative to the traditional police report. There was an anonymous report that she gave me that I felt I could fill out. However, the form still asked specific questions, details I didn't have. Frustrated with trying to fill out an anonymous report that was given to me while I was in counselling, I wrote a poem entitled: How do you measure?

How do you measure?

How do you measure violence?

How about rape?

How do you prove it to an empirical world bent on knowing by seeing?

Do they need to see scars?

Or bruises?

What about the pain you feel inside?

What about the sickening feeling?

The system can't see you, or your invisible scars-

They forget that you suffer in silence – for they have silenced you

Negating your experience

Because they say you have no proof
And even if there was proof,
If there is not memory
How to recall exactly what happened
How do you report such an event
When they put you in question
When they ask you for details?
And what about him?
He walks free
At your expense
Because he took advantage of a pill
A pill he slipped into a drink
A drink that changed your life
That night will never come again
That night is lost forever

To me, this poem reflected my dilemma of trying to explain the depth and breadth of the whole impact of my rape. I failed to put these ideas into words on the form. The form, blank, stared at me, as if to imitate my memory from that night.

There were many other reasons why I didn't report. I felt so alone during the time after the rape, and did not feel I could tell many people for fear of a negative, and re-traumatizing reaction. I had done a rape kit, but again, with me changing my phone number, they had thrown it out after trying to reach me, stating the time allotted time had elapsed. They finally told me this

when I came to one of my appointments. At this point, I knew that hanging on to the large brown paper bag that held my clothes from that night would not do anything for me. There were too many cards stacked up against me. I had to play my hand right. I had to play with the cards that I had. So I threw out my shoes. My brown leather shoes that I had recently bought. I threw out my underwear. It was nothing fancy. Just cotton and cream-coloured. I threw out the dress pants and dress shirt I wore that night. Nothing screamed, “Come and rape me”. Though theoretically, I knew that it should not matter what I wore that night, that no one had the right to rape me, I internalized the societal messages that women are responsible for how they present themselves to men, and that if women are raped, they must have wanted it.

As soon as I threw out the clothes, I knew that I would not file a report at the police station, though I still had the anonymous form as an opportunity to file a report. At least this way, I could still report without feeling grilled and interrogated. But I still had little confidence in my ability to report the details. I didn’t feel comfortable saying, “I can’t remember after this point”.

I had almost forgotten until recently, a month after moving, and two months after the rape, that a man tried to break into my bedroom window. It was late in the evening, and I was awake with my lights on, trying to organize my paperwork from the move. My roommate, Andrea, had moved with me to my new place, and she was in her room on her computer. I had heard a sound coming from my window, and I, thinking it was a raccoon, peered out, and I saw the man run away. I couldn’t get a good look since it was dark out. I reported it to the police, but after playing phone tag with the assigned officer, I gave up. I had other things to deal with, I had started a new job, working on a women’s mental health unit and was still in shock from my rape, and now this attempted break and entry.

Even now, I still have issues with sleeping with the window open, though I know that this in itself does not protect me from rape. I was raped by my housemate. He was inside the house, not a stranger trying to break in. I read a journal article entitled “Lock your window, women’s responses to serial rape in college” and felt quite angry. This was putting the burden on women to prevent rape. So, I found a way to express how I felt in a creative way. I wrote a poem.

Lock your window...

Lock your window...

Lock your windows, doors, and legs,

A rapist is on the loose

Irony isn’t it

He

Lives...

He

Is....

Inside.

I was trying really hard to keep my life from falling apart. On the outside, I looked like I was “surviving,” keeping afloat in a sea of emotional pain, but on the inside, I felt like I was sinking. I felt the cracks in my morale were weighing me down. I no longer wanted to go out with friends or even have the occasional wine. “It is only a matter of time before I crack”, I would say to myself. But then I found my strength, and found purpose and meaning in my experience.



Figure 1-2. Cracked Masked; Broken Spirit

Figure 1-2 depicts how I felt, shortly after my rape. I felt this way during the process of thesis writing, until one day I was resigned to find my own “proof” - that I was not crazy, and that the rape was not imagined. For a while, I was looking to find the bar where I was drugged. I couldn’t remember the name of the bar or its location. But I had a vivid bodily memory of the place: the wooden floors, its tavern-like look. I wanted to go find the place but had no clues except that it was on Star Street, which was not much help at all since it is a major downtown street in Toronto. I will always remember the day I finally decided to go and search. It was mid-May and I had just attended a nursing job fair. I was looking to see what potential jobs would be available after completing my Master’s degree. The following is a journal entry from that day. Though it describes my hunt for closure, no words can illustrate the emotions I experienced.

Mind-Body Connection

Journal Entry: May 12th 2011, 6pm

Today I went to a Nursing Career fair held at a hotel, west of the downtown core in the city. It was in an area that was familiar to me. It was held close to where I used to live; where I experienced my trauma. Passing by, I felt strong emotionally and was determined to find the bar where my drink was spiked. I felt the need to have some closure, after three and a half years of wondering where this bar was and wondering if it actually existed. I told my partner when I got home that I was preparing to go with this mission in mind. He came along for support.

We took a bus to Star St. and then started walking along Star St. eastwards. I knew there were bars and clubs close by and felt that I needed to make sure I would walk along as much of Star St. as possible as not to miss any possible areas. The only description I could think of was that it was a bar that was not so distinct, with black exterior, on Star St., east of where we lived. However, I could picture the inside; I knew that the bar counters were on the left hand side when walking in and that the floors were wooden. I also knew what the windows looked like from the inside looking out.

We walked and walked in the heat. We continued until we got to Sun Avenue. I was just about done and walking towards the streetcar to go back westward to get home when my partner stopped and pointed to a tavern. It didn't look like the place: there were patios and people sitting outside having beers in the sun. It looked too happy, too bright. But then again things look different at night; streets are quieter, less people on the street and patios would not be open. So we walked in.

As soon as I stepped inside, I felt it rush back to me. The sights, the bar on the left side, the wooden floors, and the perception inside looking out, with the windows that were lined with

trim wood. The wooden counters, the displays of liquor on the shelves, the tavern, the kind you would see in a Western. It was so specific, and yet so not anything particular or special. I quickly exited the bar, and starting to tear up. I was shaken. I could not go back inside but needed to know if the bartender that served us that night still worked there. I told my partner to ask if the current bartender inside would know the bartender I remember (He had East Asian features, and was wearing a black top hat). The bartender had indicated to my partner that he did know a person who matched the description and stated he worked at a bar in the area, but that the bar was being renovated. My partner exited the bar and stated that the bartender had been working there 14 years and doesn't know anyone by that description. I was confused, but I was so certain this that was the place. My partner reasoned that it could be possible that this person I remember serving us was a person filling in for someone else.

My partner asked me how I felt, and I didn't know how to answer. I was numb, and yet I felt everything. We traveled back home and I took a shower and cried. I was able to articulate later that I felt I was finally grieving, finally knowing that I had a place to grieve. I also felt sadness mixed with a sense of relief, as one may feel after a close friend, who had been suffering, dies. I felt like I could move on with submitting my anonymous form. It was not just that a detail in my story had been filed, but that it was confirmation, for me, that I had indeed been there, therefore putting to rest all these years of wondering where I had been drugged and questioning even if it had actually happened.

End of Journal Entry

This journal entry demonstrates the many challenges I faced in light of my non-stereotyped experience of rape.

Reflection and Analysis

Throughout my narrative, I have included my reflections on my story. To construct my narrative, I started with a general context to my living situation before the rape. I starting telling my story when I was moving out of my parents' home, since this was my pre-rape context. I described a bit about my family and the family dynamics before going into detail about the rape to help contextualize my situation. Describing the general context enabled me to "set the scene", and to introduce the main characters in my narrative. Throughout the telling of my story, I am the central character, as well as the narrator. Andrea, John, Akiki, my family, my current partner and Laurie are significant and important in my narrative, along with the health care and mental health professionals I saw. These individuals responded to my rape in varying ways: some were positive and supportive; others blamed me, or didn't believe me. Most of my narrative holds tension that stems from not being able to fit into the stereotypical rape scenario: particularly because I had no visual memory of the rape, but instead had bodily memories. The tone of my narrative changes as the narrative is told: the tone starts with confusion and frustration, and then anger, but then there is a feeling of relief, of satisfaction, and confidence when the mystery bar is found. For me this was the climax of my story, as well as the resolution.

I realized I had my own stereotypes of how a rapist behaved or what a rapist looked like. After searching John's Facebook page, I was alarmed that there was nothing unusual about it. He had many Facebook friends, many who were female. I was disappointed. I thought his page would be littered with clues that he had raped me, or that he had raped others. But there was nothing. I printed out his picture and the picture of his room, (the room I was raped in), and I printed out photos of a truck and boat he owned, hoping there would be a license plate number. I kept all these in a file folder, along with the anonymous reporting sheet.

Only now, do I feel ready to submit my anonymous report. The process of hearing others stories, and writing my own story has brought me a new sense of clarity and confidence. In a sense, this whole thesis is my report to the police, to lawyers, to health care professionals, to policy makers, to my family, my friends. This is a chronicle of my rape and a part of my journey in healing. I have been gestating this thesis close to four years, and now with the labour done, I would like to start a new chapter in my life.

Presenting Alice Sebold's (2002) story first, gives an example of a situation that, though unfortunate, was "ideal" in the sense that she had a story that fit into the "normalized" and "accepted" rape script, and she had physical evidence to prove it happened. The reality is that so few fit the accepted rape script. The next section explores two women's narratives and their "real" rape scripts, which challenge the "reel" rape scripts presented in the media.

CHAPTER 6: FINDINGS: CLAIRE'S STORY- A THREE YEAR RELATIONSHIP

First Real Relationship: A Poem by Bruk Retta, Inspired by Claire

1st YEAR

Think he's controlling me...?

Worried a little

My first REAL

Boyfriend

Kinda like him...but

What is NORMAL...?

2nd YEAR

He's closer

He intensifies

Demands things of me

Losing interest

But he pressures me...

Argues 'til I give in

3rd YEAR

Living together...

ANAL sex

Once

Because he asked.

But it continues...

Increasing!!!

Ass hole!? Pain...

I'm done! The End!

For two years

Cried everyday...

So I journal, I write, I dream...

So I will heal...

So I don't forget...

So it never happens again...

Context

Claire, currently a 31 year old woman, working in social services, and in a common law relationship, describes her experience of a three year relationship from the time she was 17 until just before she turned 20. Her boyfriend at the time was two year older and he went to the same high school as she did. They were in scouts together and knew each other for about a year before they started dating. Describing the context of the relationship, she stated: “I was living at home with my parents for the first two years of our relationship, and my sister.” Claire indicated that her boyfriend moved to a university quite far away from their home town, but the next year he moved closer to where she lived. In her 3rd year of the relationship, she joined him at the same university.

As she described the beginning of the relationship, she tells a story of how they met and how they began to date in high school. She continued to recount the tone of the relationship, noticing that her boyfriend may have been controlling, but that it was her first boyfriend and that she was inexperienced.

Um, I think he was [controlling] but at the time I didn't really have any context to put it in...or anything to compare it to. And I worried about it a little bit, but I didn't really think about it that much and I didn't really think that he was that controlling....as time went on, I think in the second, our second year together...it definitely intensified and I was in my last year of high school and uh, he would be, I would go and visit him more often, like we would see each other more often and he would just demand things of me, like, you know, he would work really late and I would have to wait up for him and it was just little things and I started to lose interest in having sex with him.

She expands on the progression of coercion in the relationship:

Um...I think it was that year that I, I sort of stopped wanting to have sex with him; I never really wanted to anymore and he would ask for things, he would ask me to do things, um... that I didn't want to do and he would pressure me, he would coerce me into doing like, argue with me until I gave in.

And then, um...in the third year of our relationship when we were living, I don't know when it, when it started but, at what point, but at some point he started, or he got the idea of wanting to have anal sex, which was something that I was willing to try once, but only because he asked me to. And I realized very quickly that it was something that I didn't want to do, but he continued to coerce me to do it and uh, I think that was probably the most traumatic part about our relationship because it continued, I, I can't remember how long it happened for but I think it was over a year before our relationship ended, um, and then it would increase, the frequency up until the time that the relationship ended.

She describes her experience as not just defined by the act of sexual coercion but that included emotional abuse and manipulation:

... but there were other things too like it was just all part of a package of control, like every little thing, like every single little thing, I would cry almost every day in the last, at least the last two years of our relationship. Like I was crying all the time and I didn't realize how abnormal that was. Like, I didn't realize that that was abnormal. To me, when I was in that relationship, nothing seemed abnormal.

Difficulty Remembering

In many parts of the interview, Claire recounted how she had trouble remembering parts of the relationship and events that had occurred, and how she saw the importance of chronicling and journaling when she started to remember:

.. it took me a few months after our relationship ended to realize how fucked up it was and when I realized it, I started to like furiously journal writing, like every day and I went into a depression and um...and at that time, what was really surprising to me was how much I had forgotten about what happened in the relationship and how much was coming back to me and it was like, how did I, how can I, like, I forgot that, like I totally forgot that happened and some stuff would, something would like just pop into my head and I would write down because I didn't want to forget anything, like I didn't want any of that to get lost.

She also described other surprising aspects in the aftermath of the relationship, one that included having dreams where she would be upset because she was back in her past abusive relationship:

I'm surprised how easy it was to forget and...how in denial I was at how bad the relationship was, like... yeah. I was surprised at that too and I was also surprised at how long he... like how long I was depressed about it and how long um... he would like show up in a dream of mine.

Telling

Claire recounts that she didn't tell anyone until the relationship was over. She then describes the importance of talking about her experiences as a way to heal.

And then I got to the point a few months afterwards where I started telling like everybody in my life. Um... I didn't tell my parents because I didn't want them to... I didn't want them to be hurt...um... but I shared with my sister because she's my sister – it's different and also she was in a bad relationship at the time as well. But I told a lot of my friends, um, and I think for me like, it was part of my healing, like, like telling everybody and also I wanted to gauge through them, like this was wrong, right? I wanted to hear the responses, like I wanted to know, to validate that it was abuse, that it was...I needed to validate that and I continued to have that need.

What resonated with me, in this particular passage, was the need for Claire to hear from others that what she experienced was indeed rape. This need for validation from others is common in women who have been raped, as they do not trust themselves to make that assessment (Herman, 1997; Rothschild, 2000)

Rape Definition and Reporting

Claire was reflective on her definitions of rape, and explored the evolution of her own meaning. At the time she thought: "I guess it's not rape because every single time I said no at the start and then I gave in". She reflected: "It never occurred to me to report it... Um, but I also would have, I would have probably thought that at the time too, because since I myself didn't think, didn't think it was actually rape, then I wouldn't have thought the police would."

Regarding reporting a rape now, she responded:

Um...Well, from what I know now, uh, that uh, I would be suspicious or concerned that the police would not take that seriously....But even now, like, to me it wouldn't be worth the hassle of going, of uh...I mean, for me now, because I feel that I've done some

healing...Why would I put myself through that? It would be traumatic just going to the police. It would be a different kind of trauma.

Mind-Body Connection

When talking about the body mind connection, Claire responded that she didn't experience it in the way that she felt it in her body in the form of headaches or stomach pain: she proceeded to explain:

Um, like I said, I would have dreams and he would be, I would still have dreams about him years, years later. In fact, I think I've had one in the past three years, probably only one; they're pretty infrequent now, but um...

She continued to describe the dream as different.

It's like I find that I'm back in the relationship again. It's like how, in the dream, it's like how did I get back in this relationship like...and then I have to like talk myself down, like, you can just get out of it again, like just, but then usually what happens is like, in the dream I find that I've forgiven him and I've told him and I'm like, and then I come to my senses and I'm like why did I do that? And so I'm like damn, now I just told him that we're back together and now I have to like, it's so, there's usually no abuse or traumatic incidences in the dreams... Actually I don't think there ever have been. It's more just like I have to see him and I have to deal with seeing him or I have to deal with being back in the relationship again, like, ah, now, how do I get out of it again?

She describes feeling frustrated. And then she remembered a moment that she felt so upset about her experience in the relationship:

..like, I remember uh, (clearing throat) getting really upset one time and it was during the day, it wasn't after a dream or anything, but it was, I was 23, and so it had been like... and I had just moved and I was sorting through some of my stuff and I came across some photos of him and I just got really angry and upset and I started crying and I was like ripping up pictures and, and uh, and I was really surprised that that happened, like, so long after, like I was just so angry, so angry, and I think maybe I was emotional, maybe a little bit emotional just because I'd just moved and it was just, I'd moved out of my dad's house into a new apartment and, but, but I didn't really feel that emotional, like I wasn't sad, like I was excited to move out and whatever, but I think maybe just like, you know, there's emotions with moving, you know, it's exciting, it's whatever and maybe your emotions are heightened and I was going through these photos and I was just so upset, I was mad, I was mad at myself, I was mad at him, I was really mad at him and I was really frustrated and I just, I was crying and I was like, I wanted to like throw stuff.

Here, I could relate with Claire with the frustration about feeling the pain, even many years after the trauma. It takes a long time to process and to come to terms with traumatic experiences. This passage challenges the stereotypes and beliefs that a person can deal with these issues as soon as they happen. In fact, the medical and legal systems require women to report immediately, and if women do not do this, they are blamed, or not seen as credible 'victims' (Parnis & Du Mont, 1999).

Claire goes on to describe the anxiety that she felt from the anticipation of maybe running into him one day:

Yeah, I would feel anxiety because one of the things about, that's, like I've always thought like somehow you need to like, how am I, what am I going to say to him if I see

him again? I saw him once, like four, five years ago, four or five years ago in a subway. And it was...hor...horrible in the fact that I was totally pleasant to him and I was so mad at myself after that – what the hell, why was I smiling and asking him about his family. I was so mad at myself after that. I wanted to, I guess at the time, my thinking was that I wanted to show him that I was fine, like, he hadn't affected me, but then at the same time, I wanted him to know that he had! So that's why I was mad at myself afterwards, because I'm like, no, he needs to know that he was abusive and he was an asshole and, and what he did was...was traumatic.

Reflection and Analysis

Claire's story reminds me of my own in that she has trouble remembering the details of her experiences. When interviewing her, she often said, "I can't remember exactly..." and I understood this immediately. Her story was very fragmented, like trying to remember bits and pieces of a dream. After the breakup, she had nightmares that she was back in a relationship with her abusive ex, though was perhaps, this was her body remembering her experience. Her voice was intense, and I could feel her anxiety as she was building the tension in her story, her hands fidgeting in front of her on the desk. I was aware of her body positioning, and her voice inflections, and at times heard her clear her throat.

In her story, she was the central figure; her boyfriend, and parents and sister were main characters. Claire described herself as naïve, sexually inexperienced in her pre-trauma context. She talks about being a "normal" teenage girl with "normal" issues, such as having crushes on boys, wanting to be independent and so on. While telling her narrative, she introduced her

boyfriend as a shy, awkward teenager who was eager to pursue a relationship with her. Her younger sister and parents were introduced as her family, living together in their family home.

Claire started telling her story from when she was 17 years old and in high school as this was her pre-trauma context. The plot becomes more complicated as her story unfolds, adding characters, tension, and themes. The tension begins to rise as she begins to describe the relationship. She starts to tell how controlling her boyfriend was, and how she felt confused, since it was her first relationship. She was not sure what a “normal” healthy relationship was. The climax of her story was when they ended up moving in together after two years of dating, and after they attended the same university. She lost interest in having sex with him when he began manipulating and coercing her to do sexual acts, including having anal sex. At this point, she endured this for a year and finally found a way out when he was away in Europe for several months. She ended the relationship. In order to solidify that it was over, she admitted to having an affair. Her story has some form of resolution: she now has a supportive partner and she works with a women’s organization which provides services and education for women. She has found that her healing has come from her ability to journal and, write, and talk to others about her experience.

Claire’s relationship seemed to be so suffocating. I was listening to an online radio channel when the verses “Gimme One Reason”, a Tracy Chapman song, played:

I don't want no one to squeeze me,

They might take away my life.

I don't want no one to squeeze me,

They might take away my life.

I just want someone to hold me,

And rock me through the night.

This is what I felt when she was telling the story, a sense that he was squeezing her life away. As she progressed in telling her story, she recounted a moment when she was able to see her boyfriend for who he really was, and she wanted to get out but didn't know how. Adele's lyrics in the song "Rolling in the Deep" resonated with the ending of her relationship. The lyrics and Adele's voice carries an angry tone, and yet, also a tone that recognizes the loss of the relationship.

There's a fire starting in my heart,

It's reaching a fever pitch and it's bringing me out the dark,

Finally, I can see you crystal clear,

Go ahead and sell me out and a I'll lay your shit bare,

See how I'll leave with every piece of you,

Don't underestimate the things that I will do,

When Claire was telling her story, I could feel how being in that relationship sucked the life out of her. She was just a shadow of herself at the end, trying to get connected back to her original self.



Figure 1-3. My Shadow

Like Claire, some women feel dissociated, i.e., not connected to their bodies. Some feel like they are moving about without fully inhabiting their bodies, almost like walking around, as if they were a shadow of themselves. I drew this picture above (see Figure 1-3) to depict what I understood from my listening, hearing, responding, and subsequent analysis about the sadness she was feeling during and after her relationship.

CHAPTER 7: FINDINGS: NOELLE – PANDORA’S BOX: INCEST AND CHILD ABUSE

A Daughter - A Father - A Lesson: A Poem by Bruk Retta, Inspired by Noelle

Mom and Dad fight a lot

Mom is...working...again, at the

Hospital...

I want Dad to love me...but

Dad is doing things

Things he shouldn't do...

Randomly...in the

Middle of the night

I wake up!

Sweating,

Gagging!

Just a dream

This time...

Shhh...can't tell...

Learned fast

Daddy's lesson...

Push A, B, C and...

I switch off

My emotions

But ...
Dance!
Releases me..

My channel to feelings..
Connecting
My body,
My mind.
My freedom!

This poem was while I was analyzing Noelle's narrative. I wanted to capture her narrative in a poem to distill her complex story into an succinct and accessible form. The following section describes in fuller details, the context to her narrative and provides analysis to her response to rape.

Context

When I contacted Noelle, I had not yet read much about incest.

Noelle, a 37 year old mother, who was just finishing her studies in the social service field, started her story by describing her childhood. She painted a rural landscape of where she grew up in Eastern Canada – in a big farm house with 4 levels. Her mom was a night nurse who worked locally in a surrounding town. She described her father as a teacher, who was also heavily involved with the military. She recounted how she watched him drill troops and shoot his gun. She was the eldest in a family of four children. She described herself as the ringleader,

outgoing and fearless, before her experience with sexual abuse. During the time when her father began to sexually abuse her, she recalls there was a lot of tension between her parents. She then recounts her first memory of when the sexual abuse started.

...I, we went to the US to a special swimming thing in school and everybody, we had to change into our swimsuits together, all the girls and um, some of the girls noticed that I looked slightly different in a certain region than everybody else; we all looked different, never mind, but...and, and I was upset. Mom wasn't home, she was at the hospital, so I asked my dad and that's when he started...doing things, that he shouldn't have done, like he shouldn't have done anything, he should have said "Ask your mother", but...(nervous laughter)...but he didn't...

It started with fondling, and it started with him um getting me to help him masturbate and then from there it went to...and this is over a period of like the next like three or four years, right?

Uh...just random events where he'd come in the room and I wouldn't know what was going on, okay, you know, forcing himself into my mouth and stuff like that. It was um...I still wake up sometimes gagging.

Her narrative is told in a linear fashion where she concisely recounts the moment when it began. At this point in the interview, there was a disruption. We were in what was considered to be private location, a booked room within a university setting, a location often recommended by the Ethics Review Board as a neutral and safe place for interview purposes. There was an interruption in the room; security guards came into the room asking why there was a sign up indicating: "Interview in process: Do not disturb." I was stunned and later, quite angry that I had done everything that I was supposed to do to ensure privacy and safety. I felt powerless in the

room with Noelle, so I just answered their questions, and when they left I turned back to Noelle to check in to see how she felt and whether she wanted to continue, pause, or stop the interview altogether. She decided to continue with the interview and actually began to analyze how the situation caused her to flashback.

Flashbacks

A flashback transports the person back in time, re-experiencing their trauma all over again (Herman, 1997; Rothschild, 2000). Noelle described her flashback after the security guard interrupted our interview.

Well, that made me nervous because it was, um, that took me right back because I'm talking about these things, I'm seeing, I always see things when I talk about these things.

I responded to everything that happened, to protect my siblings -My sister.

When Noelle, said this in the interview, I immediately sensed I understood this need to protect: I eventually told my mother about my rape in order to provide some awareness and to protect my sisters. She continued to share what was going on in her mind at the time; which was that she couldn't tell anybody.

He told me it was training. Um... from what I can figure, he meant that he was preparing me for pleasing men. Now I've learned how to ...dissociate big time when I, when I learned how to leave my body is how I described it, it's like I just become dead and just like there and let him do whatever he's doing and...Um.....I'm not there.

The problem with that is that when I got older, I still wasn't there, and men, if they wanted, they could push A, B, and C, and they had like a person on auto pilot, I would do whatever I wanted, completely, really, unaware.

Words like, training, dead, and auto pilot stick out for me as words that are associated with war. I found this interesting as Herman (1997) also speaks about the parallels between war trauma and sexual trauma. Herman's work validates Noelle's experience of feeling like she has been trained to block out feelings that she is emotionally dead, going through life's motions on autopilot.

Noelle described her flashbacks and their effect on her relationships, as a nightmare, stating her current boyfriend described her as being Dr. Jeckle or Mr. Hyde.

Well, I freeze, I freak out if he does certain moves the wrong way, I flashback. If he approaches me the wrong way, like he can't sneak up on me, like he's already been told no getting into the bed and creeping your hands over, it makes my skin crawl and it's just too...you have to be direct, you know!

He's doing the best he can. He chalks it up to who am I dealing with today, Jeckyl or Hyde? You know, he um, he's very careful in how he approaches me and he makes it very clear that he's interested in me from the neck up. But it's okay, I've said no to him a couple of times and in the last couple of months and it's really, it's like to say the word no just kills me. No, I'm sorry, I don't have time for that right now because I'm going to be late for school and I'm going to miss my GO train, you know. But I always feel guilty, I feel obligated, I feel like I'm doing something wrong and if I don't give in, he's going to be mad at me and not love me anymore, because sex and love to me are intertwined. If we're intimate, he loves me. If he's not, what's he doing? (Laughter).

This passage demonstrates that Noelle understands she has internalized her father's lesson: love is expressed by sexual acts. She has trouble saying "no," even though her boyfriend is supportive and understanding. Her sense of guilt and shame from her father's sexual abuse and

years of being on “autopilot” makes it challenging to be assertive when communicating in sexual relationships.

Telling

Noelle recounted how she was able to tell her mother about the years of ongoing incest.

She was able to pinpoint when she finally felt safe and free from her captor.

When I was ten and a half, one day my mom and I were driving to my first ballet exam. She was crying in the car and I kept bugging her, what’s wrong, what’s wrong, what’s wrong – why are you crying, why are you crying, why are you crying? Finally she says, “Okay, but I’m not going to tell you details, but basically your dad has met someone else and I’m going to be moving” and I looked at my mom and I said, “I’m with you, I’m coming with you”. She’s like, now, you don’t have to say that, I know you want to stay with...” “No, no, I’m coming with you.” I was not devastated. I was like freedom, let’s go!”

I went and got honours on that dance exam. She’s in the dressing room balling her eyes out with all the other mothers with their daughters’ consoling her. And I’m like flying in my dance exam. You know, and she thought I was going to be traumatized.

Then we moved to [the city] and a few months later my sister came and stayed with us and then my mom was watching a TV show ‘cause we’re in the big city now, she was worried, you know, I’m in Grade 6, I’m 11 and my sister is 5 and she’s like okay, so we watched a cartoon show, “It’s Okay to say No”. It’s all about stranger danger and it’s all about if a stranger offers you candy from a car, you know, it’s all 80s style, okay, it was for the 80s,

you know, they had the creepy guy with the collar and the car and he offers to give candy and it's like clearly, you know.

So my mom's sitting there, taking notes, in case she needs it, and I'm sitting there watching the show going...eh, what if it's someone you know? What if, okay, what if someone you know does these things, is it still bad? It was like my first, so I asked my mom after the show, so what if it's somebody you know who did all these things and my mom is like what? All the colour just goes right out of her face and she's like, what are you trying to tell me? I'm like, "Well, dad did those things to me".

And my mom just went deathly, like, she started crying, she held me, she said it's okay, don't worry, we'll get through this, blah, blah, blah. She was rocking me, put me to bed. I didn't really know at that moment what the ramifications of that...

This moment in her story was important. This was the first time she felt she could open up to her mother and tell her. She felt safe enough to tell since she had moved to a different city and was no longer living with her dad. There was also a window of opportunity to speak since there was a show on TV that spoke about children and danger though the show was really talking about strangers. It created a safe environment where she could tell her mother.

For me, what stood out about this passage is her questioning, "...eh, what if it is someone you know?" This question is at the root of many women's rape narratives. Even as young as 11, Noelle realized the pervasive rape stereotypes that existed, and she knew her experience did not match the "stranger danger" that was presented on TV.

Mental Health and Legal System

Um...I found out years later my mom made a phone call that night. She called my dad and asked him if it was true – did you do this to [her]? Is what [she] is saying true, and he said “Yes, it is” and he said, “But if you pursue this, I’ll see you with nothing.

He threatened her. And it was a good threat and he made good on it. He did see my mother with nothing. A dollar a year in child support – yeah, okay, for four kids.

She took me to [a police station] and that’s why those security guards frightened me a bit was because they had me in a room, like an interrogation room and the police officers, I remember my mom sitting at the end of the table puking into a bucket as I described what my dad had done and, you know, I didn’t know the correct terminology for things, really. You know, the ooey white stuff came out again and you know... because at 11, I was very naive.

Yeah, I remember all of that and I didn’t realize my dad was going to plead not guilty. And he was sentenced to two years....He served two and a half months...In a county jail, where they have day trips and time outside, yeah.

You know, things weren’t talked about where I grew up. People just didn’t talk about that. There was no sex ed. There was no, nothing, like...(sigh). I know. There are towns [in Eastern Canada] where, you know, you just don’t talk about it, anything. You go out in public and you put on that public face and that mask and everyone’s united, no matter what. Life is wonderful here, you know.It’s a completely different world, right? And it’s very isolated too so it’s very easy to have that other world, in isolation.

I found that it was very um, difficult because they stuck me with a therapist down there when I was a kid and this therapist was all about marrying the bad daddy with the good daddy and me being reunited in a good relationship with my dad. This was his goal. And I saw him for a few years and they put me in a group therapy thing. That didn't work. They put me in all these programmes...and I felt so alone. I'm with teenage girls, okay, I'm 11. They don't want to talk to me, they see me as a little kid, you know. Um... at the time I didn't understand. Now I look back and it makes me angry that my dad didn't seem to really get any punishment. Not only that, when he came out of jail he got a scholarship and a bursary to go back to school so that he could retrain, because now he had to be retrained and, yeah, my dad's got four degrees. My dad's university educated. My dad was a chemistry major.

Like... okay, like not what you think, upstanding member of the community. We were like white, upper middle class when I was growing up. Went from that to living with my mom as a single mom, her working four jobs, living in public housing in [the city]. With guns and gangs and...rocks thrown through our windows all the time. We got robbed six times and you know, yeah, and my dad gets the good life, in a way. He still does. He got to go to my sister's wedding and walk my sister down the aisle, which killed me. I was not invited to my sister's wedding.

After hearing Noelle speak about her experiences with the mental health and legal system, words such as "interrogation" and "alone" come to mind. While speaking of her experiences, I could hear her frustration in her voice, the inflection rise as she expressed her disappointment in how things turned out. From this piece of her narrative, it is clear that her

social class shifted, along with her whole world while her father, not only continued to live comfortably in the material sense, but had maintained a relationship with her sister.

Family Dynamics

It built a wall between me and my siblings. The four of us were really close and then when it all came out and my mother made my brother, who is the second oldest, we're all two years apart in age. Okay? So my brother, and then my other brother and my sister would all go down in line. The second oldest, my brother, he, the one brother, he was made responsible to protect my sister because my dad still had access to the other three siblings. Yeah. Well he had to protect my sister and make sure nothing happened and that's a hell of a thing to do for a 9 year old, you know, who had his dad on a pedestal up here.

My brother had a lot of rage, he used to go into my room and destroy my room. He attacked me with a steel pipe once, because he blamed me, you're the problem, you're the one that caused all these problems. There's walls there. We don't talk. My youngest brother, he lives out west, he went as far away from our family as he could and lives a pretty alternative lifestyle. My sister is towing the line. She's got the house, the great job, the kids, the university degree, the this, the that, like...confidence. She's travelled all over the world. She has no idea in a sense, um, where it comes from, that she was so protected. She doesn't understand. This wasn't done to you, which is how you ended up being how you are. She's so confident, like I totally admire her. She scares me too at the same time because she's really tough on me, she sees me as the big black sheep, the problem in the family to be dealt with. And that's how they all have treated me for years.

I thought about Noelle and her experience of incest and how it impacted on her family and its dynamics, particularly, how she felt like the “black sheep.” Each member of her family had their own unique responses. In her narrative, she reiterates that her family thought she was the “problem.” This passage illustrates how “many cling to a family ideal that assumes love between members, shared norms and values, happiness, caring, nurturing and, above all, safety” (p.406).

What struck me the most was the sheer vulnerability in her narrative, as she repeats “I was only a kid.” Her father was able to manipulate his daughter because of the implicit power that comes with being an adult, and more importantly, her father. I remember her mentioning to me that in her family, children were seen and not heard. The silencing of children is so very disempowering. I reflected about how many parents valued the rights of their children. In our interview, Noelle mentioned how she taught her daughter that children have rights and that those rights were enacted to protect them.

Assumptions

A lot of people figure why wouldn't a kid talk about it, right? Why wouldn't you talk? Why did it take me going with my mom to [the city] to see this show before I even talked about it, and really, it comes down to manipulation. It comes down to being raised in a household where my brothers were always the best, being told that when I was born, my dad's response was ah, better luck next time!

Being put in competition situations with your brothers all the time and you know, a father who was so distant, he really had no time for me. He did stuff with my brothers, but when it came time for me, it was, he had no interest. So it was very easy to

manipulate me because this is him, oh, you're showing me that you love me. No, I'm not saying I needed that but I'm saying that you know, you end up in a situation where you feel like... you feel like you're an accomplice to, to what happens to you through manipulation and it's taken me years to get over, to get to the point where I can say no, I'm not responsible, he was an adult, I was a child, you know...it, it, I was not a vixen, I was not a vamped up 7 year old, you know, I was a kid. And it's through my daughter that I see that more, easily.

Noelle demonstrates in this passage, the entrenched gender stereotypes that she experienced in her family, and explains how it made it easier for her father to manipulate her into doing what he wanted. Because her father did not show the same kind of affection he showed his sons, she felt lesser than her brothers. She wanted her father's affection, and this led to her feeling like an "accomplice." When Noelle says "he was an adult, I was a child," and continues by saying "I was not a vamped up 7 year old" it was interesting for me to hear. On one hand she demonstrates the power differential, on the other; she demonstrates societal attitudes towards what the rape victim is wearing. Even if she had been "vamped up" as a 7 year old, her father had power over her, him being an adult, and her being a child. Consent has absolutely nothing to do with what the person is wearing, though it is amazing at the pervasiveness of this belief. One of the first things I thought after realizing I was raped, was that I was wearing nothing special or what would be considered as sexy.

Parenting and Fear

Noelle goes on to describe her trouble in connecting with her daughter physically, and her fear and worry that something or someone might hurt her.

It's been very hard for me to connect because I've always had this hate for my child inside, hate the child, why didn't you do something? Why didn't you do something – you just lay there frozen, like what's wrong with you? You should have gone and told mom, you should have done something.

[When her daughter was little...] I used to freak out. I spent a lot of time in therapy talking about it and working through it because she'd get a diaper rash and I'd think someone abused her. Somebody looks sideways at her and I'm like a panic reaction and...you know, worried all the time, surveying my daughter, always scanning the environment. I don't sleep good.

I hear a sound in the house and I'm up and checking [my daughter], checking the doors. I live here... I won't live [there]. When my daughter's dad and I separated, when she was six months old, all my family wanted me to [move back], and I choose to stay here because I didn't... to me, it's keeping her safe. You know, how could I protect her from my dad? But then when I'm around my dad at certain family situations where I've had no choice, and you know, when he arrived on my doorstep about six years ago, my sister set it up, told my dad...and my doorbell rings and there's my father on my doorstep...yeah. It was the first time he and I had seen each other or even been in contact we're like a speaking distance. Seen him from a distance at like family things, occasionally, stuff like that but no interaction, no contact for like 20 years and you know.

Oh, I was shocked. I didn't know what the hell [he was] doing [there], what [was] going on, [he] freaked me out. I left my daughter at day care, I took my dad with me on the subway downtown, went to therapy, freaked out, told my therapist he's here on a park bench 200 meters to the left and my therapist said, "I warned you when you start

talking about these things that the universe and stuff will...when things happen, things will happen”.

That’s why I, it’s because I don’t... the not knowing for all my life why do I behave with those things? Why do I disassociate? Why do I sleep with all these men? Why did I do all these drugs? Why did I party so much that I don’t remember things? Why do I hide in my room and under the blankets scared to even leave for weeks on end when I was younger? All these things, all of it came from the past and the therapy has been really hard because it’s hard to even look at oh, my God, you know, I was a little kid.

Noelle’s narrative truly illustrates the challenges of living through the ramification of incest. She not only has to deal with her own inner feelings of trauma, but also has to deal with interpersonal touch and communication with people who are close to her, especially her daughter. She describes how challenging it is to even touch her daughter. These are issues that are not often chronicled in rape research, and yet it is so important. The act of incest has caused not only one family distress; it is an intergenerational and interfamily effect. Listening to Noelle’s narrative, I also hear tensions of self-blame, and then a sudden realization of how powerless she actually was, being a child, and him, being her father. These tensions echo the other women’s experiences as well. Socially perpetuated rape myths that hold women responsible for rape, teach women that if rape occurs, that they are to blame. Stereotypes of both women and men contribute to the construction of the rape myth. Stereotypes are dangerous because they categorizes people into broad groups, and then proceed to slot an individual into that box without reflecting (Code, 1987). Moreover, a stereotype “closes off interpretation, conceals complexity and ambiguity” (Code, 1987, p. 199).

At the beginning of the passage, when Noelle describes how much she hated her inner child for not doing anything about the rape at the time it occurred, she illustrates how self-blame is truly entrenched within the person's belief system. The rape myths are so deeply rooted, that even after many years after Noelle's sexual abuse, she expressed feelings of frustration and anger towards herself for not telling her mother sooner.

Consequences of Telling

When you start speaking about things, things change. [I asked for clarification]. (sigh)...it stops being a secret. I have a real thing about secrets, and my daughter knows not to use the word secret with me.

You know. Um, I hear things like that and it's scary to me, it's like oh, my God, you have a secret – what is it? It's got to be bad. Oh yeah. Oh yeah. It was between us but it's something that was supposedly going on all around me, but I didn't know it, you know, but he presented it as um...kind of like a part of growing up, I guess. All I knew is I didn't want my sister to go through all of this. Because it made me feel awful, it made me feel um... slimy and bad and like there's something wrong with me.

[I ask her "But talking about it now, creates...mm...is it?"]

It's more empowering. It's like saying no, this is my history, this really happened, despite my family trying to bury it all and make sure it goes away again by putting me away or telling people I'm crazy...

Or telling them oh, man, the reason she got drunk at the wedding is because, you know, she's an alcoholic. No. [She] got drunk at the wedding because [she] couldn't deal with

being in a room with all of the family and her father on the other side of the room and freaked out so just started drinking.

Though Noelle experienced huge ramifications after reporting the sexual abuse by her father, including being shunned and ostracized by her family, she held the idea that opening Pandora's Box was ultimately helpful and hopeful. This idea was really striking for me. It resonated with me. The more I talked, the more women opened up about their own experiences of rape. I felt validated and empowered by sharing my story with women with similar experiences. Noelle helped me to see that talking openly about rape creates a path for others to share, and stops the immobilizing silence, just as Lorde's (1984) work has helped me understand the politics of breaking silence.

Labeling

I was told when I was 16, [I was] bipolar. They were thinking bipolar, so they put me on Prozac for a bit. That was not a good idea. That didn't go very well with me because I have, because most childhood sexual abuse survivors tend to have hyper level of adrenaline in their body, okay, so the last thing I need is, is something that's going to overstim..., like heighten that even more. I was like, I was like I couldn't sleep, I was just wired – it was horrendous, it was, it felt like I was having a heart attack. Yeah. So that that didn't last very long. The other thing is that I found I had more suicidal thoughts when I was on the Prozac, you know, when I was 15 my therapist at the time, my childhood therapist, in the last phase of his working with me, somehow decided that he would, that it was time to get my dad and I talking again, so I came in for my therapy session and didn't know – walked in the room and there's my dad sitting in a chair.

He didn't tell me, he just shocked me and I freaked out...um, yeah, it was, it was pretty bad, I, I felt so betrayed. And I went home and I tried to kill myself (emotion in voice), because I felt like that's all they want is just give me, hand me back over to that. Then you know, there's no point in even continuing.

And my mom being a nurse, she had every medication known to man, she had drawers of medication, so I took everything, you know, everything I could. My mother fortunately came home, found me with one note with one line on it, saying I can't take it anymore, immediately sent my brother running to the drugstore to get Epicac, called to get a ride to get us to the hospital, was trying to make me puke as much as she could and keep me conscious, because I remember bright lights, that's about all I remember from that time. I lost like 30 hours, like no dreams, nothing, just nothing and I remember in the hospital them being very harsh with me because they decided it was just another teenage suicide, they didn't even understand the dynamics, they didn't even ask me what happened to me in the last few days. They didn't question me. They didn't go deeper, they just assumed that it was a typical teenage ploy to get attention or whatever and they were very harsh with me, you're a naughty little girl, you shouldn't have done that.

You know, the nurses and doctors...don't, they made it very clear they didn't approve of what I had done, which was a huge, I would say, cry for help in a large way. Like...I'm in crisis here, you know!

But...and then my family refers to it as tuna fish poisoning. That's what they told everybody because they didn't want the neighbours or anybody to talk.

Listening to Noelle as she described her experiences was gut-wrenching for me. Words like "naughty little girl," "betrayed," "assumed," and "didn't go deeper" made me uncomfortable

because it forced me to think about my practice as a mental health nurse. I was using my 'reflective lens' (Fonow & Cook, 1991) to hear her story, and thus, felt so many different emotions, caused by the different perspectives that I bring. As a mental health nurse I was ashamed that her therapist was not listening to what she needed, and that he was driving his own agenda to reunite her with her father. From her emergency room experience, I was appalled at the reactions of the nurses and physicians: they judged her without even asking any assessment questions. I agree with Malone (2012), who argues that there should be universal screening for violence, though "the choice of approach taken must consider the individual needs of the client and social and cultural circumstances in which they live" (p. 413). This process could help destigmatize violence and create a space for disclosure. Though her rape occurred about 30 years ago, some health care professionals still stereotype their patients and make assumptions, which are not helpful when screening for abuse (Robinson, 2009).

From my perspective as someone who has experienced rape, I also felt her frustration with a disconnected system that does not prioritize the patient's perception of their issue, but problematizes their issue according to a medical discourse, which is ever so paternalistic, and I argue, not at all therapeutic. Working in the mental health field, I see the labeling and stereotyping as an extension to the Diagnostic and Statistical Manual (DSM). Mental health care professionals are taught to categorize and then label the people they treat. I struggle not to be tainted by the mental health system while working within the field as a nurse. As I was reading Church's (1995) book, I realized that this struggle was not uncommon, as she too, documented her own struggles with the oppressive nature and language of the mental health field.

Church (1995) speaks about her experience working with people using the mental health services, first, as an outsider from this group, and then as someone who experienced the system. Her insider/outsider knowledge is comparable to the phenomenon of black women who have intimate knowledge of the dominant White perspective, as well as their own, and who are able to live and weave between these two worlds (Collins, 1986). Collins argues that those who have the ability to navigate these multiple worlds are able to show others who are willing to learn from their “outsider” knowledge.

Mind-Body Connection

Noelle even, before the interview, had been talking about her passion for dancing and how she had danced professionally as a ballet dancer. When I asked her about the body mind connection and dance it immediately resonated with her.

When I’m dancing it’s about one of the only places where I feel really connected with my body. It’s one of the few places in the world where I can actually feel my body. Um, when I get massages, I disassociate, with I’m intimate with my partner I disassociate a lot. It’s very hard for me to stay in the room. Um... but it’s really important to feel your body, but yet, the other thing is to actually feel; I shut down my emotions, so bad, like for years, it’s the last few years that actually really, you can see visible feelings, you can tell that I’m feeling. Before, I couldn’t. I couldn’t allow myself, it hurt too much to feel anything, so we’re just not going to go there. But then all of those feelings get bottled up and they came out in dance, because that was the only place I felt safe.

I’m safest when I’m on a stage and I got like 15,000 people in front of me and I’m on a stage with the lights and all I see is the darkness; that’s when I feel the safest. Yeah,

I'm a very emotional dancer, very dramatic, um...but to bring it in to the rest of my life has been very hard. [Like showing affection to her daughter]. Showing her that I love her, but that it's okay, telling myself that it's okay to hug her because you're not going to abuse your daughter because you were abused.

Noelle so eloquently describes how she was able to release her emotions through dance. Her ability to be an emotional dancer, and yet feel numb, speaks to the fact that she has learned to disconnect her mind from her body. When she dances, she feels whole, and able to be fully human. It was difficult to hear that even hugging her daughter causes her discomfort. She states that it "hurt too much to feel anything." Women who have been raped often feel this disconnection. I for, one, do not feel like I own my body anymore. I am trying to claim it back from the person who took it from me, but it takes time.

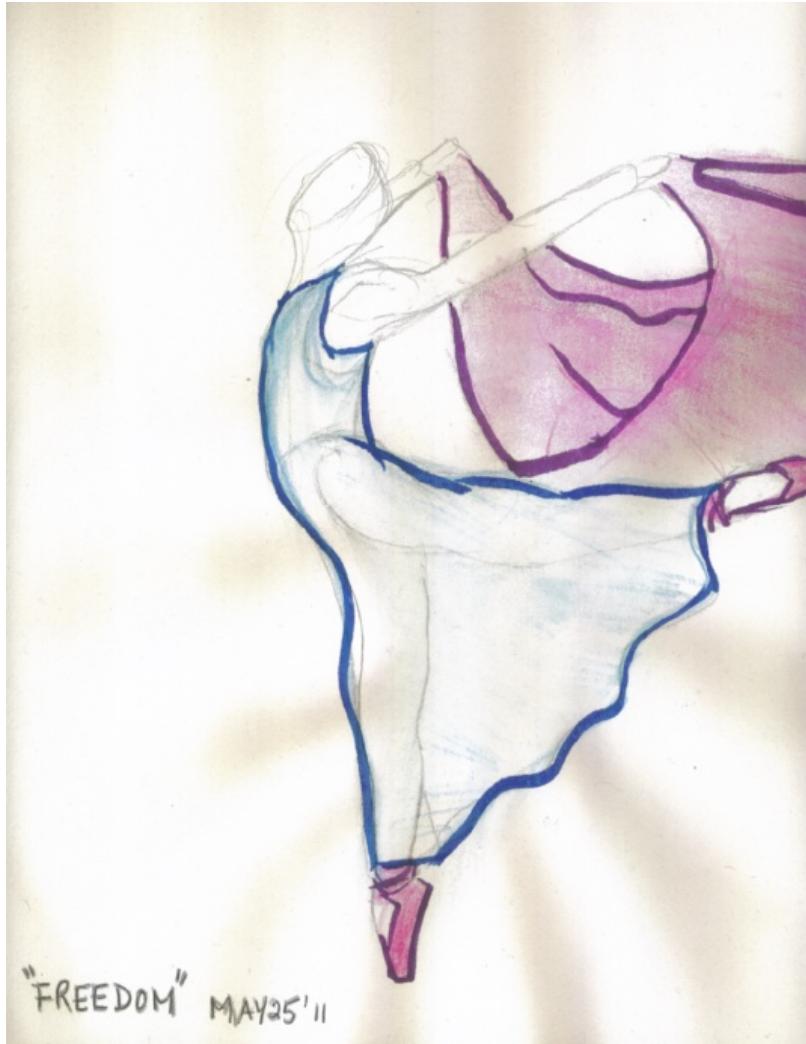


Figure 1-4. Freedom

Reflection and Analysis

Noelle told her story, like a ballet performance. She described the opening scene, when she was little, running around with her siblings. She set the scene using words like rural, farm house and described her surroundings in such detail that I could literally visualize her childhood home. In her story, she was the central figure; her father, her mother, her siblings, her subsequent boyfriends, and her daughter were all main characters.

Noelle, at the beginning of her narrative, described herself as naïve, confident, and fearless as a young girl in her pre-trauma context. She talked about being a “normal” girl fighting with her siblings. She introduced her father as a character with a dominant personality: a teacher and in the military, overall, a well respected member of the community. Her mother is introduced as a nurse, pregnant with her fourth and last child, working at a local hospital.

Noelle began her narrative at the point where she was 7 years old as this was her pre-trauma context. The plot became more complicated as her story unfolds, adding characters, tension, and themes. She slowly built up the tension by describing the situation before the abuse started. She described the fighting between her parents and the tension in the family home. She described her mother as having to work many nights, leaving her children behind.

It was during her description of the experience of incest and child sexual abuse by her father, that there was an interruption in the room by two security guards, and this caused her to have a flashback. The incident propelled her to talk about flashbacks and how she was able to tell her mother about the abuse. In her story, she used a powerful image of opening Pandora’s Box, when talking about breaking silence, and that “in Pandora’s Box, is Hope”.

While reviewing her interview, I remembered the lyrics to a song by the rock band “Pearl Jam” entitled “Daughter.” The main chorus replayed in my head:

Don't call me daughter, not fair to
The picture kept will remind me,
Don't call me daughter, not fit to
The picture kept will remind me
Don't call me....

I felt this song captured part of the tone of the interview because Noelle does not want to be connected to her father. I could feel her anger and I also could feel her pain because she was determined to live without him. Her father did not treat her like a daughter. He manipulated her, and raped her during a time when she most needed him, a time when she was most vulnerable. The song demonstrates that having a relationship with your children is not a right, but a privilege. By not allowing him into her life, Noelle perhaps is stating that he does not have the right to have a father-daughter relationship with her, as he clearly abused this relationship when she was a child. She may also be protecting her daughter, from further harm.

Jewel's song, "Daddy," also had a similar effect, demonstrating the raw anger felt by a daughter towards her father:

Sometimes I want to bash in your teeth, Daddy
Gonna use your tongue as a stamp
Gonna rip your heart out the way you did mine, Daddy
Go ahead and psycho-analyze that.

Noelle's story had many tensions, one of which was when she describes how she was able to tell her mother about the incest. All of the tensions culminate into the climax of the story when she eventually tries to kill herself after being let down by the system because she "can't take it anymore". There may never be a clear resolution to Noelle's narrative. Because her abuser was her own father, it makes it very challenging to move forward from her experience. At family functions, she is reminded of her position in the family as the outcast, while her father is accepted, and continues to live his life as if nothing had happened. Despite this lack of resolution, she has a supportive partner and is studying at the post-secondary level, with the hopes of working with women and children who have experienced violence. She has found that

her healing has come from her ability to release her emotions through dance, and having a positive relationship with her own daughter.

When Noelle speaks about dissociating, a song, “My Body is a Cage,” by Arcade Fire is reflective of her troubles of living her life trapped inside her disconnected body. The lyrics that stood out for me include the following:

My body is a cage that keeps me
From dancing with the one I love
But my mind holds the key

I'm standing on a stage
Of fear and self-doubt
It's a hollow play
But they'll clap anyway.

She is able to finally realize that she was not to blame for what her father did. She was able to see this through raising her daughter. The lyrics to this next song “In my daughter’s eyes”, by Martina McBride, demonstrate this realization:

An' when she wraps her hand around my finger,
Oh, it puts a smile in my heart.
Everything becomes a little clearer.
I realize what life is all about.
It's hangin' on when your heart has had enough;
It's givin' more when you feel like givin' up.
I've seen the light: it's in my daughter's eyes.

Noelle's narrative had many ups and downs, though for me, as a mental health nurse, what pained me the most was that the mental health system had failed her. She was put on medications that caused her suicidal thoughts, her initial therapist wanted to drive their own agenda of reunited her with her father, instead of trying to listen to what she needed to do for herself, and then finally, when she wrote a note stating she "can't take it anymore" and attempts suicide, the emergency doctors and nurses treat her like a naughty girl, "another teenage suicide." Her story exemplified how all the systems, legal, medical, and mental health were marginalizing her and her mother. She described how she went from living in a white middle class community, to living with a single mom in public subsidized housing, where they were continuously robbed and threatened, while her father only served two months of a prison sentence, and even got a scholarship to attend school for retraining. Her story demonstrated how women and children who experience violence, in many instances, are not helped but hindered systemically.

CHAPTER 8: DISCUSSION

The problem, unstated 'til now, is how
to live in a damaged body
in a world where pain is meant to be gagged
uncured un-grieved-over. The problem is
to connect, without hysteria, the pain
of any one's body with the pain of the body's world.

Adrienne Rich, Poem from *Your Native Land, Your Life*, 1986, p.100.

In this chapter, I draw together my research with a discussion of the following: general reflections, lotus as metaphor, naming the experience, commonalities in responses, metaphor of rough waters which include social rape myth and use of language, legal and health care services attitudes and accessibility, the impact of rape on relationships, as well an examination of the intersecting oppressions of race, gender, and class within the rape experience.

General Reflections

I have examined four rape narratives in this thesis, one of which is my own. Our narratives, including Alice's memoir, reflect on the striking differences to the societal accepted ideas and definition of rape. It is interesting to note that all four narrators (Alice, Noelle, Claire, and I) have been, in some capacity, working to end violence against women, enacting the popular feminist slogan 'the personal is political' by deconstructing violence directed at women. However, our journeys in this deconstruction started with the ever so frightening task of breaking the silence surrounding rape through their talking about and sharing our experiences with others,

thus shifting the isolated, personal and very individualized trauma experience to a public place in the hopes of working towards healthy social changes so urgently needed.

Alice Sebold (2002) is an acclaimed author and has published a memoir of her rape experience; Noelle has aspirations to finish school and work with women and children to prevent abuse; Claire works in an organization that focuses on providing women's services; and I have a keen interest in women's mental health and creative research. We each had a different context to our experiences; Noelle was a child, and she was raped by her father; Claire was in a three-year relationship with an abusive boyfriend who would periodically rape her; Alice was raped by a stranger in a tunnel at 18; and I was raped by my housemate at the age of 27. Though each of us has a very different rape experience, we all had common bodily and emotional experiences: flashbacks, dissociation, trouble remembering, and emotions such as anger, guilt/self-blame, and grief/depression. Not all of our experiences were validated by the prevailing and seemingly entrenched and pervasive social stereotype of rape; however each one of our experiences was real.

Lotus as Metaphor

As I was looking for a metaphor for the complex and yet specific response and experience of rape, I found myself looking at my original flyer to distribute to women. I was intrigued by the Lotus and wanted to understand my fascination. According to Britannica Encyclopaedia, a lotus has symbolized, since ancient times, fertility, birth, purity, sexuality, and rebirth after death (Lotus, 2011). I realized that it was such an appropriate symbol given that all of these elements occurred in the stories of the women I interviewed. Taking this symbol further, after analyzing each of the stories, including my own, I came to realize that it would be helpful

for others who have not experienced rape trauma, to visualize a lotus sitting on a lily pad, in a pond, as a way to identify some of the ideas presented in these research findings. After all, ‘an image is worth a thousand words’. In figure 1-5, I have depicted the lotus’s petals, distinctly, each with a description of the type of rape trauma. The lily pad or leaf, represents the context of embodiment, the social attitudes, stereotypes, and socially constructed ideas of gender norms and sexuality.

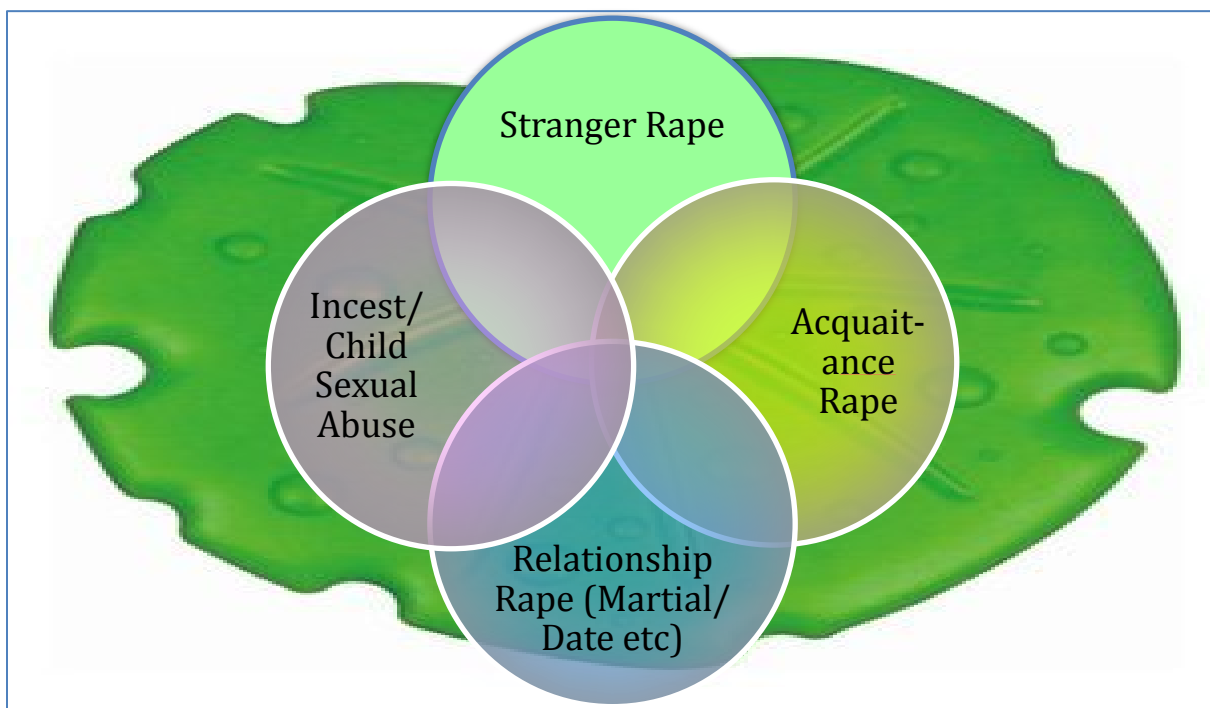


Figure 1-5. The Lotus: The Many Kinds of Rape

This image represents the many forms of rape, within a unique context. Though each woman has very unique contextual realities, there are some commonalities amongst responses. Denial, dissociation from the experience, and vivid flashbacks are among these common responses. Though there are common emotional and physical responses to rape, each person has

a unique context and as such, the rape will take on a different meaning for that person. The following figure, (Figure 1-6), is a figure that I created to show the various systemic, environmental, and personal factors that impact the individual's response to rape. These factors became evident when examining the narratives. Systemic factors include the functioning and interaction with the medical, legal, and mental health system. Environmental factors include the presence and stability of social connections, such as family, work, school, and home life, financial, and living conditions. The personal factors include, but are not limited to, biological/genetic factors, physical appearance after the rape (bruising, cuts), and mental health condition prior to, during, and after the rape, and personal psycho-social support and knowledge.

Besides the actual rape scenario, these factors seem to play important roles in whether or not the person names the unwanted sex as rape. The following section will examine the reasons why some women do not name their experiences as rape.

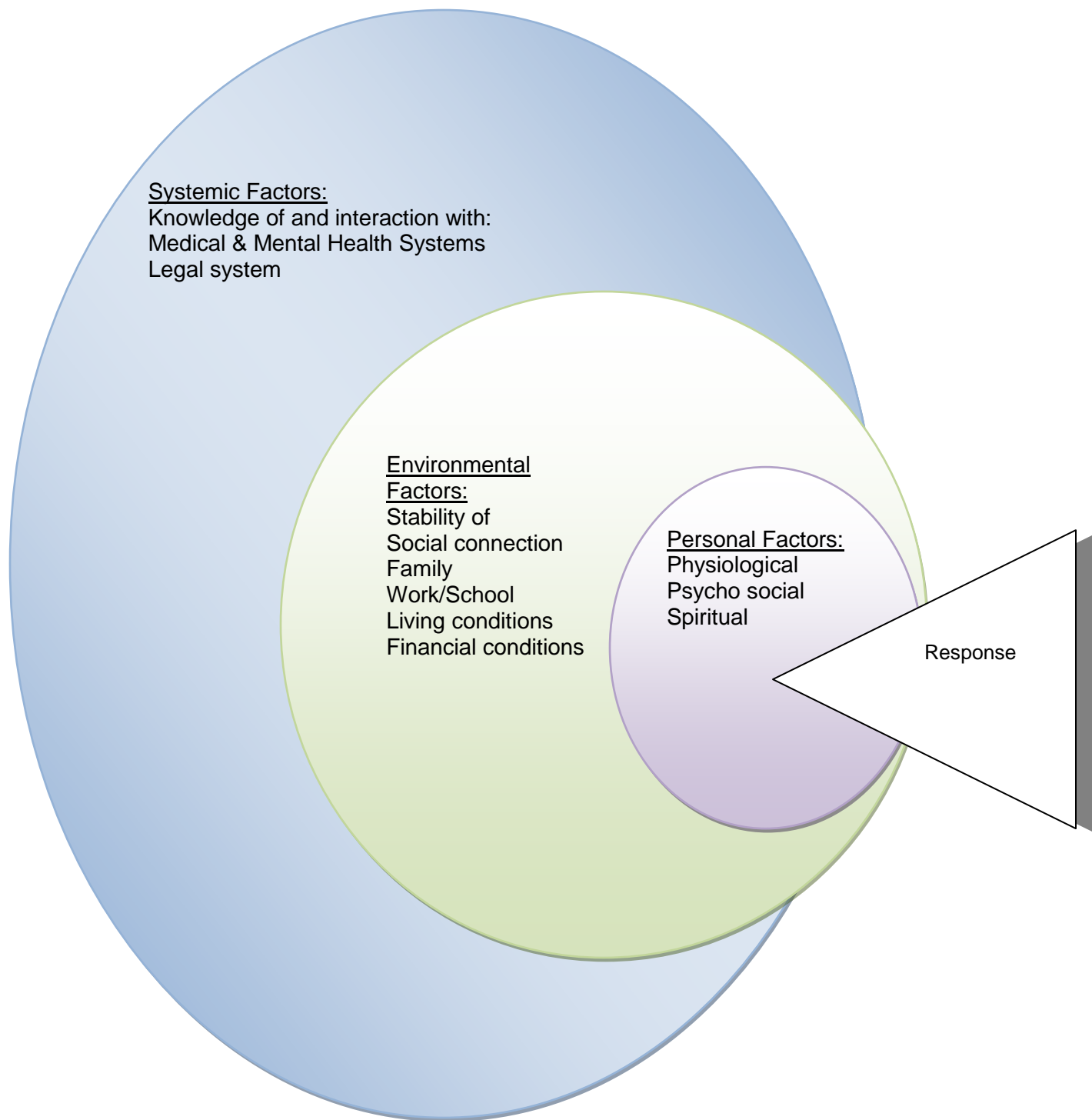


Figure 1-6. Lily Pad Leaf: Factors Influencing Embodied Responses

Naming the Experience

Rape survivors, for different reasons, encounter some difficulties with social judgment...Many acts that women experience as terrorizing violations may not be regarded as such, even by those closest to them...Under these circumstances, many women have difficulty even naming their experience (Herman, 1997, p. 69).

Before my traumatic experience, I was confident in my ability to identify rape. As Herman's (1997) words clearly illustrate, the trauma of rape makes it challenging to name the experience. As was described and analyzed in the last chapter, Noelle's experiences and articulation have also shed some light on the real and incredibly complex experiences women have with incest, often occurring with minimal social support. Claire also provided insight into her experience of an abusive relationship. A first step to understanding women's responses to rape is to understand that each person will respond and interpret their rapes differently. Rape is interpreted based on the individual's context which includes their past, their current environment, and their social location (race, ethnicity, class, sexual orientation, religion etc.). The person who committed the rape, along with the physical and sexual acts themselves, can also shape its meaning. As I learned through my own experience of rape and these women's stories, all of these factors interact to influence a woman's response and ability to name her experience. Though each person has individual responses that are unique to their context, the women I interviewed responded to their rapes in some similar ways.

Commonalities in Responses

Though each of us experienced rape differently, Noelle, Claire, and I responded to our rapes in similar ways. Some of our common responses, described and outlined by Warshaw (1988), and by Herman (1997), included denial/ disbelief, dissociation, self-blame, flashbacks, anger, and seeking connection for validation. To fully appreciate the impact of rape, I would like you to embark on a journey to experience what the participants and I felt during and after the rape. The following is a description and explanation of how these responses play into the embodied experience of rape.

Denial/Disbelief and Disconnection

We all had moments where we were not sure what to call our experience, mainly because we did not recognize what was happening as something that would be called rape. Herman (1997) explains that part of the denial and disbelief stems from the fact that the vast majority of women know the person who raped them, and try to come up with a valid explanation of why he would do such a thing. Sometimes, this means not acknowledging the rape in order to protect the person, or their relationship. From my standpoint, I was non-cognizant, confused, and then felt disbelief of what I had experienced. Through processing my feelings and trying to put together the nights' events, I was able to understand what had happened. This gave me strength to accept my body's message - I was raped. It is precisely because most rapes are committed by people we know, that it is so frightening to comprehend that someone you know would violate you. For example, Claire describes that it never occurred to her to report her rape because she herself did not think her situation fit with what she understood as rape, because she eventually "gave in."

Other common feelings included a sense of disconnection of body and mind, also called dissociation. Rothschild (2000) explains dissociation as a process which “involves a partial or total separation of aspects of the traumatic experience- both narrative component of facts and sequence and also physiological and psychological reactions” (p. 66). Dissociation can be a protective mechanism that shields the person from some of the trauma (Warshaw, 1988). Though this may be the case, dissociation can also dull positive and therapeutic feelings. The person often feels numb, for example, Noelle stated she was not able to feel “present’ when engaged in intimacy with her partner, or when getting massages. Because of the numbing effects of her trauma, she struggled with bringing emotions into her relationships with her daughter and her boyfriend. In Claire’s case, she had difficulty remembering. This too, can be considered dissociation. In my own experience, I had difficulty remembering, however, I still do not know if the lack of memory is due to the drugs that were put into my drink, or if it was due to a protective mechanism.

Self-Blame

Each one of us, to some degree, had feelings of self-blame. I understand now why this is the case: when society has systematically indoctrinated women to believe that rape is their fault, that they must have done something to cause it, it becomes “instinctual to believe it.” For example, Warshaw (1988) explains the multiple reasons why women blame themselves for their rape: Women, who willingly accepted drinks or drugs from the man before the rape, or even become drunk or stoned on their own, fault themselves from being too debilitated to figure out what was going on (p. 56).

This quote resonated with me, since I blamed myself because I had accepted drinks from my housemate, a person I thought I could trust. Moreover, many years ago, I was warned by my father that this might happen. I recall him saying “don’t take your eyes off your drink”, but I still did. Somehow, I equated this with the idea that I was guilty; I felt responsible because I took my eyes off my drink that night. All of this translated into a feeling of self blame and guilt.

Noelle, who was only a 7 year old child when her father started sexually abusing her, explained that she blamed herself because she was manipulated to feel like an accomplice. Her father, by not giving her the attention she needed, and favouring her brothers, perhaps knew how much she made her feel unwanted. He may have used this knowledge to his advantage. Knowing that she wanted fatherly affection from him, he turned this around to make her feel like she wanted the abuse to occur. Noelle knows she was not responsible for her rape, though, in her interview, it was evident that she still struggled to really believe this concept. Manipulation and control were also facets of Claire’s narrative. Her boyfriend maintained power in their relationship, and used this power to control her by blaming her for the lack of sex in their relationship. As a result of his behaviour and from her own self professed limited experience, she believed that her relationship was normal and accepted the blame for the problems in their relationship.

The self-blame also acts as a way to cope; if women accept the blame, then they do not have to believe the alternative that the world is not safe for them, and/or the full reality that someone they know has violated them. There may be more at risk when admitting to oneself that rape has occurred. It changes the person’s sense of safety in the world.

Flashbacks

Along with self-blame, flashbacks are a common occurrence after rape. A flashback is the re-experiencing of the traumatic event in part or in its entirety (Herman, 1997; Rothschild, 2000). Visual and auditory flashbacks are most common, but the term flashback might also apply to bodily sensations that mimic the traumatic event in the same way. Whatever the sensory system involved, a flashback is highly distressing because it feels as though the trauma is continuing or happening all over again (Rothschild, 2000).

Throughout Noelle's narrative, flashbacks were noticeable: first with the interruption of the interview by the security guards, and then later on, when she described being in a sexual relationship with her current boyfriend. She describes how even the simplest touch can send her into a flashback. She also mentioned that when her boyfriend plays with her daughter, she flashes back to her experiences and needs to be reoriented to the present moment and to the people in the room, i.e., her daughter and boyfriend.

In Alice Sebold's memoir (2002), she recounts having trouble with flashbacks. These flashbacks were sometimes obvious in terms of association (such as participating in sexual activity), and sometimes they were not always clear. For example, Alice relates how she burst into tears after having a common place argument with her father. I too had these flashbacks, though not in the strict sense of the word, because I have no "real" memory, but it is a "bodily" flashback. I sense that my body remembers the sounds, the tastes, the smells, the touches. There are moments when I am angry, not knowing why, or what had caused my anger; during these times, I am sure that my body had a flashback, and anger was my bodily reaction to it. Much like Alice and her father, a simple disagreement with my partner would escalate into a bigger argument because I felt so irritable around him. I knew he was trying to help me with my

flashbacks but we both did not know what would trigger the flashbacks, when these flashbacks would occur, or how intense they would be.

Claire on the other hand, did not explicitly say she had experiences of flashbacks, but stated she would often have nightmares that she was back in the abusive relationship. She also recounted that she avoided certain sexual positions, mainly anal sex, in order to not relive the trauma. Though traumatized individuals are overwhelmed by triggers that remind them of their traumas, given what Claire, Noelle have experienced, it is possible for women to have sexual relations with their partners, as long as the position or particular actions of the rape are avoided (Rothschild, 2000). If a partner makes sudden movement in the wrong direction, it can trigger a memory, just like sound of fireworks or an airplane can cause soldiers to flashback.

Anger

Emotions are indeed embodied, as each emotion is felt in the body (Rothschild, 2000). Rothschild lists common emotions felt during and after trauma: anger and/or rage, anxiety, terror and/or fear, shame and/or disappointment in self, and lastly, grief. Though fear is a predominant emotion, what spoke to me when listening to the women I interviewed, was how they experienced their anger.

Anger is described by Berkowitz and Harmon-Jones (2004) as being a syndrome with “specific feelings, cognitions, and physiological reactions linked associatively with an urge to injure some target” (p. 108). For women who have been traumatized, anger is more appropriately defined by McGinnis (2008) as a marker of personal violation. This description of anger coincides with Thomas’s (2005) review of 15 years of her research finding that powerlessness and injustice are at the roots of women’s anger. Similarly, Flemke (2009) found a link between

the rage women expressed towards their partners and a presence of past trauma. Overall, the review of research indicates that women's anger has strong links to the experience of some sort of injustice or violation (Thomas, 2005; McGinnis, 2008; and Flemke, 2009). Many have researched and written about the link between women's oppression and the silencing of anger (Thomas, 2005; McGinnis, 2008; Flemke, 2009; Painter & Howell, 1999) demonstrating its socially constructed gender rules (Sharkin, 1993; Jack, 2001). Thus, women who have experiences of rape often feel anger towards their violator, towards the system, and towards themselves and yet have no social permission to express their emotion, other than directing their anger inwards.

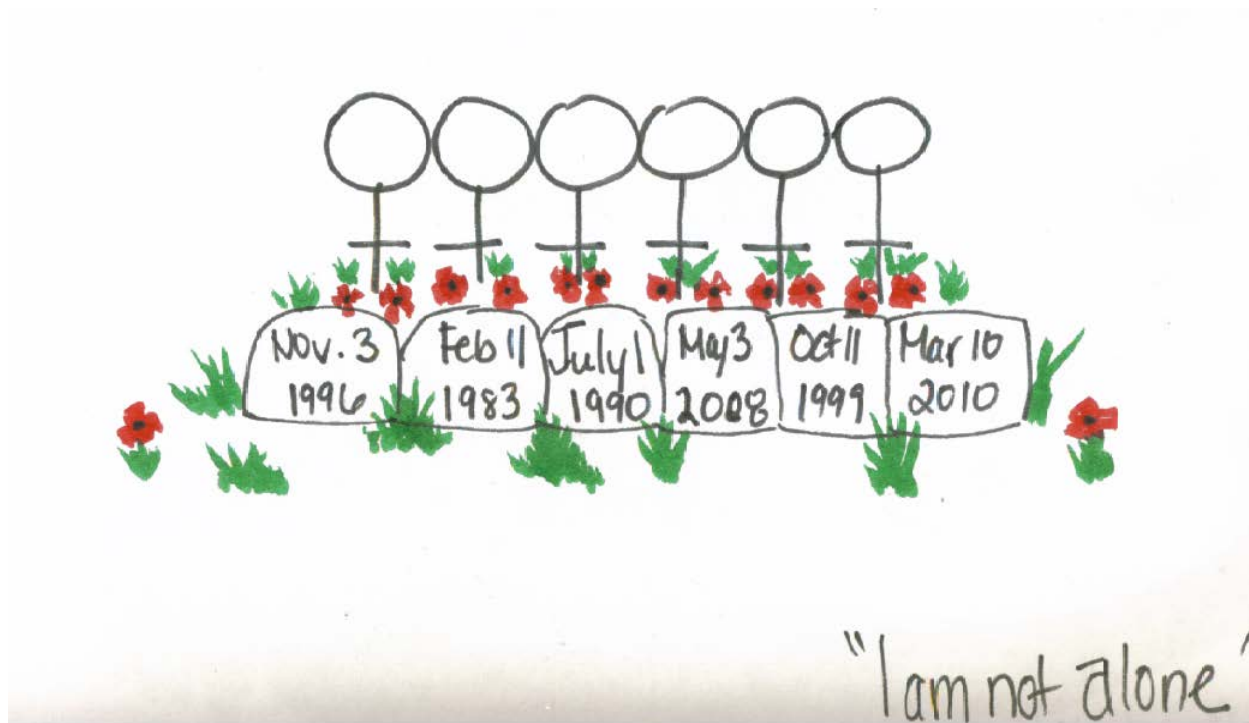


Figure 1-7. I Am Not Alone

Seeking Connection for Validation

I drew the above illustration (Figure 1-7), after I read a section in Herman (1997)'s book where she acknowledges a need for society to commemorate the violence that is inflicted on women on a daily basis. Although in Canada, we remember some forms of violence such as the Montreal Massacre on Dec 6th of every year, a much more public and politicized event where violence was perpetrated specifically against women in Montreal, Quebec, we typically do not dedicate a memorial for sexual exploitation, child sexual abuse, and rape. Therefore, I created my own imagined memorial, in my head, and then on paper. When I was done, it was clear to me that I was not alone. I visually saw the imagined dates, and nameless, faceless women who, for me, represent the many silenced women who have yet to speak about their experiences. The picture I illustrated was in fact my bodily consciousness informing my cerebral self that many others have experienced rape. Moreover, I came to believe this notion on a deeper level after I started talking about my experiences with my friends, and acquaintances. As I started opening up Pandora's Box, I realized others were opening the own, and sharing their experiences with me.

The women I interviewed also felt the need to connect with others who have had similar experiences. Claire articulated her need for connection and validation and recognized that after her relationship ended, she told everyone about her abuse as a part of her healing process. She stated this was a process to "gauge" and to validate that what she went through was indeed abuse. Noelle also realized that when she starting talking about her abuse, it stopped being a secret and empowered her to do something about it.

The telling of rape narratives can be done in many different ways. Alice Sebold (2002) told in a very public way; she first reported it to the police, and then, after many years, she wrote

a memoir. Noelle danced and Claire kept a journal as well as shared an autobiographical writing piece, with illustrations, to an English class she had taken. My telling involved sharing with family and friends, and then I started to draw, journal, and write poetry, and eventually developed this research project in which I included my experience along that of others.

The parallels between someone who is captured in a war, and women who experience sexual traumas have been fully described by Herman's (1997), who after recognizing the symptoms are a natural phenomenon to trauma, re-named post-traumatic stress disorder as post traumatic stress syndrome. In her attempt at not labelling women, however, she formulated a prescriptive recovery process, one that does not account for the context of women's lives, and the "insidious trauma" that is present everyday and has overlapping challenges which are directly related to their social location (Root, 1992, in Lewis, 1999). Lewis (1999), having experienced incest, challenges Herman (1997) on her normative discourse in an open letter. Lewis (1999) discusses how professionals, especially in the mental health field, seem to want to pathologize behaviour, rather than normalizing the process of pain and fear. The "othering" that is felt when one goes through a traumatic experience is also isolating and alienating.

The women I interviewed talked about this sense of "othering" (Anderson, 2003) and the mental health system's lack of understanding that these women's responses to rape are not pathology; rather, these responses can be understood as normal human reactions to terror. Lewis (1999) acknowledges that Herman (1997) describes a linear process, however also alludes to a spiral recovery. She also sees a problem and deficit oriented focus, rather than seeing what women have been able to gain in terms of abilities, and how to use these abilities in order not to "lose oneself." I, too, feel that the community that Herman (1997) describes is narrow. Work and

school, should also be included in the communities, as well as neighbours, and the general public. Communities can also be online, expanding to a more global sense.

Rough Waters — Social Attitudes, Services and Education

In the aftermath of my rape, I felt like I was going through rough waters. I was struggling to breathe, while feeling like I was sinking in dangerous waters. I use “rough waters” as a metaphor to symbolize the scary, often lonely process of getting help from the formal social systems. In this section, I examine the dominant discourses that shape women’s situations through a broader analysis of the social rape myth and use of language, the legal and health care services’ attitudes and accessibility, the impact of rape on relationships, and the intersections of race, and gender and class in rape.

The Social Rape Myth and Use of Language

Socially constructed rape myths, or “reel” rape scripts, transcend into the lives of women. Frese, Moya, and Megías (2004) assessed the effect of rape myth acceptance in three scenarios, acquaintance rape, marital rape, and stranger rape. They found that victim blaming was highest in the acquaintance rape situation. This research reveals the social assumption that being assaulted by a known man is less traumatic than becoming a victim of an unknown rapist, yet the participants’ experiences clearly challenges this assumption.

Language has a significant role to play in the passing of dominant ideologies regarding rape. Sampert (2010) identifies common myths that national and local newspapers propagate in their coverage of rape, which included, a) sexual assault is about uncontrollable male lust, not about violence; b) innocent men are regularly accused of sexual assault and women regularly lie

about it; c) the perpetrator is the “other”; and d) men of good standing do not sexually assault women. Even the words used in the papers, words such as “fooling around,” and “sexual activity,” downplay the impact of the victim’s experience and imply that the woman participated willfully in the act. Similarly, Benedict (1993) argues that “English is a language of rape” (p. 104.) By this she means that language, which is socially constructed, is a vehicle for misogynistic ideology. She lists words she found that were used in newspapers for female victims of sex crimes: “pretty, hysterical, attractive, flirtatious, bright, bubbly, petite, pert, vivacious, girl (for grown woman) (p. 104), which downplay rape. She states that journalists, who are supposed to remain impartial, unconsciously write in ways that suggest there was no crime. Challenging and making visible the use of sexist terms to describe the incident would help in the work needed to prevent biases, myths, and assumptions about women and children in relation to rape.

Legal and Health Care Services’ Attitudes and Accessibility

Though the ways in which rapes are described are deeply troubling, another challenge for women when experiencing rape is how society and the legal system deals with the ambiguity of consent in drug facilitated rapes. Benedet (2010) reports determining capacity for consent is often a challenge in courts unless the person is drugged completely unconscious. This means, unless a woman is heavily drugged, the legal courts would deem her capable of consenting to the sexual act. Another aspect considered in courts, is whether the woman consented to taking drugs or alcohol, which to me seems quite absurd. I agree with Benedet that the assessment of incapability to consent to sex should have nothing to do with the degree of voluntary or involuntary intoxication. This legal assessment is heavily influenced by dominant social values,

demonstrated by Girard and Senn (2008) who investigated the effect of voluntary and involuntary drug use on attributions about sexual assault. They found that women who voluntarily consumed drugs prior to a sexual assault were less likely to be seen as rape victims, and in fact were blamed for the rape.

Inherent in the legal system are contradictions regarding rape (Parnis & Du Mont, 1999). Parnis and Du Mont argue that despite the legal reforms on rape laws, the collection of medico-legal evidences act like another form of corroboration. There is an underlying assumption that women need to have a visible, examinable signs that she was raped, and that she must seek medical attention as soon as possible in order to obtain the “physical” evidence. The issue with this notion is that women often do not have any physical signs to prove that they have been raped, as acknowledged by McGregor, Le, Marion, and Wiebe (1999). The rape laws were reformed, yet the legal and medical system reinforces that woman are burdened with the responsibility to provide evidence.

The legal system often does little for the person who is been raped, rather, it protects the person who has committed the crime. I was shocked to hear that Noelle’s father had served such a minimal sentence for sexually abusing his daughter. However, unfortunately research reveals this is not unusual as 67% of family members charged with violent act towards children serve three months or less (Griffiths, 2007). I could understand why Noelle was so angry; not only was her father able to live his life while she was still dealing with the aftermath of her sexual trauma, the legal system did not seem to take his crime seriously. Noelle and her mother, had to move out of the town into the city, and lived in poverty, while her father served two months, not even half of his full prison sentence of two years. When he got out of prison, her father ended up with better living conditions, was able to go to school, and have a better life quality of life.

Meanwhile, Noelle is still suffering the consequences of “outing” her father and reporting to the police.

In our narratives, it was revealed that at some point each of us encountered health care professionals. Health care professionals have a unique opportunity to screen for potential violence in community settings. Health care professionals’ attitudes matter; from their research, Tarrier and Barrowclough (2003) assert that the professionals’ perception of the patient affects the patient-professional relationship. The patient-professional relationship is vital to establishing trust. Health care professionals need to pay close attention to their attitudes and beliefs about rape. McCauley, Yurk, Jenckes, and Ford (1998) report that in their research they found that although 86% of women had seen their regular doctor in the prior year, within that group only 1 in 3 disclosed their abuse. Women stated that they were inclined to discuss their abuse if they perceived the clinician to be caring and approachable. Trauma informed health care professionals working in a family practice, such as family physicians and nurse practitioners, are well placed in the delivery of health care services to help women with abuse histories (Archer, 1994). Though family practitioners are situated in an ideal position in the health care system to screen for violence against women, their preparation for screening is completed in highly monitored and controlled environments in classrooms and labs at their professional school, which does not match the realities they encounter while practice in communities (Wathen et al., 2009).

Though some medications can be helpful in the short term, there needs to be long term interventions in order to deal with the emotions related to the trauma to start the process of healing. Often this requires therapy or counselling. However, when many psychotherapy and counselling services are not covered by Ontario Health Insurance Plan (OHIP), this leaves

women in a lurch, with nowhere to turn; no services to close the gap. For many women, their only option is to place their name on a long waiting list or pay for their own counselling services.

Claire pointed out that she thought that all general practitioners encountered women who had some kind of abuse or violence and further that they needed to be trained in this capacity. Screening for any kind of abuse is the key to addressing violence against women and children. When a health care professional develops a comfortable patient-health care provider relationship, this promotes trust, and creates opportunities to discuss sensitive issues such as abuse. Kramer, Lorenzon, and Mueller (2004) completed a large anonymous survey to study the prevalence of abuse in women who sought care in emergency departments and primary care clinics. They found that although 86% of women stated that they would disclose abuse if asked in a direct, respectful, and confidential manner, only 25% had ever been directly asked.

Recommendations include routine, universal, and comprehensive screening for women abuse so that women who are in these situations are being treated as soon as possible (Task Force on the Health Effects of Woman Abuse, Middlesex-London Health Unit, 2000). Preparedness is critical for clinicians to be able to routinely initiate the topic of violence against women (Gutmanis, Beynon, Tutty, Wathen, & MacMillan, 2007). All health care professionals, need to be trained as well as have opportunities to practice their screening skills if they are to develop confidence in this area. While allied health as well as nursing undergraduate degrees in Ontario have high rates of preparation for IPV (82% and 83% respectively, dentistry and medicine, (with rates of 46% and 43% respectively) need to address this issue more readily (Wathen, et al. 2009).

A barrier to screening includes the stereotyping of women by health care practitioners. For example, in her study, Robinson (2009) found that emergency room nurses hold stereotypes;

they screen based on their perceived ideas of what they think women who are abused look or act like, and commonly point to women of lower socioeconomic classes and minorities. Despite awareness of intimate partner violence, and violence against women in general, nurses do not feel comfortable with this topic (Robinson, 2009). Rather than pointing out certain women, I, much like Tacket, MacMillan and Wathen (2004), think all women should be screened for abuse as this practice has the potential to change social attitudes to violence against women as well making the process of screening less stigmatizing since all women would be screened, not just one group of women.

Physicians and nurses in primary care clinics and emergency departments are not the only professionals that can screen for abuse. Other health care professionals, such as social workers, physiotherapist, occupational therapists, even dentists can screen for abuse. Love, Gerbert, Caspers, Bronston, Perry, and Bird (2001) surveyed dentists regarding their attitude and behaviours about violence against women. In the results of their survey, they found that 18% of the dentists never screened for violence or abuse, even when a patient has visible signs of trauma to their heads. Dentists reported that their major barriers were that their patients were usually accompanied by someone, the dentists' lack of training, concern about offending their patient, and their own embarrassment about the subject topic. The researchers conclude that education may be able to alleviate some of the barriers that dentists face when screening their patient for abuse.

Overall, the feeling of the two participants in my study echoed that mental health services for women who have experienced trauma are necessary. However, the way that it is provided currently, in many instances leaves women feeling they have no real supports. The participants indicated that the mental health support that was available to them was not personalized to their

context, affecting the quality of care they received. They also mentioned that mental health services are either inaccessible or do not address the particular types and complexities of trauma women have experienced. This also echoes my own experiences of received counselling. The reality is that the average person cannot afford counselling services, and the ones that are available for free usually have a significantly longer waiting list.

The Impact of Rape on Relationships

When I was raped, I was dating a man named Akiki (pseudonym), who was unsupportive, and even re-traumatized me by his reaction. At the time, when I told him about my rape, he had disclosed that he had been a child soldier in Uganda, and that he felt urge to kill the person who raped me. Though I already felt the need to end our relationship, how he reacted scared me. At that time, I was really thankful to have a positive and supportive male friend, who knew me well, and in whom I trusted. He became my boyfriend months later, and now we are partners living together.

Noelle, Clarie, and I are all in heterosexual relationships. In this study, what was interesting to note is that though each person described challenges related to the past trauma in regards to communicating about the rape and engaging in sexual intimacy with her partner, each person described her partner as supportive. This observation supports research conducted by Connop and Petrak (2004), which links the importance of male partner support in relationship where women have experienced rape. Though supportive partners are helpful, there is a clear need for couple-based interventions to work through the trauma related relationship issues, however most trauma therapies are primarily for individuals (Connop & Petrak, 2004). Beyond

couples, trauma affects all sorts of relationships, such as family relationships, especially with regards to incest, as seen with Noelle's narrative.

In Noelle's narrative, there was tension that developed between her other siblings because they viewed her as the problem within their family. Noelle was not invited to attend her sister's wedding because of the rift in their relationship. One of her brothers moved as far as he could from the family and currently lives out west. Noelle's rape also affected her relationship with her daughter; she was hyper vigilant and afraid of letting her daughter be touched or hugged by others as well as herself, because she wanted shield her from being hurt.

Intersecting Race, Gender, and Class

There are many layers of oppression which need to be deconstructed, in order to understand the circumstances of women in their daily lives, as well during trauma. Women who experience rape are not just dealing with the trauma of rape; they live within the context of society which continually generates undercurrents of systemic assaults, including racism, sexism, classism, and homophobia (Sokoloff & Dupont, 2005). Looking particularly at my own situation, I understand how my position in society as a woman, a person of colour, a working student, and a nurse has interwoven into my experience and has affected my narrative.

Regarding class, more research is needed on the interactions between sexual violence and social class, to explore how differently classed femininities and sexualities structure the occurrence and experience of sexual violence (Phipps, 2009). However, given my research to date, I would speculate that women, who have limited financial resources in the aftermath of rape, have fewer options with regards to mental health services. Claire, Noelle and I, had challenges with regards to financing our healing. As Claire had mentioned, because the Ontario

Health Insurance Plan (OHIP) does not cover therapy, it is challenging to find the time, money and space to heal. Noelle and I are students, and this makes it even more challenging; I am working part-time, and she is living off savings. Our financial situations are directly related to how we are able to care for ourselves. Just being able to meet our basic necessities, we do not have the extra funds, and thus the option, to seek private services.

Regarding race, both participants were Caucasian; Noelle revealed to me that she was of Scottish decent. During recruitment, a friend of mine stated she knew a Black woman who was interested in the study, however she never contacted me. There are many possible reasons for this; however, I believe that women of colour are more likely to be silent, which I will examine in depth, shortly. First, I will explain my own struggle to break silence.

In my case, my rapist was a White man, and I am a woman of colour. Though I have, for the most part, lived a privileged life, having University educated parents and being able to afford to go to school, I too need to be critically aware that I am “seen” in a different light. People see the colour of my skin and judge me, though they are not quite sure what to make of me. I have a Torontonion accent and, as some have noted, I look like I could be from India or any South American, or Caribbean country. I am not easily put into a box. However, people do know that I am not White, therefore lump me with Black, Brown, or Other.

I was not able to articulate it then, but I knew that if I charged the person who raped me, and went through the legal process, there was a high risk that they would perceive me only in stereotypes, and fail to notice the real me. Moreover, I felt, as a woman of colour, that it would be difficult to prove my rape because of “dominant narratives, structural inequities, class inequities, and cultural practices” (Mukhopadhyay, 2008, p. 154). Our social narrative does not develop Black women’s rape by White men as it does Black men’s rape of White women; there

is an underlying belief that White men are entitled to have any woman they want, regardless of race or class (Mukhopadhyay, 2008). Black woman's bodies are seen as public property or a commodity thus Black women are not seen to have the right to protect themselves from sexual violence (Mukhopadhyay, 2008).

Black women's silence regarding their experience of violence can also be analyzed through systemic factors of erasure. Black women and women of colour in Canada, especially for the African Diaspora, are silenced by the lack of engagement and inclusivity of services to provide them with culturally appropriate services (James, 2007). In this system, Black women are not seen as legitimate 'victims' (Crawford, 2007, Mukhopadhyay, 2008) and this plays a role in how comfortable a Black woman feels to report her rape. Black women are quiet on the subject of their violence because they fear judgment or censure, but mostly, given society's already damaging and pervasive images of Black women, they fear that others will perceive them in an even more negative light (Crawford, 2007). Furthermore, hooks (1981), a Black feminist theorist and writer, argues these negative stereotypes of Black women make it challenging to have positive self-esteem.

This silence is best described by Massaquoi (2007).

Black women's sexuality is ideologically situated between race and gender where the black female subject is not seen and has no voice. The politics of silence and the commodification of black women's sexuality are not simply abstractions. Distorted stereotypes that exploit and reinforce negative images of black women's sexuality as primitive, excessive, illicit and exotic have caused us to retreat into silence on the subject (p. 86).

This quote articulates so effectively what I have not been able to do thus far. I had embodied knowledge of how I would look to the police; to everyone in the legal system and I understood why it was so challenging for me to break my own silence, yet I felt I needed to speak about my experience. Lorde (1984), a Black lesbian feminist author and poet, writes about the transformation of silence into language, and action and asserts it is “our responsibility to seek those words out, to read them and share them and examine them in their pertinence to our lives” (p. 43). Through analyzing my situation, I felt that if I had gone to the police to report my rape, that they would have seen me as just another black woman stereotype. However, now that I am writing and speaking about my experience of rape, along with hearing and examining others narratives, I hope to stimulate critical reflection about the complexities in the experience of violence perpetrated against women.

CHAPTER 9: CHANGING THE WATERS – A NEW PERSPECTIVE OF RAPE

History, despite its wrenching pain, cannot be unlived, but if faced with courage, need not be lived again. - Maya Angelou

The problem is not changing people's consciousness but the political, economic, institutional regime of the production of truth. – Michael Foucault

Creating Spaces and New Perspectives

To knit together the ideas that were previously discussed, I would like to go back to the lotus metaphor. In order for a lotus to grow and thrive, it needs certain elements: adequate sunlight, fertile soil, optimal temperature, calm waters, and time. In the same way, women who have experienced rape need certain elements: adequate response and support from police and the legal system, as well as health care and mental health professionals' acceptance; supportive and friends and family; sufficient information to make decisions; and above all else, time to process the trauma. After reading and analyzing "real" rape narratives, I believe that the "waters" i.e., the social systems and social bodies that inhabit them need to change to create spaces for women to feel accepted and believed when they have been raped. There are many ways to change the waters; creating allies is one way to accomplish social change.

Developing Allies and a New Culture

Of the many struggles women face today, some of the greatest are the obsessions with body image, and staying youthful and attractive, which are heavily reinforced by the dominant culture and media through fashion, magazines, music, shows, movies, and digital media (Rebeck, 2009). Therefore, one of the most powerful allies for developing a new culture would be media

outlets. Social activists partnering with media, community organizations, and other relevant, interested, and engaged groups to counter the stereotypes that are shown in dominant media can be impactful. Not only should we be creating allies to change stereotypes of women, but we, as people who participate in the dominant social structure, must work strategically to change the all too glorified rape culture, which Buchwald, Fletcher, and Roth (1993) refer to as a set of “complex beliefs that encourages male sexual aggression and supports violence against women” (p. vii).

Though transforming ideas and beliefs can be powerful, to implement change in social structures, there needs to be change in the policies that govern the structures. Rebeck (2009) recognizes the steady shift in social policies in Canada that now closely resembles the United States, with its subsequent cuts to social assistance and less monetary support for health promotion and crime prevention strategies. Ideal allies demonstrate a sense of connection with others as well as understand social structures, and collective responsibility (Bishop, 2002). Allies, according to Bishop, also have a sense and understanding of “power with” as an alternative to “power-over”, and understand equity. We need all levels of government to recognize that the policies and law that are currently in place further marginalize people who already feel subjugated. It is important to commit to a philosophy of embracing all people without creating a hierarchy based on race, gender, culture, religion, social class, or sexual orientation. In addition to creating allies in dominant forms of media and within governments and other social structures, we need to improve the social services by integrating and mainstreaming the issues of sexual violence against women.

Social Services and Sexual Assault

From the research participants' narratives, as well from word of mouth, I have learned that police officers and police departments as social, political, and cultural institutions, need to ensure their administration and employees have further training in trauma informed ways to deal with sexual assault cases. As recently as January of this year, a police officer speaking at York University stated that "women should avoid dressing like sluts in order not to be victimized" (Miller, 2011). Penwill (2008), in her comprehensive report for the organization, "Action ontarienne contre la violence aux femmes," incorporated of 57 recommendations, including a review and evaluation of the mandate of the Sexual Assault Squad. Some other recommendations included reviewing the practice of considering cases to be automatically unfounded when a woman decides not to proceed with the laying of charges. Many recommendations referred to continuity of staffing, in order for women to maintain and develop trust with the appointed officer in the sexual assault investigations. Penwill also included recommendations that police officers should be specially educated on the role and responsibilities of the Sexual Assault Care Centres as well as the Victim Services Program.

These suggestions can prove to be useful for health care professionals who encounter women who have been sexually assaulted. The issue often is that women enter through a particular system and do not have access to other services because they are not informed and not connected directly. There should be a mainstreaming of education across all possible community resources which women use to ensure that they know about and have access to these services. This is especially the case with mental health services. Mental health services seem to be the least integrated into the system, since it is truly a two-tiered system: you can either wait for months or years on a waiting list for therapy, or if you have the money, you can pay and receive

treatment quite quickly. Most women end up waiting because they do not have the financial resources for trauma therapy. From my own perspective and the perspectives of the women interviewed, a registered and regulated therapist should be covered by OHIP.

Prevention and Education

Both participants made suggestions regarding talking about sexual abuse and violence in schools. Claire talks about how needing education to teach young people about healthy relationships would empower them to understand the dimension of abuse and if they are experiencing it, how and where to get help. Claire stated that health care professionals as well as friends and the family needed to learn that when people disclose their abuse or their rape, that it is not what they say that really matters, but how it is delivered, which supports what others researchers are finding (Wathen et al., 2009). She reflected that silence was in itself communication, but that silence and body language have a huge impact on communication.

In her interview, Claire discloses that she was not comfortable enough to tell her parents about the sexual abuse she experienced from her boyfriend because she was not comfortable speaking to her parents about sex in the first place. She also mentioned how schools and media can play an educational role to inform the public about sexual abuse and rape.

Regarding rape and abuse prevention and education among high school students, Greytak (2003) asserts that most strategies are seen as effective but few consider racial, ethnic, or economic differences because the evaluation samples were primarily with White middle and upper middle class students. Therefore, more attention should be given to assessing what specific populations need in order to implement education strategies. This includes educating health care and social service professionals, communities, and families. For example, one

prevention program that I have witnessed is a Toronto Public Health program entitled, “Raising Sexually Healthy Children.” This a capacity building model, where specific ethno-cultural communities are recruited, and their members are trained to hold workshops in their own communities about raising sexually healthy children and sexuality. Some of the topics covered in the workshops include how to talk about sex with children, as well as how to protect children from abuse by teaching them about their bodies and about touch boundaries. This program is the beginning of changing the cultural norm of silence on sex and sexual abuse and proves to be promising. These are the kinds of programs that we cannot afford to lose.

Some recent news generates hope: the release of the Ontario Women’s Health Framework (2011), the first of its kind, highlights three strategic priorities in order to improve the health of women.

1. Reducing gendered health inequities resulting from women’s social roles and status, such as ensuring that women have access to the social determinants of health, meaning having a decent income, employment, safe housing within healthy communities, education, and freedom from violence, stigma and racism, homophobia and other forms of oppression.
2. Designing and implementing care delivery systems that strengthen the reliability and quality of care which include service planning for the unique needs of different groups of women.
3. Mandating, planning, and accountability requirements that reflect the priorities of women through creating policies with a sex and gender perspective so that women’s needs are met and that the barriers to health are addressed.

This framework reports that action is required urgently on all levels (health professionals, policy-makers, researchers, and community-based practitioners). Many key players were

mentioned in effecting change, one of which was researchers. Researchers have the ability to impact policy makers and their decisions, however many research findings go unnoticed, underutilized, or ignored. My hope is that documents, such as this one, are not simply used rhetorically, but are applied to stimulate progressive action in all arenas. Creative strategies for research dissemination can be a solution to accessing and using research in policy, hence the development of this research study. I plan to use creative strategies for disseminating my findings in order to help inform policies and practices that influence violence against women.

Though this study explored three women's experience of rape, there are some key learnings that will contribute to the improvement of how women are treated after rape. The main findings in the research suggest that women need more time to process their rape before being asked to talk about and report their experience. The body and mind go through such chaos after rape that the woman does not feel like herself, and in fact, can be so numb that she no longer feels alive (Herman, 1997). In Noelle's case, it has been 30 years since she was first raped by her father; and for Claire, it has been more than 10 years since she was in an abusive relationship; and in my case, it has been 4 years since my drug induced rape. The only person who reported her rape was Noelle. The belief is that this is due to the child protection laws regarding abuse, since all people who suspect child abuse are required to report.

The other issue to attend to is the reality that because of a wide range of reasons, including societal stereotypes of rape, many women still continue to have trouble naming their experience. The women I interviewed echoed my own struggle of naming the experience as rape. Though our context and situations were different, there was consistency in internalizing the blame and responsibility that society puts on women for their rapes.

Creative Research and Embodiment

On a personal note, I have witnessed the benefits of using art as a way to reconstruct my own narrative of rape. For me, this was my experience, as I was working through this thesis. I was able to release my emotions creatively by painting, drawing, and writing poetry and it was cathartic. Creative self expression allowed endless possibilities for me because I was unbound, unchained by the conventional forms of presenting thoughts and feelings. I strongly believe this is why I continued with creative activities as I was working through this thesis. Creativity was also named by the women I interviewed as an activity that allows them to express themselves the ways they have not been able to do with others.

To summarize, the analytic methods that I employed from Frank's (2010) and Lieblich, Tuval-Mashiach, and Zilber's (1998) work were instrumental in liberating and conveying the complexities of women's responses to rape. Frank's perspective, which paralleled my theoretical framework of feminist and critical social and intersectional theories, helped me focus my attention on how institutions affect narratives and how individuals are manipulated by the dominant and patterned thinking, which shape how they construct their narratives. Lieblich, Tuval-Mashiach, and Zilber's (1998)'s method of analysis of identifying plot, characters, tension, and resolution, helped me to hear the participants stories more clearly explore and gain a deeper understanding of woman's embodied experience. Both analytic methods were helpful to distil the intersectional discourses of race, class and gender within women's experiences of rape.

New Perspective

Embodiment approaches validate all rapes. Cahill (2001) asserts that “analyzing rape as an embodied experience, by assuming difference rather than trying to eradicate it, allows us to consider the particular conditions of a case of rape without subjecting that particular experience to a universal standard of harm (p. 118). Cahill (2001) argues that all rapes are “real” rapes. With this new perspective of rape, I will continue on this path by focusing on education-for-change-of- attitudes of the police, professionals in the legal and health care fields, as well as the society at large. I will also advocate for change in education, research, policies, and practices at every level of service and government. I start with this letter entitled “Dear Every-Body.”

Dear Every-Body,

Narratives of rape are different, each with a unique context, a unique body and mind, responding in similar yet diverse ways. When a safe, supportive space is created, embodied experiences and related emotions can be released through dance, journaling, drawing, painting, singing, talking, and through telling stories.

The telling of rape narratives encourages dialogue and provides supportive spaces where people can open Pandora’s Box of Hope, rewriting “reel” rape scripts to include and reflect “real” life embodied experiences.

Please remember: Every-Body deserves the right to care and to be cared for - not just those who fit the rape stereotype.

Sincerely,

Bruk Retta

Epilogue

I had a fear of disclosing my rape to my family, for many reasons. Now that my family knows about my rape, I fear disclosing my rape to my peers. Rape, is one of what Church (1995) calls, “forbidden narratives.” I still wonder what my professional peers would think if I “came out” and told them what happened to me. I hear what mental health professionals, my colleagues, say about people who come in with trauma histories, so I could imagine the assumptions that would be made, or conclusions that people would draw if only they knew my story. However, I am uniquely placed as the “outsider within” (Collins, 1986). I have knowledge as a person who has been within the mental health system, and as someone who works within it. I also have knowledge as a person of colour, and as someone who works within a dominant, Eurocentric perspective.

The process of writing a thesis started as a very messy and disembodied piece of writing. After reading Church’s (1995) book, I realized that students, as well as mental health care professionals, are taught to be “objective”. After many years of not being able to use “I”, I found it unnatural, even challenging to write from my own experiences. Writing from a first-person perspective, and participating in a narrative thesis has made me aware of my multiple selves: woman, daughter, friend, nurse, student, and so on. I wrote of my own rape experience from my embodied personal perspective; I strove to hear my participants’ stories from my informed and compassionate professional perspective; throughout the process I endeavored to maintain the academic standards and expectations as a nurse, as my researcher perspective.

By writing in a personal and accessible way, as well as looking for other ways to begin a social discussion, my hope is that as a society, we can critically analyze our dominant patterns of thinking, and be open to respectfully and compassionately hear everyone’s voice. I have found

that this process has forced me to look at and analyze, stereotypes, beliefs, and values that I hold or perpetuate. It was not an easy journey, but it was definitely worth it.

At the beginning of this journey, I had figuratively donned on the “raped” leather shoes to walk with my participants; it has come time to take these shoes off. My balance and connection to the earth are no longer bound to these brown leather shoes, but are central in my work to help bring about change.

APPENDIX A: CONSENT FORM

Ryerson University: Consent to Participate in a Research Study

Experiences of Sexual Trauma Research Study

You are being asked to participate in a research study. Before you give your consent, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

As the study researcher, I will explain the study to you and will provide time for you to ask questions before making a decision about whether you would like to participate. Participation in this study is completely voluntary and you may choose to withdraw from the study at any point during the process.

Investigator:

Brak Retta, RN, MN (candidate)
Daphne Cockwell School of Nursing, Ryerson University
Contact Information: bretta@ryerson.ca; 647-830-2403

Thesis supervisor:

Dr. Margaret Malone, RN, PhD
Associate Professor
Daphne Cockwell School of Nursing, Ryerson University
Contact information: mmalone@ryerson.ca; 416-979-5000, ext. 6302

Purpose of the Study:

The purpose of this study is to explore the embodied response(s) of women who have experienced rape. The ultimate goal of this research is to better understand women's responses to rape and to provide safer and more effective ways to assist these women. There will be approximately three participants involved in this study. This study is designed to hear women's experiences and responses to rape through narrative and creative methods. Participants recruited will be women, aged 18-55, living in Toronto, who self-identify as being raped, and who are willing to be interviewed and express themselves verbally and/or through a combination of verbal and creative and/or artistic methods.

Description of the Study:

This is a narrative study, which involves a focus on participants' experiences and responses to rape. Upon consent, I will ask you to complete a short demographic form and to participate in two to three interviews. The demographic form will allow me to describe my research sample including information such as age, education level, income level, and relationship status. I will also ask you some questions about your personal experiences and responses to rape and, if you are interested, provide opportunities for you to participate in some creative or artistic representations of your experiences of rape. The interviews will involve approximately 60-90 minutes each. With your permission, the interviews will be tape-recorded, to be transcribed

following the interview. As the researcher, I may also take notes during the interview to help recall some of the experiences you have shared. The interviews will occur at a location and setting that is private, safe, and comfortable for you to discuss sensitive issues, e.g., a private room in a library, a booked room at Ryerson University or, if you prefer, in the privacy of your own home.

During recruitment:

The recruitment phase of the study will be an opportunity for me to explain the research study in a little more detail and for you to ask any questions you may have about his research. If you decide you are willing to be a participant in the study, we will then review the consent form together, answer any further questions that may arise, and then sign the research consent form. I will be asking for your contact information in order to connect with you to set up interviews as well as specific instructions on what is the best and safest way to connect with you (e.g., email, phone, ability to leave a message, and if so, what should be said, i.e., if it is a shared message system).

Following this, I will ask you to complete a brief demographic form. You will then have a choice of participating in a semi-structured interview and/or combining a semi-structured interview with the option of including a creative activity that focuses on your response/s to rape. I will be providing some examples and options to representing responses to rape such as a creative story mapping, writing poetry, drawing, just to name a few. It will be up to you how you chose to represent and communicate your responses to rape. If you are interested in participating in a creative activity, I then will provide the necessary supplies for you (paper, notebooks, marker, pencils, paints etc.). Interviews will occur at a location and setting that is private, safe, and comfortable for you to discuss sensitive issues, e.g., a private room in a library or a booked room at Ryerson University, or at your home if you prefer.

The first interview:

During this meeting, you will be given time and opportunities to express your experiences and responses of rape. According to the choice you made during recruitment, you will either (a) discuss the creative activity piece you produced and relate the piece to your story or (b) participate in a semi-structured interview.

The length of this interview will be negotiable and will depend on how you are feeling at the time and your emotional readiness. Interview one will be approximately 60-90 minutes, but you have the right to stop at any time. At the end of the interview, and if you are still willing, we will schedule a second interview to take place approximately 2-4 weeks after the first interview.

The second interview:

The second interview will take place approximately 2-4 weeks after the first interview. During the second meeting you will be given the opportunity to express your responses and experiences of rape through a different method than the first interview, i.e., if you wish to do so. For example, if during the first interview you shared your experiences and responses to rape verbally, then in the second interview you could chose to share some of your experiences and responses through a creative means. Alternatively if, following your first interview, you created an artistic representation of your experiences or responses to your rape, you can share that with the

researcher. This reflective discussion on the creative response will take 60-90 minutes or however long you feel you need.

Throughout this research process, you have the option to stop at any time during the interviews and/or withdraw from the study altogether. No questions will be asked about your decision should you decide to withdraw from the study.

What is Experimental in this Study:

The procedures or questionnaires used in this study are not experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis.

Risks or Discomforts:

Your participation in this study may cause some emotional discomfort because of the nature of this research which could potentially lead to unpleasant memories which you may find upsetting. You have the right (a) to refuse to participate in the study; (b) to refuse to answer any specific questions or move to another topic; or (c) to leave the interview itself at any time. No questions about your decision/s will be asked. If you feel upset during the interview, I may also shift to another topic to help to relieve you of any discomfort. At any point during the interview, you can decide to stop the interview, at which point you may be asked if you would like some additional support. A list of community resources for counselling and other related activities will be made available for you at the time of the first interview. I can also arrange for you to meet with an appropriate resource person if needed.

Benefits of the Study:

You may not benefit directly from participating in the study. However, telling your story may have a positive effect on you just by sharing your experiences with another person in a private, confidential, and safe environment. Sharing your experience could potentially make a contribution to our developing knowledge and understanding about women's experiences and responses to rape. This can also inform health care professionals' theory and evidence-based policies and practices in relation to the best approaches when caring for women who have experienced rape, by taking into consideration women's actual experiences.

Confidentiality:

To ensure your privacy, interviews will be conducted in what we mutually decide would be a safe, private, and comfortable location for you. To ensure confidentiality, no names or identifying information will be used in any publication or presentation about this research. Every possible measure will be taken to assure you as a participant remain anonymous in research reports. You will be given an alternate name that will be used for all documents, including audio files, transcripts, demographic forms, computer files, publications, or presentations. All data, including tapes, transcripts, journals, and computer disks will be kept in a secured locked filing cabinet in a secure locked location. The computer that will be used during this study, will also be password protected. Only I will access to your file. I will not share the information you give me with anyone. No information that could reveal your identity will be given to anyone else, unless I am required to do so by law.

Audio files will be deleted after the completion of the study. An alternate name will be used in the transcription and final report to protect your identity. Your creative pieces will be copied in

order to be presented in the final research and subsequent publications that may be written from this research. Your name will never appear anywhere on the piece of work; instead the same alternate name used in the transcripts will also be used on your creative piece. The original creative piece will be returned to you after the researcher has completed the study, unless you would like otherwise.. Transcripts, copies of creative pieces, and other written data will be destroyed after 5 years.

Demographic information will be collected; however no identifying information will be included in the thesis itself. Any identifying information on forms will be identified with an alternate name to protect your privacy and the confidentiality of the information you share during the interviews.

Consent forms and any identifiable personal information such as name, address, and phone number will be kept separate from data.

Results of this study may be used in publications and presentations. Aspects of your story may be retold and/or particular quotes from your interviews may be used, but at no point will your name or any other identifying information be used.

Incentives to Participate:

There are no specific incentives being offered to participate other than an opportunity to contribute to a research that may assist in developing a more in-depth understanding of women's experiences and responses to rape.

Costs and/or Compensation for Participation:

You may incur costs due to travel to the interview location, i.e., depending on where the interview is located. The amount of \$20 will be provided to help offset that cost. Participants who do not complete an interview or chose to withdraw will still receive this amount.

Voluntary Nature of Participation: Participation in this study is voluntary. The information you will share will be kept strictly confidential. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed. At any particular point in the study, you may refuse to answer any particular question or stop participation altogether. Should you decide at any point to discontinue your participation, no questions will be asked about your decision.

Questions about the Study: If you have any questions about the research, please feel free to ask now or at any point during the interviews. If you have questions about this research following the interview, you may contact:

Bruk Retta (researcher/ MN student)

bretta@ryerson.ca

647-830-2403

Or

Dr. Margaret Malone (Thesis Supervisor)

mmalone@ryerson.ca

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Vice President, Research and Innovation
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
416-979-5042

Agreement:

My signature below indicates that I have read the information in this agreement, I have had a chance to ask questions about the study, and my questions have been answered to my satisfaction. My signature also indicates that I agree to take part in the study with the understanding I may change my mind and withdraw my consent to participate at any time without any repercussions. I voluntarily consent to participate in this study.

_____	_____	_____
Name of the Participant (please print)	Signature of Participant	Date

Agreement to audio-tape interview/s:

My signature below indicates that I voluntarily agree to audio taping of my interview/s.

_____	_____	_____
Name of the Participant (please print)	Signature of Participant	Date

I confirm that I have explained the nature and purpose of the study to the subject named above. I have answered all questions.

_____	_____	_____
Name of Person Obtaining Consent	Signature	Date

APPENDIX B: RECRUITMENT MATERIAL



Experiences of Sexual Trauma Research Study

Women ages 18-55

If you have experienced sexual trauma, I would like to hear your story.

Creative research process

You will be able to share your story through words in an interview and/or through other creative means (journaling, writing poetry, painting, and/or other forms).

Purpose of Research

The purpose of this research study is to better understand women's experiences of sexual traumas.

What is involved?

Two separate interviews that may last from 60-90 minutes and an option to participate in a creative activity of your choice.

Compensation

Compensation will be provided.

Confidentiality

Your safety and well-being is a major priority in this study.

Your identity and the information that you share will be kept in the strictest confidence.

If interested, please contact me:

Brak Retta, RN, MN (c),
Graduate Student
bretta@ryerson.ca
(647)830-2403

I am a trained mental health nurse. I have experience in crisis counselling, and working with women who have experienced trauma, abuse, assault, and sexual violence.

Thesis Advisor:
Margaret M. Malone, RN, PhD
Daphne Cockwell
School of Nursing,
Ryerson University

APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE

Participant Pseudonym: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
<input type="text"/>	<input type="text"/>	Year			month		day	

Age: **Occupational Status:**Student Disability ☐Homemaker ☐Paid work: Full-time ☐

Paid work: Part-time ☐

Paid work: Casual ☐

Retired ☐Other ☐

Income:

Under 20 000 ☐

20 000-29 999 ☐

30 000-39 999 ☐

40 000-49 999 ☐

50 000-59 999 ☐

69 000-69 999

70 000-79 999 ☐

80 000-89 999	
---------------	--

90 000 99 999

Over 100 000

Specify: _____

Education Level: _____

Relationship Status:

Single ☐ **Married** ☐ **Widowed** ☐ **Common law** ☐

Separated ☐ **Divorced** ☐

Other **Specify:** _____

How long has it been since the incident? _____

APPENDIX D: OPTIONAL GUIDED CREATIVE ACTIVITY

Introduction:

If you choose the option of participating in a creative component in this interview or a combination of unstructured interview and a creative component, then this part of the research involves being creative. You will be participating in a reflective and creative piece that involves thinking about representing what happened to you in a way that is somewhat different than what is often considered to be the norm in a research study, i.e., an interview that involves talking or conversing.

General questions:

- Tell me about yourself...
- Tell me how you came to decide on this creative activity?

Questions regarding creative piece:

- Tell me more about the creative piece?
- How do you see this creative piece?
 - What elements are important to you?
 - What meaning does it have for you?
 - How does this piece reflect or represent your trauma?
 - What strikes you? Surprises you? How and in what ways?
- Can you tell me a little about how you were feeling when you were creating the piece?
- In one word or one sentence, how would you describe this creative piece?

APPENDIX E: INTERVIEW #1 GUIDE

Introduction:

I am interested in hearing about your experiences with rape in order to learn more about the many different responses women may have dealing with these experiences. This research was initiated because I felt my own experiences and responses to rape to be surprising and unexpected. This study will help me explore how other women have responded and can potentially inform health care professionals of the complexities of rape experiences. You may find that at some point you may want to take a break from the interview or that the feelings or memories are too intense. At this point, please do not hesitate to ask to stop. I also will be observing your responses and I may pick up on your emotional responses and suggest we take a break and/or I may shift focus. At any point in time, you may choose to withdraw from the study, with no question or penalties.

Introductory questions:

- Tell me about your life before the experience: What was/is significant for you around the time of the experience (i.e., prior to the rape)?
- Where were you in your life? Tell me more about the context in which you were living (e.g., last year of degree, pregnant with your last child, on vacation, etc.)
- What was context to the event itself? Who was around you (i.e., were other people nearby or where you on your own)?
- With respect to what you are comfortable sharing, can you tell me a bit about your specific experience?
- Tell me how you felt, what you thought. How did this experience affect you at that time; shortly afterwards?
- What sorts of assumptions did you have about rape before your experience of rape?
 - Regarding asking for help?
 - Regarding others responses?
 - Regarding your own response?
 - What surprised you?
 - What was not so surprising?
- What assumptions did you have after the rape?
- What things did you notice about your body afterwards?
- What things did you notice about your thinking/ thoughts?
- What do you wish you had known?
- What would you tell other women?

Prompts:

Can you tell me more about...

Can you expand a little more about...

Can you explain what you mean when you said...

Closing:

Before we close, is there anything else you would like to tell me about your experience?

Do you have any questions before we finish? Thank-you for your participation

APPENDIX F: INTERVIEW #2 GUIDE

Introduction:

I spoke with you a couple of weeks ago regarding your experiences. Today will be a chance to reflect back and share your thoughts/ feelings/ perceptions of having an experience of rape. I am interested to know if you have different or similar perspectives, thoughts, and memories from the last time we spoke. Hence, some of the questions that I ask you today will be a repeat from the first interview.

This study will help me explore how other women have responded and can potentially inform health care professionals of the complexities of rape experiences.

Again, you may find that at some point you may want to take a break from the interview or that the feelings or memories are too intense. At this point, please do not hesitate to ask to stop. I also will be observing your responses and I may pick up on your emotional responses and suggest we take a break and/or I may shift focus. At any point in time, you may choose to withdraw from the study, with no question or penalties.

Introductory questions:

- Tell me about your life before the experience (was there anything you did not get to share last time we spoke?)
- Tell me how you felt, what you thought. How did this experience affect you at that time; shortly afterwards?
- What sorts of assumptions did you have about rape before your experience of rape?
 - Regarding asking for help?
 - Regarding others responses?
 - Regarding your own response?
 - What surprised you?
 - What was not so surprising?
- What assumptions did you have after the rape?
- What things did you notice about your body afterwards?
- What things did you notice about your thinking/ thoughts?
- What do you wish you had known?
- What would you tell other women?

Prompts:

Can you tell me more about...

Can you expand a little more about...

Can you explain what you mean when you said...

Closing:

Before we close, is there anything else you would like to tell me about your experience?

Do you have any questions before we finish? Thank-you for your participation

APPENDIX G: RESOURCES FOR PARTICIPANTS

Help Lines & Crisis Services (24 hours)

Service	Contact	Information
211 Toronto	211 or 416-397-4636	Information about community, social, health, and government services in Toronto.
Assaulted Women's Help Line	416-863-0511 1-866-863-0511 TTY: 1-866-863-1868	Telephone support and counselling available in several languages. Information and referral to shelters, legal services etc.
Distress Centre	416-408-4357 416-439-0744	Trained volunteers provide telephone support and counselling. Referrals to professional or emergency services.
Toronto Rape Crisis Centre	416-597-8808	Phones answered by answering service. Counsellors return call promptly. Services directed toward female survivors.
Women's Sexual Assault Help Line of York Region	905-895-7313 1-800-263-6734	Crisis line for sexually assaulted/abused females, over the age of 16.

Sexual Assault & Abuse Counselling

Service	Contact	Information
Sexual Assault Care Centre The Scarborough Hospital - Grace Division	416-495-2555 TTY: 416-498-6739	Provides individual counselling for male and female victims of sexual assault over the age of 12.
Sexual Assault Care Centre Women's College (Downtown Toronto)	416-963-9963	Assists women, men, transgender, transsexual and intersex people who are victims/survivors of sexual assault and intimate partner abuse.
Native Women's Resource Centre	416-408-4357 416-439-0744	Network for Native women. Healing path and empowerment circles.
Oasis Centre des Femmes	416-597-8808	
Women's Counselling, Referral and Education Centre	416-534-7501	Individual counselling for French-speaking women who are victims of any form of violence. Provides information and assistance for obtaining a counsellor or counselling program.

Housing/Shelters

Service	Contact	Information
Emily Stowe Shelter for Women (Scarborough) -	416-264-4357	24 hour emergency phone line. Referrals and assistance in getting welfare, housing, legal aid, and court accompaniment. Supervised activities for children.
Ernestine's Women's Shelter (Etobicoke) -	416-746-3701	Counselling and advocacy services. Children welcome.
Interval House (Toronto)	416-924-1491	24 hour crisis line. Counselling and advocacy services. Children welcome.
The Redwood Shelter (Toronto)	416-533-8538 TTY: 416-533-3736	Counselling and advocacy services. Children welcome.
1st Stop Woodlawn(Toronto)	416-922-3271	Specialized shelter for women 16-25 years, emergency shelter for mature women of all ages.
North York Women's Shelter	416- 635-9630	Counselling and advocacy services. Children welcome.

Legal and Community Help

Service	Contact	Information
Family law legal aid coverage	1-800-668-8258	Available for clients who are financially eligible and are experiencing domestic violence.
The Schlifer Clinic	Tel: 416.323.9149 Fax:416.323.9107 TTY:416.323.1361	The Schlifer Clinic is a counselling, legal, interpretation, information and referral service for women who are survivors of violence.
Downsview Community Legal Services	416-635-8388	893 Sheppard Avenue West Toronto M3H 2T4
East Toronto Community Legal Services	416-461-8102	1320 Gerrard Street East Toronto M4L 3X1
Flemingdon Community Legal Services	416-441-1764	49 The Donway West Suite 205 Toronto M3C 3M9
Jane Finch Community Legal Services	416-398-0677	1315 Finch Avenue West Suite 409 Toronto M3J 2G6
South Etobicoke Community Legal Services	416-252-7218	5353 Dundas Street West Suite 210 Toronto M9B 6H8 22 College Street Suite 305
CFT French Legal Aid Services	416-922-2672	Toronto M5G 1K2

APPENDIX H: REB LETTER OF APPROVAL



To: Bruktawit Retta
Nursing
Re: REB 2011-038: The embodied responses to rape
Date: March 8, 2011

Dear Bruktawit Retta,

The review of your protocol REB File REB 2011-038 is now complete. The project has been approved for a one year period. Please note that before proceeding with your project, compliance with other required University approvals/certifications, institutional requirements, or governmental authorizations may be required.

This approval may be extended after one year upon request. Please be advised that if the project is not renewed, approval will expire and no more research involving humans may take place. If this is a funded project, access to research funds may also be affected.

Please note that REB approval policies require that you adhere strictly to the protocol as last reviewed by the REB and that any modifications must be approved by the Board before they can be implemented. Adverse or unexpected events must be reported to the REB as soon as possible with an indication from the Principal Investigator as to how, in the view of the Principal Investigator, these events affect the continuation of the protocol.

Finally, if research subjects are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and approvals of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research.

Please quote your REB file number (REB 2011-038) on future correspondence.

Congratulations and best of luck in conducting your research.

A handwritten signature in black ink, appearing to read "Nancy Walton".

Nancy Walton, Ph.D.
Chair, Research Ethics Board

REFERENCES

- Anderson, E. (2011). *Feminist epistemology and philosophy of science*. Retrieved August 2, 2011, from <http://plato.stanford.edu/archives/spr2011/entries/feminism-epistemology/>
- Anderson, J., Perry, J., Blue, C., & Browne, A. (2003). "Rewriting" cultural safety within the postcolonial and postnational feminist project: Toward new epistemologies of healing. *Advances in Nursing Science*, 26(3), 196-214.
- Archer, L. A. (1994). Empowering women in a violent society - role of the family physician. *Canadian Family Physician*, 40, 974-985.
- Benedet, J. (2010). The sexual assault of intoxicated women. *Canadian Journal of Women and the Law/Revue Femmes Et Droit*, 22(2), 435-461.
- Berkowitz, L., & Harmon-Jones, E. (2004). Toward an understanding of the determinants of anger. *Emotion*, 4(2), 107-130. doi:10.1037/1528-3542.4.2.107
- Bishop, A. (2002). *Becoming an ally: Breaking the cycle of oppression in people* (2nd ed. ed.). New York: Zed Books.
- Bletzer, K. V., & Koss, M. P. (2004). Narrative constructions of sexual violence as told by female rape survivors in three populations of the South-Western United States: Scripts of coercion, scripts of consent. *Med Anthropol*, 23(2), 113-156.
- Buk, A. (2009). The mirror neuron system and embodied simulation: Clinical implications for art therapists working with trauma survivors. *Arts in Psychotherapy*, 36(2), 61-74.
- Bussel (2008). Beyond yes of no: Consent as sexual process. In J. Friedman, J. Valenti, & M. Cho (Eds.), *Yes means yes! Visions of female sexual power and a world without rape* (pp. 43-52). Berkeley, Calif.: Seal Press.

- Cahill, A. J. (2001). *Rethinking rape*. Ithaca: Cornell University Press.
- Campbell, R. (2008). The psychological impact of rape victims' experiences with the legal, medical, and mental health systems. *American Psychologist*, 63(8), 702-717.
- Church, K. (1995). *Forbidden narratives: Critical autobiography as social science*. Amsterdam, The Netherlands: Gordon and Breach Publishers.
- Clandinin, D. J., & Connelly, F. M. (1998). Stories to live by: Narrative understandings of school reform. *Curriculum Inquiry*, 28(2), 149.
- Clandinin, D. J., & Connelly F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, Calif.: Jossey-Bass.
- Clandinin, D. J., & Huber, J. (2002). Narrative inquiry: Toward understanding life's artistry. *Curriculum Inquiry*, 32(2), 161.
- Code, L. (1987). The tyranny of stereotypes. In K. Storrie (Ed.), *Women, isolation and bonding: The ecology of gender* (pp. 195-209). Toronto: Methuen.
- Collins, P. H. (1986). Learning from the outsider within: The sociological significance of black feminist thought. *Social Problems Special Issue*, 33(6), S14-S32.
- Collins, P. H. (2010). Assume the position: The changing contours of sexual violence. In L. Jean, & M. Kosut (Eds.), *The body reader: Essential social and cultural readings* (pp. 80-107). New York: New York University Press.
- Crawford, C. (2007). Black women, racing and gendering the Canadian nation. In N. N. Wane, & N. Massaquoi (Eds.), *Theorizing empowerment: Canadian perspectives on black feminist thought* (pp. 119-128). Toronto: Inanna Publications and Education.
- Fleming, V., Gaidys, U., & Robb, Y. (2003). Hermeneutic research in nursing: Developing a gadamerian-based research method. *Nursing Inquiry*, 10(2), 113-120.

- Flemke, K. (2009). Triggering rage: Unresolved trauma in women's lives. *Contemporary Family Therapy*, 31, 123-139.
- Fonow, M. M., & Cook, J. A. (1991). Back to the future: A look at the second wave of feminist epistemology and methodology. In M. M. Fonow, & J. A. Cook (Eds.), *Beyond methodology: Feminist scholarship as lived research* (pp. 1-16). Indianapolis: Indiana University Press.
- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: University of Chicago Press.
- Frank, A. W. (2002). Why study people's stories? The dialogical ethics of narrative analysis. *International Journal of Qualitative Methods*, 1(1), 1.
- Frank, A. W. (2010). *Letting stories breathe: A socio-narratology*. Chicago: University of Chicago Press.
- Frese, B., Moya, M., & Megías, J. L. (2004). Social perception of rape. *Journal of Interpersonal Violence*, 19(2), 143-161.
- Gadamer, H. (1975). *Truth and method*. New York: Seabury Press.
- Gantt, L., & Tinnin, L. W. (2009). Support for a neurobiological view of trauma with implications for art therapy. *Arts in Psychotherapy*, 36(3), 148-153.
- Girard, A. L., & Senn, C. Y. (2008). The role of the new "date rape drugs" in attributions about date rape. *Journal of Interpersonal Violence*, 23(1), 3-20.
- Greytak, E. A. (2003). Educating for the prevention of sexual abuse: An investigation of school-based programs for high school students and their applicability to urban schools. *Perspectives on Urban Education*, 2(1), 1-10.

- Griffiths, C. T. (2007). In Cunningham A. H. (Ed.), *Canadian criminal justice: A primer* (3rd ed. ed.). Toronto: Thomson Nelson.
- Gutmanis, I., Beynon, C., Tutty, L., Wathen, C. N., & MacMillan, H. L. (2007). Factors influencing identification of and response to intimate partner violence: A survey of physicians and nurses. *BMC Public Health*, 7, 12-11.
- Hankivsky, O., & Varcoe, C. (2007). From global to local and over the rainbow: Violence against women. In O. Hankivsky, C. Varcoe, & M. H. Morrow (Eds.), *Women's health in Canada: Critical perspectives on theory and policy* (pp. 477-506). Toronto: University of Toronto Press.
- Herman, J. L. (1981). *Father-daughter incest*. Cambridge, Mass.: Harvard University Press.
- Herman, J. L. (1997). *Trauma and recovery* (rev. ed.). New York: Basic Books.
- Holloway, I., & Freshwater, D. (2007a). *Narrative research in nursing*. Malden, Massachusetts: Blackwell Publishing.
- Holloway, I., & Freshwater, D. (2007b). Vulnerable story telling: Narrative research in nursing. *Journal of Research in Nursing*, 12(6), 703-711.
- Holloway, I., & Wheeler, S. (1996). *Qualitative research for nurses*. Cambridge, Massachusetts: Blackwell Science.
- Hooks, B. (1981). *Ain't I a woman: Black women and feminism*. Boston: South End Press.
- Jack, D. C. (2001). Understanding women's anger: A description of relational patterns. *Health Care for Women International*, 22(4), 385-400. doi:10.1080/07399330121599
- James, L. (2007). Censure and silence: Sexual violence and women of the African Diaspora. In N. N. Wane, & N. Massaquoi (Eds.), *Theorizing empowerment: Canadian perspectives on black feminist thought* (pp. 228-244). Toronto: Inanna Publications and Education.

- Josselson, R. (2007). The ethical attitude in narrative research. In *Handbook of narrative inquiry* (pp. 537-566). Thousand Oaks, CA: Sage.
- Josselson, R., & Lieblich, A. (2003). A framework for narrative research proposals in psychology. In R. Josselson, A. Lieblich & D. P. McAdams (Eds.), *Up close and personal: The teaching and learning of narrative research* (1st ed., pp. 259-274). Washington, D.C.: American Psychological Association.
- Kahn, A. S., Jackson, J., Kully, C., Badger, K., & Halvorsen, J. (2003). Calling it rape: Differences in experiences of women who do or do not label their sexual assault as rape. *Psychology of Women Quarterly*, 27(3), 233-242.
- Kelly, L. (2000). A war of attrition. *Trouble and Strife*, 1 (40). Retrieved from http://www.trouble.myzen.co.uk/?page_id=207.
- Kendall-Tackett, K. A. (2009). Thinking outside the box: Why research on self-efficacy and sleep disorders is relevant for trauma survivors. In V. L. Banyard, V. J. Edwards & K. A. Kendall-Tackett (Eds.), *Trauma and physical health: Understanding the effects of extreme stress and of psychological harm* (pp. 112-133). New York: Routledge.
- Kramer, A., Lorenzon, D., & Mueller, G. (2004). Prevalence of intimate partner violence and health implications for women using emergency departments and primary care clinics. *Womens Health Issues*, 14(1), 19-29.
- Lapum, J., Angus, J. E., Peter, E., & Watt-Watson, J. (2010). Patients' narrative accounts of open-heart surgery and recovery: Authorial voice of technology. *Social Science & Medicine*, 70(5), 754-762.
- Leonardo, Z. (2004). Critical social theory and transformative knowledge: The functions of criticism in quality education. *Educational Researcher*, 33(6), 11-18.

- Lewis, T. (1999). *Living beside: Performing normal after incest memories return*. Toronto: McGilligan Books.
- Liamputtong, P. (2007). *Researching the vulnerable: A guide to sensitive research methods*. Thousand Oaks, CA: Sage.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis and interpretation*. Thousand Oaks, CA: Sage Publications.
- Lorde, A. (1984). *Sister outsider: Essays and speeches*. Trumansburg, NY: Crossing Press.
- Lotus. (2011). In *Encyclopædia Britannica*. Retrieved from <http://www.britannica.com/EBchecked/topic/348569/lotus>
- Love, C., Gerbert, B., Caspers, N., Bronston, A., Perry, D., & Bird, W. (2001). Dentists' attitudes and behaviors regarding domestic violence: The need for an effective response. *Journal of the American Dental Association*, 132(1), 85.
- Massaquoi, N. (2007). An unsettled feminist discourse. In N. N. Wane, & N. Massaquoi (Eds.), *Theorizing empowerment: Canadian perspectives on black feminist thought* (pp. 75-94). Toronto: Inanna Publications and Education.
- MacKinnon, C. A. (1997). Rape: On coercion and consent. In K. Conboy, N. Medina & S. Stanbury (Eds.), *Writing on the body: Female embodiment and feminist theory* (pp. 42-58). New York: Columbia University Press.
- Malone, M. M. (2012). Violence in societies. In L. L. Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (3rd ed., pp. 405-419). Toronto: Pearson Canada.

- McCauley, J., Yurk, R. A., Jenckes, M. W., & Ford, D. E. (1998). Inside "Pandora's box" - abused women's experiences with clinicians and health services. *Journal of General Internal Medicine*, 13(8), 549-555.
- McGinnis, C. Z. A. (2008). Using anger productively: "Amazon" warrior theory. *Psychology Journal*, 5(2), 73-91.
- McGregor, M. J. (2005). *Is it rape?: On acquaintance rape and taking women's consent seriously*. Burlington, VT: Ashgate.
- McGregor, M. J., Le, G., Marion, S. A., & Wiebe, E. (1999). Examination for sexual assault: Is the documentation of physical injury associated with the laying of charges? A retrospective cohort study. *Canadian Medical Association Journal*, 160(11), 1565-1569.
- Miller, S. (2011, March 17). Police officer's remarks at york inspire 'SlutWalk'. *Toronto Star*, Retrieved from <http://www.thestar.com/news/article/955682--police-officer-s-remarks-at-york-inspire-slutwalk>
- Mukhopadhyay, S. (2008). Trial by media: Black female lasciviousness and the question of consent. In J. Friedman, J. Valenti, & M. Cho (Eds.), *Yes means yes! Visions of female sexual power and a world without rape* (pp. 151-161). Berkeley, Calif.: Seal Press.
- Ontario Women's Health Framework. (2011). Toronto, ON: ECHO: Improving Women's Health in Ontario.
- Painter, S. G., & Howell, C. C. (1999). *Rage and women's sexuality after childhood sexual abuse: A phenomenological study*
- Parnis, D., & Du Mont, J. (1999). Rape laws and rape processing: The contradictory nature of corroboration. *Canadian Woman Studies*, 19(1 & 2), 74-78.

- Patterson, D., Greeson, M., & Campbell, R. (2009). Understanding rape survivors' decisions not to seek help from formal social systems. *Health and Social Work, 34*(2), 127-136.
- Penwill, K. (2008). *Reality check: How rape mythology in the legal system undermines the equality rights of women who are sexual assault survivors*. Ottawa, ON: Action Ontarienne Contre La Violence Faite au Femmes.
- Phipps, A. (2009). Rape and respectability: Ideas about sexual violence and social class. *Sociology, 43*(4), 667-683.
- Rebick, J. (2009). *Transforming power: From the personal to the political*. Toronto, ON: Penguin Group.
- Regan, L., & Kelly, L. (2003). *Rape: Still a forgotten issue*. (Briefing Document London, UK: Child and Woman Abuse Studies Unit- London Metropolitan University.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Los Angeles: Sage Publications.
- Robinson, R. (2010). Myths and stereotypes: How registered nurses screen for intimate partner violence. *Journal of Emergency Nursing, 36*(6), 572-576.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: Norton.
- Sampert, S. (2010). Let me tell you a story: English-Canadian newspapers and sexual assault myths. *Canadian Journal of Women and the Law/Revue Femmes et Droit, 22*(2), 301-328.
- Schwind, J. K. (2009). Metaphor-reflection in my healthcare experience. *Aphoria, 1*(1), 15-21.
- Sebold, A. (2002). *Lucky*. New York: Scribner.
- Sharkin, B. S. (1993). Anger and gender: Theory, research, and implications. *Journal of Counseling & Development, 71*(4), 386-389.

- Sharma, S., Reimer-Kirkham, S., & Cochrane, M. (2009). Practicing the awareness of embodiment in qualitative health research: Methodological reflections. *Qualitative Health Research, 19*(11), 1642-1650.
- Smith, S. (1993). *Subjectivity, identity and the body: Women's autobiographical practices in the twentieth century*. Indianapolis: Indiana University Press.
- Sokoloff, N., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender. *Violence Against Women, 11*(1), 38-64.
- Statistics Canada. (2007). *Impacts and consequences of victimization, GSS 2004*. No. Catalogue no. 85-002-XIE, Vol. 27). Ottawa: Statistics Canada.
- Statistics Canada. (2008). *Sexual assault in Canada 2004 and 2007*. No. Catalogue No. 85F0033M). Ottawa: Statistics Canada.
- Statistics Canada. (2010). *Gender differences in police-reported violent crime in Canada, 2008*. No. Catalogue no. 85F0033M, No. 24). Ottawa: Statistics Canada.
- Taket, A., Wathen, C. N., & MacMillan, H. (2004). Should health professionals screen all women for domestic violence? *PLoS Medicine, 1*(1), 007-010.
- Task Force on the Health Effects of Woman Abuse, Middlesex-London Health Unit (2000). *Task force on the health effects of woman abuse - final report*. London, Ontario: Marion Boyd.
- Tarrier, N., & Barrowclough, C. (2003). Professional attitudes to psychiatric patients: A time for change and an end to medical paternalism. *Epidemiologia e Psichiatria Sociale, 12*(4), 238-241.
- Thomas, S. P. (2005). Women's anger, aggression, and violence. *Health Care for Women International, 26*(6), 504-522.

Warshaw, R. (1988). *I never called it rape: The Ms. report on recognizing, fighting, and surviving date and acquaintance rape*. New York: Harper & Row.

Wathen, C. N., Tanaka, M., Catallo, C., Lebner, A., Friedman, M. K., Hanson, M., . . . the McMaster IPV Education, Research Team. (2009). Are clinicians being prepared to care for abused women? A survey of health professional education in Ontario, Canada. *BMC Medical Education*, 9, (34). doi:10.1186/1472-6920-9-34.

World Health Organization. (2002). *World report on violence and health*. Geneva: WHO.