"It does get good again, and it will."

A grounded theory exploration of cis women's

journey from rape or unwanted sex in adulthood to

joy and enjoyment in sexual intimacy

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To **the reader**:

Posttraumatic growth occurs in the context of suffering and significant psychological struggle, and a focus on this growth should not come at the expense of empathy for the pain and suffering of trauma survivors. For most trauma survivors, posttraumatic growth and distress will coexist, and the growth emerges from the struggle with coping, not from the trauma itself. Second, trauma is not necessary for growth. Individuals can mature and develop in meaningful ways without experiencing tragedy or trauma. Third, in no way are we suggesting that trauma is "good." We regard life crises, loss and trauma as undesirable, and our wish would be that nobody would have to experience such life events. Fourth, posttraumatic growth is neither universal nor inevitable. Although a majority of individuals experiencing a wide array of highly challenging life circumstances experience posttraumatic growth, there are also a significant number of people who experience little or no growth in their struggle with trauma. This sort of outcome is quite acceptable--we are not raising the bar on trauma survivors, so that they are to be expected to show posttraumatic growth before being considered recovered. (Tedeschi & Calhoun, 2004a p. 416)

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Abstract

Literature on the sexual impact of sexual violence has predominantly focused on dysfunction and risk, suggesting a hopeless future for those impacted. This grounded theory study explores how cis women in the UK are able to find joy and enjoyment in sexual intimacy after an experience of rape or unwanted sex in adulthood. Through a realist social constructionist and feminist lens, I map the dynamic processes they embark upon, including understanding, contextualising and communicating their experiences of sexual violence and sexual intimacy, growing through self-compassion, healing through open and sex-positive relationships, and finding sexual agency via casual sex, BDSM/kink or learning to appreciate their idiosyncratic turn-ons. An examination of this journey reveals the vital importance of individual and communal joy, hope and resistance on this lifelong, non-linear journey. These findings demonstrate the need to shift prevalent discourse around what one can expect after an experience of sexual violence and suggest new avenues for psychological therapy for those seeking a joyful and pleasurable sex life after sexual trauma.

Chapter 1 – Introduction

Approximately 85,000 women are raped every year in the UK; one in four women has been raped or sexually assaulted as an adult (Office for National Statistics, 2022). Research suggests that these women suffer negative repercussions on their sex lives thereafter, per section 1.3.1. I am curious about a different experience: that of women who have found enjoyment and joy in sexual intimacy after being subjected to rape or unwanted sex.

I begin by positioning my research within my personal context, and a realist social constructionist and feminist framework. I define, contextualise, and justify the use of relevant terminology, and situate this topic within the extant literature, examining dominant narratives on the sexual impact of Rape or Unwanted Sex in Adulthood (RUSA) and relevant theoretical models of recovery. I provide a systematic literature review (SLR) of qualitative literature exploring women's experiences of Sexual Intimacy (SI) post-Sexual Violence (SV). I conclude with my research questions and the objectives of the empirical study, which focuses on understanding the processes which allow cisgendered women who have experienced RUSA to enjoy or find joy in SI thereafter.

1.1 Situating this project within a personal and epistemological context

As an insider researcher, this thesis has affected me as deeply as much as my identity has impacted on its co-construction:

We are firmly in all aspects of the research process and essential to it. The stories of participants are immediate and real to us; individual voices are not lost in a pool of numbers. (…) Just as our personhood affects the analysis, so, too, the analysis affects our personhood. (Dwyer & Buckle, 2009 p.61)

It is vital to make explicit my position, privileges, values, perspectives and interactions with the research (Charmaz, 2006). I invited the women who generously shared their experiences to shape this thesis alongside expert-by-experience consultants and supervisor, but ultimately I have carried out the vast majority of the work. It feels wrong to use the third-person/passive voice, which implies an imagined neutrality in keeping with a positivist stance. This does not fit with the epistemological position taken within this study, per section 1.1.3. As such, I have opted for the first person throughout. Although I have gone to great lengths to ensure constant self-reflexivity, nothing about this thesis is neutral. Similarly, I would urge the reader to consider their position, life experiences and relationship to sexuality, and how these may colour their reading.

1.1.1 Positioning myself as an individual

I identify as a mixed-heritage person, racialised as "Brown" or "Asian". I am queer and have identified as a woman and non-binary. My father is White-European and my mother is South East/South Asian. My childhood was spent travelling across continents due to my parents' work in the United Nations. I have never experienced significant financial hardship and am privileged to have

a supportive family. I moved to the United Kingdom for university and consider myself an immigrant here.

I am an intersectional feminist, working towards anti-racism and trans-inclusivity. My advocacy, obstinance and sensitivity to injustice is borne from that of my foreparents and is bolstered by my privileges. These values infuse my co-construction of the data: I acknowledge and observe their interaction with my work.

1.1.2   Being an "insider" researcher

A man raped me when I was 19. This experience shattered my view of the world and of men – I wrestled with paralysing fear and red-hot rage. I struggled to balance nascent feminist beliefs with the deeply buried conviction that I was somehow to blame. The one thing I was certain of was that this man would not ruin SI for me. I had always identified as a sexual person and found confidence and strength through that identity. I refused to "relinquish" that to him.

My experiences with SI post-RUSA have been varied, and my sense of sexuality has shifted. I am not yet where I want to be – but what I know for certain, through my own learning and conversations with the women in my life, is that joy and enjoyment in SI is possible post-RUSA. It is along this personal and shared journey that I came to wonder why there were not more positive narratives of SI post-RUSA.

Why do I share this here? As Rose (1985) suggests: "*There is no neutrality. There is only greater or less awareness of one's biases. And if you do not appreciate the force of what you're leaving out, you are not fully in command of what you're doing*". My experiences place me in the category of an "*insider researcher*"[1] (Dwyer & Buckle, 2009). It has been crucial for me to carry out this research with my "*eyes open*" (Asselin, 2003) and remain reflective and reflexive throughout, per Section 2.7.

1.1.3   Epistemological position

One's epistemological position influences everything from the methodology, analysis and quality appraisal of a study (Carter & Little, 2007). I have approached this project from a realist social constructionist stance (RSC) alongside a feminist lens.

The starting assumption for RSC (Elder-Vass, 2007) is that reality is both material and overlaid by meaning-making. Individual experiences and beliefs are constructed around material realities via socially constructed norms and rules. SI and SV are, to my mind, both material realities and socially constructed. I feel them in my body, and I understand and internalise them via constantly evolving concepts defined by the society and culture I belong to and participate in (Gavey, 2005). RSC seems the most appropriate epistemological position for useful and thorough analysis of material and constructed realities. My research and

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[1] An insider researcher conducts research with a population of which they are a member (Kanuha, 2000) and with whom they share an identity, language, and experiential base (Asselin, 2003).

resulting theory are co-constructed by myself and the women involved in the study; the experiences described were felt materially and interpreted through a myriad of personal and collective lenses.

The above position marries well with feminist epistemology, which studies the ways in which gender influences our conceptions of knowledge (Anderson, 2020) and seeks to understand gendered experiences through the lens of social context (Sinopoli, 2011). The central concept of feminist epistemology is of situated knowledge, i.e., knowledge that reflects the particular perspectives of the knower (Anderson, 2020). Feminist standpoint theory (Collins, 1997) suggests that the perspectives of subordinated social groups have an epistemic advantage regarding politically contested topics related to their subordination (Anderson, 2020). Indeed, feminism[2] recognises the ways in which women's sexuality is constructed under patriarchy and how socio-cultural norms and practises provide a basis for SV: a "cultural scaffolding of rape" (Gavey, 2005 p.315). Therefore, it makes sense to utilise this lens when speaking with women experiencing oppressive sexual violence.

I subscribe to a pragmatist approach: a realist social constructionist, feminist stance fits well with this project and my personal conception of the world. I endeavour to co-create a model of understanding that represents the interests of women affected by RUSA, enables us to understand our experience,

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[2] Feminism is an "active desire to change women's position in society", "a social movement for change" (Delmar, 2008).

and allows us to improve our condition (Harding, 1991; Anderson, 2020). This approach is selected in the context of my status as insider researcher; another researcher may have reached different conclusions on this question (Elder-Vass, 2007).

1.2   Terminology and its context

My epistemological stance emphasises the importance of context: I will both define and contextualise relevant terminology.

1.2.1   Sexual violence, sexual assault, rape and unwanted sex

Sexual violence (SV) is a complex phenomenon, not least due to the multitude of experiences that make it up and the resulting difficulties experienced in naming them (Young & Maguire, 2003). The term "sexual violence" should be understood as a continuum of unwanted coercive, verbal, physical and sexual events including sexual assault and rape (Kelly, 1988). Sexual assault has been defined as being pressured or forced to have sexual contact (George, Winfield & Blazer, 1992). It can be used to encompass any unwanted sexual contact (Muehlenhard et al., 1992), however, this unspecific terminology is often used to minimise the severity of the encounter (Young & Maguire, 2003). The British Sexual Offences Act (2003) says that rape is the intentional and non-consensual penetration of the vagina, anus or mouth with a penis. This centres a "phallocentric" bias (Muehlenhard et al., 1992 p.29) and may place this term out of reach for individuals with differing experiences

(Gavey, 1999). Conversely, rape has been defined as any form of sexual contact perpetrated against an individual's will (Boston Women's Health Collective, 1992). Rape cannot be divorced from a wider context of rape culture and patriarchy (Gavey, 2005) which perpetuates myths about "real" rape[3] (Young & Maguire, 2003).

Many individuals who have experienced non-consensual sexual interactions do not equate these with labels like "rape" (Kilimnick & Meston, 2019). In Young and Maguire's (2003) study of terminology used by women with experience of SV, most women never labelled their experience at all. Rape is sometimes described as "unwanted sex", referring to "*increasing degrees of incentive, pressure, or threat used by one partner to obtain sex that is unwanted by the other partner*" (Blythe et al., 2006). I use "rape" and "unwanted sex" interchangeably, aiming for greater inclusivity.

There is limited research comparing the impact of childhood sexual abuse and SV in adulthood on SI. Thompson and colleagues' (2003) findings indicate no significant difference between the psychopathological impact of these experiences; Mackey and colleagues (1991) describe small but significant impacts on SI; Vitek and Yeater (2021) were unable to conclude. Practise-based evidence from my supervisors, consultants and clinicians in this field suggests childhood sexual abuse affects SI differently than SV in adulthood. This project focuses

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[3] "Real" rape is generally conceptualised as only occurring when a stranger attacks a woman with a weapon and threatens her life (Muehlenhard et al., 1992).

solely on experiences of rape or unwanted sex in adulthood (abbreviated to "RUSA").

1.2.2 Victims, survivors, or women

The terminology used to refer to individuals who have experienced rape is complicated, with the most common terms being victim and survivor. The word "victim" captures a sense of "*injury and injustice*" and implies a lack of control (Young & Maguire, 2003 p.42). Thompson (2000) suggests that when women see themselves as victims, they "maximise the possibility that the awfulness of [the attack] can be appreciated" (p.330) but can also be perceived as weak or vulnerable. A "survivor" is considered to be a person who "*continues to live after or in spite of*" the incident (Young & Maguire, 2003). This term is associated with strength and recovery but can lead to assumptions that they are "over" the attack (Thompson, 2000). Some researchers use the term "victim-survivor" to illustrate the continuum along which individuals who have experienced SV may identify (Knowles, 2013; Henry, Gavey & Johnson, 2022). Spry (1995) sees both terms as allowing the body "*to be spoken of only as an object that things are done to, or erased from the experience completely*" (p.27) and suggests that those who experience SV should be allowed to reflexively explore their own thoughts within the context of the self and culture.

It is important to note that the scope of this project is limited to the experiences of cisgender[4] women. In the current climate of increased transphobic hate crimes (UK Home Office, 2022), it is important to explicitly state that trans women are women. Trans women are at a higher risk of SV than cis women (Blondeel et al., 2018), and there are unique aspects within their intersectional experience (Bauer & Hammond, 2015) due to the complex interplay between gender dysphoria and sexual victimization (Cense et al., 2017). Cisgendered men also experience RUSA; their experiences are construed differently given alternate gender discourses around men's experiences of SV and SI (Ryan, 2011). Given the limited scope of this project, a joint decision was made to focus on cis women to avoid conflating or minimising trans women and cis men's experiences within a mixed sample.

Brownmiller states, *"[Rape] is nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear"* (1975, p.5). As all the women I interviewed were cis women, I will refer to them as simply "women".

1.2.2 Sex, sexuality and SI, and its enjoyment

"Sex" is generally understood within a heterosexual context as penis in vagina intercourse (Gavey, 1992; McPhillips, Braun & Gavey, 2001). "Sexuality"

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[4] A cisgender person's gender identity corresponds to the sex they were identified as having at birth (Merriam-Webster, 2023), as opposed to a "transgender" person whose gender identity differs from the sex they were assigned at birth.

is colloquially confused with sexual orientation. "SI" is not clearly defined in the literature – Birnie-Porter and Lydon (2013) attempted to understand this concept through a series of studies, ending on the slightly redundant definition: "*a sexual experience that is intimate*". I have used "SI" because it allows for openness around different types of sexual activity, whether alone or with others. The breadth of the term facilitated constructive discussions with the women I interviewed, as it was not perceived to be charged with positive or negative attributes and allowed for freedom in conversation.

There are various measures of "sexual wellbeing" ("*an individual's subjective appraisal of their sexuality, the presence of pleasurable and satisfying experiences, and the absence of sexual problems*" (Foster & Byers, 2013 p.149), "sexual satisfaction" ("*the degree to which an individual is satisfied or happy with the sexual aspect of his or her relationship*", Sprecher & Cate, 2004 p.236) and "sexual self-efficacy" ("*one's perceived control of or confidence in the ability to perform a given sexual outcome*" (Closson et al., 2018 p.1); these appear largely linked to orgasm and performance. It was posited that enjoyable or joyful SI may not always conform to traditional notions of sexual performance, such as the requirement of "achieving" orgasm. Although "sexual healing" is a term used in relevant research (Sinopoli, 2011), my consultants suggested focusing instead on the felt experience of "joyful" and "enjoyable" SI as this seemed more open, concrete, and accessible. "Joy" was understood as a sense of happiness or bliss, which could be experienced separately from physical pleasure – one might feel content without experiencing orgasm. "Enjoyment" was understood as a physical

experience, which could be experienced in sexual situations that did not otherwise bring a sense of joy – one might experience pleasure without feeling particularly elated. Of course, these experiences were thought to occur hand-in-hand quite frequently.

1.3 Relevant empirical and theoretical literature

1.3.1 The impact of SV on SI

The existing literature abounds with descriptions of negative repercussions of SV; these include seemingly detrimental impacts on SI.

SV leads to myriad negative psychosocial outcomes, such as symptoms associated with depression, Post-Traumatic Stress Disorder (PTSD), suicidality and substance misuse (Baker et al., 2016; Gidycz et al., 2008; Kilpatrick et al., 2007). Women who are raped can struggle to create stable romantic relationships and find it difficult to trust others (Whisman, 2006; Davis & Petric-Jackson, 2000).

Rape has been formulated not so much as a crime of lust but rather an expression of power and control (Brownmiller, 1975). However, "there is an, albeit unwanted, sexual component to SV" (Sinopoli, 2011 p.4). As Ellis (1981) puts it:

The victims have come to view sex in a different context. What once was a pleasurable act is now experienced as a situation where the woman feels

helpless, out of control, degraded. (…) Her bodily integrity has been

violated and she feels a strong need to re-establish it. (p.40)

There have been four systematic literature reviews broadly covering the impact of SV on SI. All of these focused on quantitative studies published between 1970 and 2019. Two of these reviews described a decrease in sexual satisfaction and pleasure post-assault (Van Berlo & Ensink, 2000; Weaver, 2009) and one reported mixed findings on the question of pleasure (Grose et al., 2021). A change in frequency of sexual contact post-SV was a common occurrence: Van Berlo and Ensink (2000) reported a decrease, whereas Weaver (2009) and Grose et al. (2021) described an increase in number of sexual partners across a brief time period. The latter two also reported an increase in "high risk" sexual behaviours, including the aforementioned increase in sexual partners, drug and alcohol use during intercourse, less condom use and extramarital or transactional sex. Unlike previous reviews and popular expectation, Vitek and Yeater (2021) did not conclude any significant association between SV and subsequent experiences of SI.

Sex therapist and sexual abuse expert Wendy Maltz (1991) echoes these findings in her "*top [9] sexual symptoms resulting from experiences of sexual abuse*" for women based on her clinical experience: Avoiding, fearing, or lacking interest in sex; Approaching sex as an obligation; Experiencing negative feelings such as anger, disgust, or guilt with touch; Having difficulty becoming aroused or feeling sensation; Feeling emotionally distant or not present during sex;

Experiencing intrusive or disturbing sexual thoughts and images; Engaging in compulsive or inappropriate sexual behaviours; Experiencing difficulty establishing or maintaining an intimate relationship; Experiencing vaginal pain or orgasmic difficulties. Based on the above research, women seem likely to struggle with SI post-SV.

1.3.2 Evolving contexts and narratives

Women's sexuality should be considered within the context, narratives and language of its time, per section 1.1.3. This context is ever-changing; therefore, it may be beneficial to shift the way we think about sex and sexual behaviours in line with this.

The advent of the #MeToo (Burke, 2007) movement in 2017 led to shifts in narratives around SV, revealing the wider framework of patriarchy and rape culture allowing these violations to occur undeterred (Jaffe, 2018). Patriarchy refers to male domination and power relationships by which men dominate women (Millett, 1969); Western societies have historically been patriarchal and exported that system through colonialism (Gruber & Szołtysek, 2016). To live in patriarchy is "*to breathe in misogynist images of women as objectified sexual property valued primarily for their usefulness to men*" (Johnson, 2004 p. 30): experiences of SV and SI for those living in the West or wider colonised world are coloured by these images. All the women I spoke to in the context of this study were raped by cis men; these experiences are viewed by those women as entrenched in patriarchal power dynamics.

It may be that the repercussions of SV on SI are experienced differently today, given shifts in discourse and sexual moeures that have occurred. Engaging in casual sex, having multiple sexual partners at once or several in a short span of time is not always considered a sign of dysfunction or high-risk (Farvid, Braun & Rowney, 2017). This stems from a feminist reworking of female sexuality "*from passive and responsive to more desirous and pleasure-focused; a context in which casual sex is a possibility for women*" (Farvid, Braun & Rowney, 2017 p. 545). Despite women being increasingly invited to pursue uninhibited sex (Attwood, 2009), they do remain subject to a sexual double standard which negatively constructs their desire for and participation in what is socially constructed as "*too much*" sex (Ussher, 1989).

Jones' (2018) discourse analysis of 300 articles in The Journal of Sex Research found an overwhelming focus on risk, dysfunction and disease, a depiction of women's sexuality as unagentic and constrained by antiquated gender norms, and a distinct understudy of joy and enjoyment of sex. This leads to women's sexuality being understood as an experience of pain and anxiety rather than one of joy and pleasure (Jones, 2018). Several of the studies included in the aforementioned reviews describe "*sexual dysfunctions*" (Ellis, 1981), "*fear of intimacy*" (Thelen et al., 1998), "*sexual risk behaviour*" (Layh, 2020; Campbell et al., 2004), "*sexual impairments*" (Maseroli et al., 2018), "*impaired function*" (Högbeck & Möller, 2022) and "*sexual maladaptation*" (Öberg et al., 2002). This language speaks to a lifetime of pain, discontent and difficulties engaging in SI post-SV.

Michael White, the founder of narrative therapy, articulated the concept of problem-saturated stories (White & Epston, 1990), leading to faulty and reductionist beliefs about the self and relationships (Drustup & Baptiste, 2019). It is important to consider alternative stories, thereby shifting existing narratives and eventually, wider contexts of understanding and experience. This legitimates this study's relevance for those who work with women following experiences of RUSA, and those women themselves. Not only are we who have experienced RUSA influenced by these narratives, we as clinicians are also led by problem-saturated beliefs around "functional" and "dysfunctional" behaviours. As Jones (2018) describes, researchers must discuss pleasure in their exploration of human sexuality in order to support people to lead pleasurable, not just "healthy", lives: there is much to learn from individuals who no longer routinely struggle with sexual "dysfunction" post-RUSA.

1.3.3 Moving from sexual dysfunction to sexual healing

In line with the move to consider pleasure and joy in sexual research, Sinopoli's (2011) doctoral thesis is a rare exploration of post-rape sexual healing. She carried out a feminist phenomenological analysis of five interviews with female adult rape "survivors" and identified a number of important aspects of their healing journey. Although this work remains unpublished, it is in keeping with a feminist epistemology not to let these women's voices go unheard given the scarcity of research on this topic.

Several women spoke about their first sexual experiences post-rape, and subsequent encounters, as serving a clear function. They were trying to gain healthy sexual experience and a sense of control (Suzanne, p.54; Angelique, p.55), often without understanding what healthy sexual encounters look like. Several women described negative impacts on their sexuality post-rape, with one woman engaging in dangerous situations for "*a thrill; a change; a story to tell later*" (Ann, p.59). Others experienced flashbacks during sex or felt "*damaged*" (Leah, p.64). They highlighted the importance of a trustworthy, patient and understanding partner (Suzanne p.63, Leah p.64).

Positive support from others and the sharing of one's trauma with other women "survivors" were considered crucial to sexual healing. Angelique spoke about an empowering "homosexual" relationship: her partner was the first person whom she told about her assault (p.58). Labelling one's unwanted sexual interaction as "rape" or "sexual assault" was complex but important. Often, the term was suggested by a friend or clinician and led to renegotiation of identity as a "rape survivor", deeper integration of past sexual violations and recognition of resilience.

A significant component of the healing process was rooted in learning and advocacy within women's movements. Sinopoli's participants described important self-education journeys, reading about rape and feminism, taking women's studies courses, and finding the words to contextualise their assaults (p.67-68). All five women worked "*not only for her own recovery but for the*

healing of other survivors as well" (p.66) and benefitted from "*sisterhood*" (Ann,

p.69): a sense of connection with other "survivors". This is in line with Herman's

concept of the "*survivor mission*" (1997, p.207) in which social action creates a

sense of power and fearlessness.

The passage of time was seen as a significant part of this experience. It

was felt to be healing, and the non-linear nature of healing was underscored.

Sinopoli's (2011) work suggests that although women can experience

difficulties in SI post-rape, those "risky" behaviours may serve a productive

function. It highlights the importance of support from partners and other

women; labelling the rape or assault; and engaging in advocacy and social action.

I aim to build upon Dr Sinopoli's work in gaining a deeper understanding of the

mechanisms at play for women engaging in joyful or enjoyable SI post-RUSA.

1.3.4 Relevant theoretical models

Here, I describe three existing theoretical models providing a framework

to understand mechanisms of growth and healing post-SV; they may relate to

and help make sense of processes supporting joyful and enjoyable SI post-SV.

1.3.4.1 Rape trauma syndrome (RTS), reconstitution and integration

Following an experience of SV, Burgess and Holmstrom (1974) described

RTS moving from acute to long-term. The acute phase includes a sense of chaos,

numbness and extreme negative emotions; the person affected finds it important to establish a sense of safety, control and autonomy over their body, recovery and future (Herman, 1997). A reconstitution phase follows, involving a disregard for anything having to do with the incident(s) of RUSA and refocusing on other aspects of life (Koss & Harvey, 1991). The final stage is integration, when individuals incorporate the traumatic event(s) into their life story: they confront their experiences, describe their trauma story fully and recognise that denial and contempt of the past are no longer productive coping strategies (Herman, 1997). Safety remains a major factor in the ability to integrate, allowing the individual to feel able to reconstruct their story. Another factor is reconnection to a new sense of self, new meaningful relationships and a new outlook on the world (Herman, 1997).

1.3.4.2 Post-traumatic growth (PTG)

Tedeschi and Calhoun's concept of PTG is defined as "*a change in people that goes beyond an ability to resist and not be damaged by highly stressful circumstances*" (Tedeschi & Calhoun, 2004b p.4). PTG focuses on five domains: improved relationships, an increased sense of personal strength in the face of vulnerability, a reshuffling of life priorities, a richer spiritual life and renewed appreciation of life (Tedeschi & Calhoun, 1996). Ulloa et al.'s (2016) work adapts PTG to the experience of SV, highlighting supportive relationships with friends and family, a sense of hope for the future, the perception of control over one's recovery, the sharing of experiences with others and involvement in social and political action (Ulloa et al., 2016).

1.3.4.3 Four domains of healing from SV

Drauker and colleagues (2009)'s qualitative metasynthesis identified four dialectical domains of healing from SV. Managing/Calling forth memories is "*a very complex and subtle process of simultaneous remembering and not remembering*" (Fivush & Edwards, 2004 p.14), involving labelling, contextualising, and explaining the violence, linking it to current distress and attributing meaning to it. Relating to/Regulating relationships with important others involves making deliberate choices about how one interacts socially, setting boundaries and cautiously disclosing one's trauma; this includes engaging in sexual relationships because of a readiness to move on. Seeking safety/Constructing an "as-safe-as-possible" lifeworld involves learning to take reasonable precautions whilst confronting the inevitability of danger; it includes contributing to the safety of one's community through social action. Re-evaluating/Restoring the self involves deciding to fix what is wrong without losing one's identity, by confronting the consequences of violence and believing that doing so would make one stronger.

1.3.5 Conclusions from Empirical and Theoretical Literature

It is clear from the above literature that many women with experience of RUSA experience a decrease in sexual satisfaction and pleasure and a change in sexual behaviours, usually characterised as dysfunctional or risky. Their function tends to be unexplored in quantitative research and they are generally not understood through relevant feminist or contemporary sexual contexts.

Furthermore, the literature appears biased towards a problem-focused narrative and does not discuss joy and pleasure in SI post-RUSA. Sinopoli's (2011) qualitative work provides insight into processes women might rely on to find sexual healing after a rape in adulthood, which suggests that a review of the qualitative research in this area would shed light on women's experiences of sexual satisfaction post-RUSA. As such, I have conducted a qualitative systematic literature review to explore what is known about women's experiences of SI after experiencing SV in adulthood.

1.5 Systematic Literature Review

Systematic Literature Reviews (SLR) follow comprehensive, rigorous and high-quality processes to draw robust conclusions from the existing evidence base on a given topic (Siddaway et al., 2019). I must note that this SLR was not carried out until after the empirical study and analysis was completed, as per Constructivist Grounded Theory (CGT) methodology; as such, I gave some thought about whether to include the SLR here, or instead after the results section. Ultimately and partially in the interests of time, I chose to keep with the expected order of chapters.

The sections above have outlined the context around the impact of SV on SI per largely quantitative studies in this area. Women's sexual experiences post-SV will be explored through a systematic review of qualitative literature in this area, highlighting gaps in knowledge and providing a rationale for this

study. I have included SV in late adolescence due to a dearth of research focusing solely on adult experiences.

The question this SLR aims to answer is: *What does the qualitative literature say about women's experiences of SI post-SV in late adolescence and adulthood?*

1.5.1 Review Methodology

1.5.1.1 Search Strategy

A systematic literature search was conducted between April and May 2023. The following databases were searched: PsychArticles, PubMed, CINAHL Plus and Scopus. These databases were chosen to include literature from disciplines such as medicine, nursing, social work, psychology and applied social sciences.

A search of Cochrane and Prospero databases was run to ensure no similar literature reviews were in progress at the time. The most similar was: "The effects of childhood sexual abuse on women's sexual function and sexual distress: A systematic review and meta-analysis" (Aşci, Taş, Bal; completed not published). The current review focuses on SV in late adolescence and adulthood and is likely unique.

I used alternative terms for "sexual violence" and "SI" as a wide variety of terms are used in the literature. I also looked at "key terms" used in relevant

papers identified during preliminary searches. I searched individual terms separately to assess their frequency in the literature.

The final search terms used in the search are listed in Table 1.

Table 1

Final Search Terms

Concept 1	Women	**OR**	Female*
AND			
Concept 2	Sexual intimacy	**OR**	"sexual health" OR "sexual wellbeing" OR "sexual function" OR "sexual dysfunction" OR "sexual behaviour*" OR "sexual self-efficacy" OR "sexual* satisf*" OR "sexuality" OR "sexual agency"
AND			
Concept 3	Sexual violence	**OR**	"unwanted sex*" OR "rape" OR "sexual assault" OR "sexual trauma"

Inclusion and exclusion criteria for the literature search are listed in Table 2. I chose to exclude research focusing on military personnel/veterans and sex workers, based on differences in risk and stigma within those professions, which may influence the ways in which those individuals understand and experience SI post-SV (Skinner et al., 2000; Sprankle et al., 2018).

Table 2

Literature Search Inclusion and Exclusion

Inclusion Criteria	Exclusion Criteria
Published in peer-reviewed journals	Explicit focus on childhood sexual abuse
Adult participants, who have experienced late adolescence or adulthood sexual trauma	Focus on men, trans women, children and young adolescents (under 16); military personnel and veterans; sex workers
Outcomes of empirical qualitative studies	Outcomes of study focus solely on prevalence, risk factors or understanding SV generally
Some focus on experiences of SI	Focus on outcome of therapeutic or medical interventions
Written / published in English	Focus on physical symptoms exclusively
	Theoretical paper, commentary, case study, systematic review or historical article
	Quantitative study
	Grey literature

The PRISMA flow chart (Moher et al., 2009) in Figure A outlines the process of selection of papers, which was carried out using the Covidence

application. A total of eight articles were selected for synthesis. These came from the fields of Social Work, Criminology, Psychology, Sociology and Nursing. Six used qualitative methodology and two used mixed methods including a qualitative sub-study. A summary of the selected studies and their findings can be found in Table 4.

Figure A

Systematic Literature Review PRISMA flowchart

PRISMA flowchart

Identification

Records identified through database searching (n = 3734)

Initial search databases:
PsychArticles = 20
PubMed = 568
CINAHL Plus = 311
Scopus = 2835

Records after duplicates removed (n = 2958)

Duplicates = 776

Screening

Articles screened by title (n = 2958)

Articles excluded (n = 2775)
Reasons:
- Not relevant to topic
- Focus on men / males or trans women
- Focus on childhood sexual abuse or children / adolescents
- Not written in English
- Literary / Historical article

Articles screened by abstract based on relevance (n = 183)

Articles excluded (n = 104)
Reasons:
- Theoretical / commentary / case study / review: 20
- Focus on understanding sexual violence generally: 18
- No focus on sexual violence / not relevant: 15
- No focus on impact on sexual intimacy: 14
- Focus on physical symptoms exclusively: 12
- Focus on children / childhood sexual abuse: 9
- Intervention paper: 7
- Focus on the military: 6
- Not written in English: 1
- Article not found: 1

Eligibility

Articles screened by abstract w/ additional exclusion criteria (n = 79)

Articles excluded (n = 62)
Reasons:
- Quantitative study: 44
- Focus on the military: 8
- Focus on sexual violence generally: 4
- Focus on physical symptoms exclusively: 2
- Review article: 2
- Not written in English: 1
- Focus on male partners' experiences: 1

Full-text articles assessed for eligibility (n = 17)

Articles excluded (n = 10)
Reasons:
- Quantitative study: 2
- No focus on sexual violence: 3
- No focus on sexual intimacy: 3
- Focus on male partners' experiences: 1
- Not written in English: 1

Inclusion

Studies included in qualitative synthesis (n = 7+1 = 8)

1 article added - found in references of an included study

Table 3

Summary of reviewed studies

Authors (Year)	Title (Country)	Participants	Research Methodology	Summary of study and Relevant Findings	Strengths and Limitations
Bagwell-Gray (2019)	Women's Healing Journey From Intimate Partner Violence: Establishing Positive Sexuality (USA)	28 adult women reporting lifetime experience of at least one type of intimate partner violence (IPV). All but one had experienced sexual IPV by men. Ages ranged from 22 to 60 years, majority	Pragmatic qualitative description and thematic analysis Collection: In-person semi-structured interviewed conducted by a single investigator conducted all interviews. Brief demographic form. Analysis: Single investigator conducted all analysis	Study focuses on impact of Intimate Partner Violence (IPV) on women's sexual health outcomes and attempts to understand their self-identified journey to healing. Data revealed a number of difficulties with sexuality, then delved into healing practises grouped under the following themes:	Strengths: - Explicit reflection on positionality and clear self-reflexivity - Rich interviews, providing in-depth understanding of some women's experiences - Emphasis on women's path of healing rather than focusing solely on what does not work Limitations: - Small sample of women from a single city in the

		White, variety of socioeconomic statuses.	- codes, memos and reflective notes. Peer debriefing used to vet the coding manual.	- Enhanced self-acceptance - Ownership of personal sexuality - Envisioning desirable sexual partnerships	USA - generalisability is limited - Single researcher, although did make attempts to triangulate via peer reviews and discussion - No description of member-checking
Moya E.M., Chavez-Baray S., Martinez O. (2014)	Intimate Partner Violence and Sexual Health: Voices and Images of Latina Immigrant Survivors in Southwestern	22 1st generation Mexican-American women victims/survivors of IPV, aged between 16-72.	Critical consciousness / feminist photovoice and community-based participatory research Collection: Photovoice, and five audio-recorded sessions of training and group dialogue.	A photovoice and participatory research study assessing the relationship between intimate partner violence (IPV; physical and/or SV) and sexual health amongst Latina immigrants to the USA.	Strengths: - Active engagement of participants as co-researchers - Researchers / Project facilitators explicitly named their positionality - Incredibly powerful description of outcome and impact of study

| United States (USA) | | Analysis: Participatory analysis via collaborative selection of representative photos, contextualising stories and final emergent themes around lived experiences as victims/survivors of IPV, impact of IPV on sexual and reproductive health, and recommendations to address these issues. | Participants identified two major themes: different expressions of domestic violence and need for access to sexual and reproductive health services. Within the first theme, they described various impacts on sexuality. | - Ethics explicitly considered

Limitations:
- Convenience and homogenous sample - may not be generalisable to other groups
- Although the research question pertained to the impact of IPV on SI, relatively little space given to that section of the paper. This therefore limits findings for this review. |

| O'Callaghan E., Shepp V., Ullman S.E., Kirkner A. (2018) | Navigating Sex and Sexuality After Sexual Assault: A Qualitative Study of Survivors and Informal Support Providers (USA) | 45 matched pairs of adult female sexual assault survivors who had disclosed their assault to an informal support provider (and their named support providers).

Diverse group with regards to race / ethnicity; largely college educated and employed; average age of | "Similar to" thematic analysis

Collection: Semi-structured face-to-face interviews focused on experiences surrounding unwanted sexual experience, not specific to impact on sexuality.
Interviewers also created "summary documents" with interesting points, questions raised, final thoughts and feelings. | Qualitative investigation of survivor and support provider perspectives on changes in sexuality post sexual assault, and how those closest to them were affected as a result.

This included loss of interest in sex, increase or change in sexual partners, engaging in sex work, and increased sexual behaviour. Also included experiences of being triggered or the dissolution of relationships due to sexual impacts. | Strengths:
- Diverse group of participants (majority African-American)
- Interviewers trained to interview SA survivors via reading, mock interviews and feedback
- Strong analysis which provides a rich and alternative understanding of sexuality, sex behaviour and sexual encounters following sexual assault

Limitations:
- 3 different interviewers - may have led to differing conversations and outcomes |

| | | 43. Mean time of 12.3 years since unwanted sexual experience. Some had experience of CSA (number undisclosed). | Analysis: Transcriptions reviewed, emerging themes and patterns discussed via meetings. Codebook used to code interviews by paired coders, who then reviewed and discussed until reaching consensus. Included use of memos. Analysis was done at individual level and at matched pair level. | Details both positive experiences and negative experiences in sexual relationships. | - Convenience sample - may be in more positive relationships by virtue of having relationships they feel able to include in research
- No mention of ethics or member-checking |
| Watson L.B., Craney R.S., | "I Was a Game or a Fetish | 532 adult women or gender diverse | Qualitative content analysis | This study explores sexual assault experiences among | Strengths:
- Authors engaged in process of self-reflexivity |

| Greenwalt S.K., Beaumont M., Whitney C., Flores M.J. (2021) | Object": Diverse Bisexual Women's Sexual Assault Experiences and Effects on Bisexual Identity (USA) | individuals living in the USA, identifying as bisexual. Majority under 30, White and cisgender. Many with college education. Perpetrators were predominantly cisgender men. Some had experience of CSA. | Collection: Combination of closed and open-ended questions via an online survey questionnaire on Qualtrics.com Analysis: Research team members reviewed the entire dataset, then used an inductive and constant comparative method to code all responses, then group them into larger themes. Two research team members independently | diverse bisexual women and gender expansive people. Amongst other findings, participants described the ways in which the assault affected their understanding of and experience with their sexual identity. | and disclosed positionality - Large sample size for a qualitative study - Use of SES-SFV questionnaire to triangulate responses Limitations: - No opportunity for follow-up questions to explore responses in more depth, given online survey - Some themes endorsed by only a minority of participants - not representative of all bisexual women's experiences - Although relatively diverse, most participants |

			analysed the data by segmenting data into "chunks" and discussing observations and discrepancies. This resulted in a "coding manual" which was used to analyse subsequent responses. Memos used throughout.		still White and cisgender - Did not distinguish CSA and ASA - Does not mention member-checking
Bell A.R., Ebba G., Bente T. (2022)	Reduced Sexual Desire in Young Norwegian Women: A Mixed Methods	10 Norwegian women with reduced sexual desire between the ages of 18 and 29 years	Mixed methods – Thematic Analysis sub-study Collection: Semi-structured interviews - online via Zoom –	The study looked at whether and why young Norwegian women experience reduced sexual desire.	Strengths: - Dataset coded separately by both researchers in order to obtain broader comprehension and better interpretation of data, then went through

			conducted in Norwegian	One of the main findings was that past sexual trauma and negative sexual experiences were a significant factor.	together and themed jointly
Study (Norway)			Analysis: Thematic analysis. Deductive more than inductive. Researchers coded data separately, then came together and themed them.		Limitations: - Quotes translated into English therefore may not be completely accurate - Participants more likely to share their experiences of reduced desire due to its "angle" and how it was publicised - This paper technically focuses on the "why" of reduced sexual desire rather than the impact of SV. This therefore limits findings for this review. - Deductive method dominated the analysis,

					which may have led to results not being grounded in data - No mention of ethics or member-checking
Mackey T.F., Hacker S.S., Weissfeld L.A., Ambrose N.C., Fisher M.G., Zobel D.L. (1991)	Comparative effects of sexual assault on sexual functioning of child sexual abuse survivors and others (USA)	37 individuals with experience of recent or remote sexual assault or abuse, and currently sexually active. Mostly White middle-class women, college-educated, single. Majority assaults by	Mixed methods – card-sort procedure Collection: Open-ended questions from the Hacker-Foley Structured Interview Guide assessing the impact of SA, and a cognitive imagery exercise regarding anticipating partnered SI	This study examined the effects of sexual assault on the sexual functioning of 37 sexually active women. Themes revealed an adverse impact on physical aspects of partnered SI (e.g. fewer orgasms, flashbacks and aversion to sexual contact) and emotional harmony (e.g. mistrust,	Strengths: - Multiple avenues of recruitment - Demographic data gathered and reported upon - Large sample size - Multiple types of data collection - Touches on societal narratives and gender norms that may account for persistent discomfort - Differentiates between

		strangers. Mean length of time since the SA was 8.21 years. A quarter had experience of CSA (experiences reported separately)	Analysis: Card-sort procedure. Four researchers independently identified themes, then consolidated these by means of group consensus and clustered under three categories according to DSM criteria.	fear and guilt). The interviews also touched on what is needed to improve sexual satisfaction.	experiences of single SA, as well as additional CSA and Multiple SA. Limitations: - Impersonal advertisement may have led to less participants with experiences of assault by a known person. This may have impacted results. - No mention of ethics or member-checking
Tarzia L. (2021)	"It Went to the Very Heart of Who I Was as a Woman": The	38 Australian women with lived experience of intimate partner SV	Interpretative Phenomenological Analysis	Qualitative study exploring Australian women's lived experiences of intimate partner SV (IPSV).	Strengths: - Rich and in-depth qualitative analysis of an unusually large sample (for IPA)

	Invisible Impacts of Intimate Partner sexual violence (Australia)	(IPSV), having occurred at some point in adulthood. Majority employed, educated and identified as White Australian. All experiences of IPSV with a male partner.	Collection: In-depth, unstructured interviews - in-person or over the phone. Audio recorded and transcribed. Analysis: Inductive coding approach by a single researcher	The essence of IPSV is described as "Being attacked from the inside out", and findings describe devastating loss of trust, a different type of impact than physical or psychological violence, a dehumanising experience and the long-term impacts on sexuality and relationships.	- Inclusion of participants with a wide range of experiences, who might not typically consider themselves to be "victims" or have experienced "SV" - Comprehensive and transparent thought process around ethical issues and risk Limitations: - Single researcher, thus lacking evidence of "trustworthiness" (in author's own words) - Study looks at wide-ranging impacts of IPSV, not just at impact on sexuality. This therefore

					limits findings for this review - Lack of diversity in the sample.
Tummala-Narra P., Gonzalez L.D., Nguyen Nguyen M. (2023)	Experience of SV Among Women of Mexican Heritage Raised in the United States (USA)	16 2nd generation Mexican-American women ranging from 20 to 38 years old. Majority born in the USA. From a range of socioeconomic backgrounds. Majority heterosexual. Predominantly	Qualitative content analysis Collection: Semi-structured interviews developed using "Integrative Contextual Framework"; completed over the phone in English, audio-recorded and transcribed verbatim. Demographic information form.	Study focusing on how Mexican American women conceptualise, experience and respond to SV. Themes range from implicit and explicit messages about sexuality and SV, psychological consequences, barriers to seeking help and sources of resilience and healing.	Strengths: - 5 interviewers from diverse backgrounds, trained in conducting interviews in a standard manner - In-depth analysis with clear emphasis on self-reflexivity and awareness of bias and assumption - thought given to contextual factors and implications - Clear consideration given to ensuring comfort of

| | | college educated, heterosexual young adults, assaulted by male perpetrators. | Analysis: Coded independently by 5 researchers, then discussed. Iterative process through which list of codes, themes and categories emerged. Consideration of self-reflexivity. | | participants

- Use of inclusive definition for SV, which was shared with participants as part of an information-giving process

Limitations:
- Study focuses on broader understanding and impacts of SV on a specific population; very little data / analysis specific to impacts on SI. This therefore limits findings for this review
- Homogenous sample.
- No mention of member-checking. |

1.5.1.2 Synthesis Method

A "thematic synthesis" method (Thomas & Harden, 2008) was used to synthesise and summarise the findings of the final eight papers selected. I read the papers multiple times, extracted relevant excerpts and sentences, then noted key concepts I identified from each. This process is depicted in Appendix A.

I was influenced by the way data was presented: Bagwell-Gray (2019), O'Callaghan et al. (2018) and Tarzia (2021) took pains to present a balanced, curious exploration of their participants' experiences. As such, I have opted to synthesise the data via dialectic themes/subthemes, echoing Draucker et al.'s (2009) dialectic model of healing post-SV. Dialectic is a philosophical term reflecting an interpretive method in which contradictions between a thesis and antithesis are merged so that elements of each opposing view are retained, creating a synthesis (Stokes, 2003) revealing a higher truth (Lavine, 1984).

1.5.2 Quality check and critique of findings

I chose to use Tracy's Eight 'Big Tent' Criteria for Excellent Qualitative Research (Tracy, 2010) to appraise the quality of the eight papers selected for this SLR. This framework assesses research based on eight criteria, per Table 5. It is widely applicable to a variety of qualitative studies through its universal criteria, and has been deemed a useful tool to monitor and strengthen quality if used flexibly (Gordon & Patterson, 2013) and "leav[ing] space for dialogue, imagination, growth and improvisation" (Tracy, 2010 p.837).

Table 4

Tracy's Eight 'Big Tent' Criteria for Excellent Qualitative Research

Worthy topic	Timely, significant, interesting
Rich rigour	Uses sufficient, appropriate and complex theoretical constructs, data, sample, context and collection / analysis
Sincerity	Self-reflexivity and transparency about challenges
Credibility	Marked by thick description, showing rather than telling, triangulation, multivocality and member reflections
Resonance	Moves readers through aesthetic, evocative representation, naturalistic generalisation, transferable findings
Significant contribution	Provides a significant contribution conceptually, practically, morally, methodologically, heuristically
Ethics	Considers procedural, situational and culturally specific, relational and exiting ethics
Meaningful coherence	Achieves what it purports to be about, uses methods and procedures that fit its stated goals, meaningfully interconnects literature, research questions, findings and interpretations

A summary table of the quality appraisal can be found in Table 5.

Table 5

Systematic Literature Review Quality Appraisal

✓✓ - High Quality ✓ - Meets Criteria ? – Unclear if criteria met X – Criteria not met

Author and Year	Worthy Topic	Rich rigour	Sincerity	Credibility	Resonance	Significant contribution	Ethical	Meaningful coherence
Bagwell-Gray, 2019	✓✓	✓	✓✓	✓	✓✓	✓✓	✓✓	✓✓
Moya et al., 2014	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
O'Callaghan et al., 2018	✓✓	✓	✓	✓	✓✓	✓✓	?	✓✓
Watson et al., 2021	✓✓	✓	✓✓	✓✓	✓	✓✓	?	✓✓
Bell et al., 2022	✓✓	✓	✓	✓	✓	✓	✓	✓✓
Mackey et al., 1991	✓✓	✓	X	✓	✓✓	✓✓	?	✓✓
Tarzia, 2021	✓✓	✓✓	✓	✓	✓	✓✓	✓✓	✓✓
Tummala-Narra et al., 2023	✓✓	✓✓	✓✓	✓✓	✓	✓	✓	✓✓

All eight papers met minimum criteria for inclusion in this SLR. All the papers included in this SLR were well-written, marked by thick description and richly evocative quotes. They provided strong justifications for their work, evidencing gaps in the literature.

The impact of SV on SI remains an under-researched area in qualitative literature. Of the eight papers, two focused on the impact of IPSV/SV on SI (Mackey et al., 1991; O'Callaghan, 2018), one on the impact of SV on (bi)sexual identity (Watson et al., 2021), one on the experience of sexual healing post-IPSV (Bagwell-Gray, 2019), and four included the impact of SV on SI within a wider focus on the impacts of IPSV/SV (Moya et al., 2014; Tummala-Narra et al., 2023; Tarzia, 2021) and the roots of reduced sexual desire (Bell et al., 2022).

Papers differed in their presentation of methodology. Some were particularly rigorous, providing detailed accounts of their data collection and analysis: most studies made use of a team of coders, who went through the data independently and then together; Tarzia (2021) and Bagwell-Gray (2019) were the only single researchers. Tarzia (2021) included an unusually large sample for an IPA study (n=38) and Bagwell-Gray (2019) triangulated findings across participants. However, none of the studies mentioned the use of member-checking.

Most studies mentioned self-reflexivity, with four explicitly stating their positions and identities in relation to their topics, demonstrating self-reflexivity

via memo-writing, journaling, personal reflection, discussions around bias. The oldest study (Mackey et al., 1991) did not mention self-reflexivity - there have been recent shifts in the expectation to evidence this (Pezalla et al., 2012).

Most authors considered challenges and limitations to their studies, cautioning against generalisation. Several noted that their participants had been victimised by male perpetrators (Tummala-Narra, 2021; Bagwell-Gray, 2019) and tended to be mostly White (Mackey et al., 1991; Tarzia, 2021) or cisgender (Watson et al., 2021; Moya et al., 2014). Others included culturally or ethnically diverse samples (Bagwell-Gray, 2019, O'Callaghan et al., 2018; Moya et al., 2014; Tummala-Narra et al., 2023; Watson et al., 2021). The latter studies transparently documented participant demographic details.

Most authors mentioned consideration of ethical issues and risk; this was particularly important for those focusing on intimate partner violence (Bagwell-Gray, 2019; Moya, 2014; Tarzia, 2019). These studies exceeded expectations by prioritising trauma-informed trusted relationships, "safe" contact details/locations, ethical protocols and safety plans. Some studies did not mention ethics, although it is likely their protocols passed before an Ethics board (O'Callaghan et al., 2018; Watson et al., 2021; Mackey et al., 1991).

Although all the studies reviewed held resonance and impact, I was particularly moved by Moya and colleagues' (2014) participatory action study: it is clear that a great deal of thought went into producing this co-produced, deeply

impactful research. Their work led to a "Call to Action to Improve Women's Health" presented at conferences, community forums, museums and to health authorities nationally and internationally, all led by the women involved in the project. They encouraged key health officials to make public commitments to address sexual health and trained 20 "promotoras" (community health workers) to support other women with similar experiences.

1.5.2 Synthesis findings

The themes presented in Table 5 were constructed from the synthesis:

Table 6

Themes from synthesis of findings of SLR

Theme 1	Increase or decrease in sex drive / sexual activity
Subthemes	- Increased sexual activity / behaviour
	- Decreased sex drive / sexual activity
Theme 2	Trauma and recovery
Subthemes	- Re-experiencing
	- Low self-worth VS increasing self-love
	- Distrust, fear and re-victimisation VS trust, comfort and safety
	- Feelings of emptiness and emotional numbness
	- Decrease in pleasure / satisfaction
Theme 3	Loss and gain of sexual agency
Subthemes	- Sexual "dehumanisation" VS reclaiming sexual agency
	- Difficulties communicating VS learning to speak up
	- Links with social norms
	- Ongoing journey

1.5.2.1 Theme 1: Increase or decrease in sex drive / sexual activity

Subtheme: Increased sexual activity / behaviour

Five studies mention an increase in sexual activity for women with past experience of sexual trauma (Bagwell-Gray, 2019; O'Callaghan et al., 2014; Watson et al., 2021; Bell et al., 2022; Tummala-Narra et al., 2023).

Some women link increased sexual activity with negative emotions and risk-taking: one person "*acted out sexually a lot*" (Tummala-Narra et al., 2023 p.398) and others described feelings of "*addiction*" to sex (O'Callaghan et al., 2018). These behaviours are associated with feelings of powerlessness and emotional numbness; shame, low self-worth, and a desire to feel "loved"; or viewing one's sexuality as a commodity: "*sex is no longer a big deal to me*" (Watson et al., 2021 p. 244; Bagwell-Gray, 2019; O'Callaghan et al., 2018).

Conversely, some authors describe increased sexual activity in positive terms: a way to cope and regain agency over recovery, sexuality and bodily autonomy (O'Callaghan et al., 2018; Watson et al., 2021). One participant describes her experience: "*I kind of didn't feel bad about it, I took it as my sort of liberation at the time. I kind of viewed it as my empowerment.*" (O'Callaghan et al., 2018 p.6). Sex work is recognised both as a form of resilience and of survival (O'Callaghan et al., 2018).

One study does not describe increased sexuality in positive or negative terms: Bell et al (2022) describe one participant's experience of becoming

hypersexual for a long period of time, before an eventual reduction in sexual desire.

Subtheme: Decreased sex drive / sexual activity

Six out of eight studies describe a decrease in sex drive, sexual activity and avoidance of either partnered or solo SI (Bagwell-Gray, 2019; O'Callaghan et al., 2018; Watson et al., 2021; Bell et al., 2022; Mackey et al., 1991; Tarzia, 2021).

Three studies describe this loss of interest and desire as being closely linked to negative emotions around SI. Participants describe anger and detachment resulting from the assault and fear of being exploited or harmed again; some see a lack of desire as a "*defence mechanism*" (Bell et al., 2022 p.1933; Mackey et al., 1991). This leads to engaging in obligatory sex, reduced frequency of sex, avoidance of relationships with men and sometimes avoidance of any SI, including masturbation (Mackey et al., 1991; Tarzia, 2021).

On the other hand, some women see a decrease in sexual desire as stemming from a personal decision to abstain from sex, due to religious reasons, out of desire for long-term commitment, or to "*facilitate healing*" (Bagwell-Gray, 2019 p.789; O'Callaghan et al, 2018). Abstinence is seen as an opportunity to build confidence and forgive oneself, having sex again as part of a "*future stage of healing*" (Bagwell-Gray, 2019 p.789).

Thematic synthesis

Both increased and decreased sexual desire and activity are common responses for women after an experience of SV. However, these responses are experienced and interpreted in a variety of ways; linked with either fear, detachment, or powerlessness, or with empowerment, agency, and healing. Framing theses experience as rooted in an informed, caring choice appears to support their positive appraisal.

1.5.2.2 Theme 2: Trauma and Recovery

Subtheme: Re-experiencing VS making choices to "be softer"

Six studies describe their participants as having re-experiencing symptoms related to their sexual trauma (Bagwell-Gray, 2019; O'Callaghan et al., 2018; Mackey et al., 1991; Watson et al., 2021; Tarzia, 2021; Tummala-Narra et al., 2023); three of these also describe the actions taken by these participants to manage their symptoms and move towards non-triggering SI (Bagwell-Gray, 2019; O'Callaghan et al., 2018; Tarzia, 2021).

Women in these studies describe finding certain sexual acts triggering of re-experiencing and dissociation, leading to feelings of discomfort and avoidance of certain sexual acts. For instance, one woman explains that penetration is no longer enjoyable, "*swinging her preferences to non-penetrative sex*" (Watson et al., 2021 p.244); another declares her dislike of "*anything to do with anal*" (Mackey et al., 1991 p.102); yet another describes anxiety around "*new stuff*" (Bagwell-Gray, 2019 p.788).

Women engage in a variety of behaviours to diminish the risk of triggering past trauma: some take greater precautions, preferring to go at their own pace and making conscious choices to avoid unpleasant acts (Tummala-Narra et al., 2023; O'Callaghan et al., 2018; Bagwell-Gray, 2019). This can look like having sex in the same way every time; desiring an intimacy that "*more than anything (…) was just healthy and consensual and actually felt good*" (Bagwell-Gray, 2019 p.788); and having sex with partners who are sexually giving and never pressuring (O'Callaghan et al., 2018; Bagwell-Gray, 2019). One woman explains: "*Sex is supposed to be something you can enjoy with the other person; both parties need to be happy with it*" (O'Callaghan et al., 2018 p.9).

Subtheme: Low self-worth VS increasing self-love

All eight studies describe participant experiences of low self-worth and self-confidence, feelings of guilt, shame, self-blame and body dissatisfaction tied to the trauma. Three of these make a point of highlighting the journey that women embark upon to improve and increase self-love and self-care in response to the trauma (Bagwell-Gray, 2019; Moya et al., 2014; Mackey et al., 1991).

Feelings of shame, guilt and self-blame around SI are common (Tummala-Narra et al., 2023; Mackey, 1991; Bell, 2022; Watson, 2021; O'Callaghan, 2018). These are related to internalised victim-blaming messages: "*That's a very hard thing to overcome, especially when (…) you've been taught your whole life that it's the woman's fault*" (Tummala-Narra et al., 2023 p.398; Moya et al., 2014). A lack of self-esteem and confidence is associated with feelings of humiliation,

subjugation, degradation, disgust and self-loathing (Moya et al., 2014; Tarzia, 2021). Body dissatisfaction and negative body image appear across Tarzia (2021), Watson et al (2021) and Bagwell-Gray (2019)'s research and are linked to decreased sexual enjoyment and interest.

Conversely, improved self-acceptance, strengthened self-esteem and "*hope for healing*" are seen as crucial to sexual healing (Mackey et al., 1991 p.102; Bagwell-Gray, 2019; Moya et al., 2014). Some women discuss the importance of "*increased self-understanding, self-love and self-affirmation*" (Bagwell-Gray, 2019 p.786), "*accept [themselves] as valuable and important*" (Moya et al., 2014 p.888) and prioritise "*a caring approach about love-making behaviours*" (Mackey et al., 1991 p.102).

Subtheme: Distrust, fear & re-victimisation VS trust, comfort & safety

Five studies discuss feelings of distrust or mistrust, fear and re-victimisation (Tarzia, 2021; Mackey et al., 1991; Bell et al., 2022; Watson et al., 2021; O'Callaghan et al.; 2018); three describe women moving towards same-sex relationships in search of greater safety (Tarzia, 2021; Watson et al., 2021; O'Callaghan et al.; 2018).

Many women describe struggling to trust new intimate partners and their own judgment, often leading to decreased desire (Tarzia, 2021; Mackey et al., 1991; Bell et al, 2022). "*Sex for me is very vulnerable. (…) It probably weakened my desire a lot*" (Bell et al., 2022 p.1933). This fear of exploitation and harm is

substantiated by O'Callaghan et al (2018), who describe instances of pressure and threats around sex by new partners and re-victimisation: "*She did it, and I didn't want her to do it*" (p.10).

Perhaps unsurprisingly, three studies (Tarzia, 2021; Watson et al., 2021; O'Callaghan et al.; 2018) describe a decision to stop engaging in sexual relationships with men, and an increased comfort and trust in women as sexual partners (when men were the perpetrators of the sexual trauma). O'Callaghan et al (2018) state that while sexuality and sexual orientation are complex and not simply chosen, they do not exist independently from people's broader life experiences. This experience can lead to pride in one's sexual identity, or confusion and frustration: "*It's [sexual assault] made me distrust men, which in turn makes it hard for me to fully embrace my bisexuality sometimes as I don't want to be attracted to men*" (Watson et al., 2021 p.245).

Subtheme: Feelings of emptiness and emotional numbness

Two studies mention participants experiencing feelings of emptiness and emotional numbness, as a result of their experiences of SV (Tarzia, 2021; Mackey et al., 1991). One of the main themes in Tarzia's (2022) work is "*It kills something inside you*", from a participant's quote (p.292). Some women find themselves needing to "switch off" their sexual side (Tarzia, 2021 p.292): "*Now I dissociate myself from really being present during love making. I psychologically remove myself from the situation and pretend some other woman without my inadequacies is making love to him*" (Mackey et al., 1991 p.99).

Subtheme: Decrease in pleasure / satisfaction

Mackey and colleagues (1991) describe decreased satisfaction and pleasure during sex, with one participant stating, "*I avoid it as long as I can and then I just want it over with as quickly as possible (…) I don't enjoy it or different positions*" (p.100) and another saying, "*I am not aroused by his efforts at stimulation most of the time*". Other women talked about faking orgasms to avoid hurting their partners' feelings and feeling obliged to have sex: "*I do have sex with him because I know he would be devastated if he knew I find it very intrusive*" (p.97).

Thematic synthesis

Symptoms of trauma are common, including re-experiencing, feelings of shame, fear and emptiness, and decreased sexual pleasure. Some see these experiences as almost dictating the types of sexual activity and relationships they can safely engage in. For others, symptoms of trauma are a reason to care for themselves better, not settling for less than a caring and respectful partner and learning to accept and value themselves. Moving from a passive position to an active one seems to support positive sexual experiences.

1.5.2.3 Theme 3: Loss and gain of sexual agency

Subtheme: Sexual "dehumanisation" VS reclaiming sexual agency

Seven studies mention a painful loss of sexual agency and autonomy (Bagwell-Gray, 2019; Bell et al., 2022; Mackey et al., 1991; Moya et al., 2014; O'Callaghan et al., 2018; Tarzia, 2021; Watson et al., 2021). Five of these also

explore how women attempted to claim or reclaim their sexual agency (Bagwell-Gray, 2019; Mackey et al., 1991; Moya et al., 2014; O'Callaghan et al., 2018; Watson et al., 2021).

Many women speak about a reduction in their sexual autonomy and loss of control, impacting on their ability to understand, explore and experiment with their sexuality: "*My sexuality doesn't feel like my own*" (O'Callaghan et al., 2018 p.244; Moya et al., 2014; Mackey et al., 1991; Bell et al., 2022). SV is experienced as sexually dehumanising, making women feel "*like nothing, a worthless object or a non-person*" (Tarzia, 2021 p.293).

As women begin to heal from their experiences of violence, they embark on a process of gaining or regaining ownership over their sexuality and sexual behaviours. This co-occurs with "*mental, emotional, physical, and spiritual growth*" (Bagwell-Gray, 2019 p.785) and echoes processes described in the previous theme, with women desiring autonomy and mutuality in the bedroom (O'Callaghan et al., 2018; Mackey et al., 1991; Moya et al., 2014). Women describe developing a personal knowledge of what sex is and means, informed by their values, desires and expectations and a growing sense of pride in their identities (Bagwell-Gray, 2019; Watson et al., 2021). Some view sex as separate from love, while others believe it necessitates an emotional connection; a growth in agency means they feel able to seek out partners who feel similarly (Bagwell-Gray, 2019).

Subtheme: Difficulties communicating VS learning to speak up

Three studies discuss experiences of struggling to communicate around SI (Bagwell-Gray, 2019; Mackey et al., 1991; O'Callaghan et al., 2018); three studies discuss women's experiences trying to learn to communicate better and speak up around their wants and needs (Bagwell-Gray, 2019; O'Callaghan et al., 2018; Moya et al., 2014).

Some women describe their inexperience in communicating sexual expectation: struggling to keep sexual boundaries in place, and sometimes feeling surprised that new partners are respectful of their boundaries rather than pressuring: *"It's hard to tell my partner what I want and need from him"* (Mackey et al., 1991 p.97; Bagwell-Gray, 2019; O'Callaghan et al, 2018).

Despite the aforementioned difficulties, some women do not lack awareness of their sexual needs and risks. They describe learning to assess sexual risks, calculating the cost and benefits of acting with sexual assertiveness and growing their ability to communicate their desires with their partners: *"to actually assert my wants and my desires and dislikes freely without judgment, scorn or something, it's been great"* (Bagwell-Gray, 2019 p.788; Moya et al., 2014; O'Callaghan et al., 2018). They describe the benefits of sharing their sexual histories, checking consent, making joint decisions, sharing reproductive responsibility and communicating clearly (Bagwell-Gray, 2019; O'Callaghan et al., 2018). Some *"learn to say when and how we want to have sexual intercourse"*, declaring *"there should be respect and understanding in a relationship"* (Moya et

al., 2014 p.888). Finally, a number of women draw attention to the therapeutic value of speaking out through public advocacy, fearlessly telling their stories publicly or privately. Similarly, Mackey et al.'s (1991) participants describe their research interview as cathartic.

Subtheme: Links with social norms

Five of eight studies make reference to the impact and influence of social norms on women's experiences of SI and sexuality post-sexual trauma (Bagwell-Gray, 2019; Moya et al., 2014; O'Callaghan et al., 2018; Watson et al., 2021; Tummala-Narra et al., 2023).

Moya et al.'s (2014) 1st generation Mexican American participants talk about being "*subjected to the rules of our generation, culture or husband*", which prohibits them from the right to decide when to have intercourse. Tummala-Narra and colleagues' (2023) 2nd generation Mexican American participants also speak about feelings of shame and self-blame rooted in the messages heard earlier in their lives. Victim-blaming discourse is not simply an issue in Mexican cultures: "*I think the aspects of Mexican culture, like the whole 'boys will be boys', or victim blaming, that's very much in American culture, as well*" (p.397). Women in Watson's (2021) US-based study speak about self-blame being rooted in societal discourse, with one White participant saying, "*[W]e have society to blame for a lot of this internalization as well. (...) Looking back on it, I know many of my experiences locked horns with rape culture, internalized biphobia, and a penchant to drink heavily in undergrad and early adulthood*" (p.244).

Some women speak about needing to distinguish their own sexual expectations from those of their family, friends and wider society, in order to move forward with a sense of sexual agency. For instance, several of O'Callaghan's (2018) participants describe engaging in self-imposed celibacy linked to their personal religious beliefs: "*So I finally got back in the church, and it's not that I don't want to have sex. I just want to be married. I want that special connection you have when you're married.*" (p. 6).

Subtheme: Ongoing journey

Two studies make reference to the analogy of a fluid, unfinished journey, as described by their participants (Bagwell-Gray, 2019; O'Callaghan, 2018).

Bagwell-Gray's (2019) study describes the common use of the "journey" analogy when describing their experiencing of healing their sexuality after SV: "*[I'm] a million steps away from where I was [two years ago] … probably still have 22 million steps left*"; "*I'm just starting that journey… Emotionally, I'm not in the dark tunnel. Well, I think I am, but I see a little ray of light*" (p.785). This indicates a sense of having made progress, but with much more room to grow. O'Callaghan and colleagues (2018) underline the importance of understanding "*the fluidity of survivors' choices around sex and sexual partners*", with their participants describing a journey that changes direction over the course of recovery.

Thematic synthesis

SV impacts one's sense of sexual agency, often due to socio-cultural narratives and expectations that do not support women's sexual empowerment. Regaining ownership of one's sexuality appears to involve acknowledging those narratives and their impact, and choosing to step away from other people's view of what sex should look like. This involves communicating more openly, making one's own choice of partner, and slowly but surely making progress on the long journey of sexual healing.

1.6 Discussion and recommendations

The findings of this SLR suggest that women's sexual experiences post-SV in early adolescence and adulthood are far from homogenous or simply dysfunctional. The way women frame their reactions, behaviours, emotions and experiences seems significant in moving forward sexually. Those who saw a change in sexual desire and activity as stemming from an informed decision rooted in self-love tended to see that change more positively. Women who saw symptoms of trauma as a catalyst for growth and were able to acknowledge and step away from wider societal discourse around sex and SV, tended to have more positive sexual experiences. It is crucial to note that this is not a choice all women have the luxury to make; one must have the opportunity to learn about wider discourse and healthy relationships, to leave abusive relationships and find healthier ones, and to be given the liberty to make one's own sexual decisions.

This SLR shows that women's interpretations of their experiences often differ from narratives of "dysfunction" and "risk"; even so-called negative and painful experiences can be seen as sources of strength, improved self-care, and healing. Rather than shaming women further, perhaps we should consider if these can be sources of growth and healing (Jones, 2019). Curiosity and openness around the function and impact of women's sexual behaviours are crucial in supporting them towards positive sexual experiences. Further research could explore the function of sexual behaviours commonly deemed "dysfunctional".

This SLR highlights the importance in contextualising women's experiences and behaviours in contemporary, culturally-specific understandings of sexuality, as Gavey encourages (2005). We should endeavour to understand women's historical and cultural contexts, as well as their individual beliefs around what sexual healing would look like for them. Further research could investigate the importance and impact of cultural narratives, and the importance of contextualising one's experience, per Draucker et al (2009).

Interestingly, none of the studies explicitly describe experiences of sexual pleasure; nor do they speak to joy or enjoyment of SI beyond the positives of good communication, a sense of hope for the future, or improved self-worth. This underscores Jones' (2019) call for research that focuses on joy and pleasure. Further research in this area could seek out women who have managed to find joy or enjoyment in SI, post-SV, amplifying a different story to that told in the literature thus far.

This SLR has been useful in highlighting the nuance (and hope) in women's experiences of SI post-SV in early adolescence and adulthood and the importance of perceived agency. The importance of perceived choice and agency, which reflects elements of Ulloa et al.'s (2016) PTG model and Drauker et al.'s (2009) domains of healing, would not have been uncovered without these more in-depth, qualitative explorations of women's experiences. However, the methodologies utilised in the studies reviewed do not provide a clear framework to understand whether and how women can find joy and enjoyment in SI beyond a perceived sense of choice and control (Ulloa et al., 2016). Further research in this area may help to solidify the mechanisms of change described by some of the participants in these studies and provide a framework to understand this journey.

1.7 Rationale for the current study

This project aims to meet the aforementioned recommendations, providing a more in-depth qualitative understanding of the processes involved in cis women finding joy and enjoyment in SI post-RUSA.

I hope to create a theoretical model that can be a useful starting point to cis women impacted by RUSA and other forms of SV, as well as professionals working alongside them. I hope that this project will bolster a more positive narrative around what cis women can expect after being subjected to the aberrance of RUSA – a move away from seemingly endless trauma (Jones, 2019).

I also hope that these results will inform current clinical practice in sexual trauma and sexual health services.

1.7.1 Research Question

This research aims to understand a specific traumatic recovery process – that which cis women embark upon in finding joyful or enjoyable SI, be it alone or with others, after having experienced RUSA.

The main research question is as follows: *How do cis women come to find joy in or enjoy sexual intimacy following rape or unwanted sex in adulthood?*

2. Methodology

In this chapter, I will discuss the methodology and design of the study, describing the procedure in detail and providing my rationale for choices made.

2.1 Design

I opted for a qualitative method, as it allowed for an exploratory approach befitting my research question. Qualitative research provides "*rich descriptions of complex phenomena*", enhancing the understanding of wider context and supporting the identification of patterns, as well as giving voice to those who are rarely heard (Sofaer, 1999, p.1101). Given the current lack of literature in this area, as well as my chosen epistemological stance and pragmatist leanings, I felt driven to utilise a Constructivist Grounded Theory (CGT) method.

2.1.1 Constructivist Grounded Theory (CGT)

CGT is a systematic and flexible method which allows the researcher to collect and analyse qualitative data in order to construct theories from the data themselves; it is an inductive method and aims to stay rooted in participants' experiences rather than drawing from pre-existing literature and theory (Charmaz, 2006). It can also develop theory in an area where there has been a lack of research (Tweed & Charmaz, 2012). This aligns with my pragmatic aim to illuminate the processes by which cis women move to enjoying and experiencing joy in SI after RUSA.

2.1.2 Epistemological position and CGT

CGT suggests that *"social reality is multiple, processual and constructed"*; it stresses that "the researcher's position, privileges, perspectives and interactions" must be taken into account (Charmaz, 2006; p. 13). It focuses on society and the structures within in can influence thoughts and behaviour (Charmaz, 2006).

CGT fits better with my epistemology than traditional Grounded Theory's positivist origins (Glaser & Strauss, 1967) and aligns with my insider researcher position. It allows me to critically evaluate my influence on my findings, whilst accepting that they are ultimately indissociable.

2.1.3 Consideration of alternative methods

CGT was chosen over alternative qualitative methodologies per Table 7:

Table 7

Excluded methods and rationale

Method	Rationale for exclusion
Interpretative Phenomenologic al Analysis (IPA)	IPA examines the ways in which people make sense of their subjective life experiences (Smith, Flowers, & Larkin, 2009). IPA would have allowed for an in-depth exploration of a small group of cis women's experiences of positive SI post-RUSA; however, it would not have provided a broader understanding of the journey or process that women go through, nor would it have provided the basis for a possibly generalisable theory given the smaller sample size.

Narrative Analysis (NA)	NA focuses on individuals' subjective experiences, as told by them via specific narratives and self-narratives (Linde, 1993). NA would have allowed for an interesting insight into how cis women construct their experiences and tell their stories, based on existing narratives available to them within their individual contexts. On the other hand, CGT focuses more on highlighting common and different experiences in order to start developing a theory.
Thematic Analysis (TA)	TA is a way to notice common experiences and influences in order to identify meaningful patterns; it often draws from pre-existing theory and knowledge about the issue (Braun, Clark, & Terry, 2015). CGT provides a more nuanced understanding of processes and narratives, holding in mind varied contexts. CGT is rooted in the data, and does not draw from pre-existing data or theory, thus providing a more exploratory and novel view of an under-explored process.
Participatory Action Research (PAR)	PAR is a method that includes participants as co-researchers, empowering them through the process and highlighting disempowering social structures (Baum, MacDougall & Smith, 2006). I was strongly influenced by PAR, and it is part of the reason I rely on a team of expert-by-experience consultants and have invited the women involved to support any further dissemination: for me, this is "our" research. I have also refrained from referring to them as "participants" but rather as "the women I spoke with". However, a true PAR approach is highly time-intensive, and would have required a prolonged time-frame and more funding, as well as ethical considerations around whether a PAR thesis would meet the requirements for a doctoral thesis with a single named author.

2.2 Ethics

2.2.1 Ethical approval

Women were recruited via non-NHS routes, including via social media and personal/professional networks. As such, ethical approval was sought from and granted by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (protocol number: LMS/PGT/UH/05041; Appendix B). This project met the criteria for the School of Life and Medical Sciences risk assessment and adheres to the BPS Code of Human Research Ethics (2014).

2.2.2 Ethical considerations

2.2.2.1 Informed Consent

Before each interview, each woman was provided with an information sheet, detailing the nature of the study and their rights (Appendix F). The sheet went through the procedure, confidentiality, anonymity and right to withdraw, mentioning my insider status and the existence of the consultants' team – the possible impacts of this disclosure were considered (Section 4.4).

An initial call offered opportunities to explain the study, check eligibility and answer questions. If those interested were eligible for the study and keen to participate, I asked several closed demographic questions. Finally, I asked if there was anything I should hold in mind given the possibly distressing subject matter.

All participating women were informed that they would be given the opportunity to review and withdraw any quotes included in the write-up and dissemination and made aware of any upcoming disseminations. I reminded them of the possibility for misinterpretation and reassured them of their anonymity.

If/when these women understood the nature of the study and agreed to participate, they were emailed a consent form (Appendix G) to sign electronically and asked to choose a pseudonym. Those deemed ineligible were provided with a written explanation for the eligibility criteria and signposted to relevant organisations for further support (Appendix H).

2.2.2.2 Confidentiality

Terms of confidentiality in line with the Data Protection Act (2018) were outlined in the information sheet and reiterated at the beginning of interviews. Each woman was assigned a number at first contact, and any documentation saved under that number. Demographic information was stored separately and anonymised immediately. Contact details, consent forms, interview recordings and transcripts were securely stored on my University of Hertfordshire encrypted OneDrive server. Transcripts were anonymised and saved under participants' chosen pseudonyms.

The transcriber involved signed a confidentiality agreement (Appendix M). Upon completion of the project, all audio recordings will be deleted; demographic

information and transcripts will be kept securely for five years and destroyed thereafter.

2.2.2.3 Participant Wellbeing

I was aware that exploring experiences relating to SV could evoke psychological distress. As such, my information sheet described the advantages and disadvantages to taking part, including potentially eliciting difficult feelings. I included ideas on how to prepare for the interview and recommendations on what might be helpful following it.

At the start of each interview, women were asked if they were in a private and safe-enough space. They were reminded of the themes covered during the interview, their right to pause or stop the interview at any time, and to withdraw their data within 2 weeks. I asked if they needed anything to keep them feeling safe-enough, making suggestions if appropriate (e.g., turning the camera off to signal wanting to pause, a soothing drink, a grounding exercise).

I reminded the women that they should only share as much as they felt comfortable sharing, naming the "good-subject effect"[5]. I described the structure of the interview and explained that I would not be asking them about their experiences of RUSA, but that if it felt important to speak to these, they were absolutely welcome to but would remain un-analysed in this study. I explained

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[5] The "good-subject effect" is a phenomenon wherein participants feel they should please the researcher (Nichols & Maner, 2008)

that if I ever moved the conversation on, it would not be an expression of disinterest. I endeavoured to validate participants' feelings and experiences with warmth and compassion, use language they felt comfortable with and ask permission when asking more probing questions (Rosenblatt, 1995).

At the end of the interview, I checked how each woman felt – they all described positive feelings. It is possible that the research question promoted a sense of movement from a difficult past to a more positive present. I followed up by sending them a list of resources and relevant organisations (Appendix I).

2.2.2.4 Token of appreciation

A £20 pound voucher purchased using the course's Decolonising Research Fund was presented to each woman via email. They were made aware of this voucher in the information sheet and reminded at the end of the interviews.

I discussed the value of the voucher with the board of ethics, supervisors and consultants, considering whether a larger amount would act as an inducement to participation. The 20£ voucher was considered a "token of appreciation" rather than remuneration, recognising that the time, energy, emotion and cognitive labour associated with their contribution are worth far more. All participants accepted the voucher.

2.3 Consultation with experts-by-experience

Three Experts-By-Experience volunteered to join this project as consultants. They were recruited via a poster (Appendix C) on newly created Twitter account @joy_post_rape. They hold varied identities and speak to an individual, intersectional conception of what it means to be a woman who has experienced RUSA and has felt joy in or enjoyed SI thereafter. All three consultants work within the field of Psychology; possible biases in researching this issue were considered.

Consultants were/will be consulted at various stages of this project, per Table 8.

Table 8

Research activities collaborated on with consultants

Stage of project	Examples of activities
Design of the study	Obtaining feedback on the topic, interview questions, language used, eligibility criteria and ethics
Recruitment	Support with disseminating the study via personal and professional contacts
Data Analysis	Feeding back on analysis output and discussing the CGT model
Dissemination	Co-production of resources and presentations; joining conferences, interviews or workshops; sharing findings with organisations / contacts

Consultants signed an agreement outlining responsibilities (Appendix D) inspired by Dr Mustafa's consultant agreement, per her doctoral thesis (2021). I secured three 50£ vouchers via the Decolonising Research Fund, as a small token of appreciation for their valuable contributions to this project.

I have met with the consultants jointly and separately six times. They were instrumental in thinking about the language used in this study, the eligibility criteria and disclosure of insider status, ensuring that information sheets and consent forms were clear and accessible.

2.4 Participants

2.4.1 Recruitment

I used a purposive sampling method, in which women were selected to participate on the basis of their lived experiences and identity (per sections 2.4.2, 2.4.3). I created a clear, accessible poster (Appendix E) and advertised this via social media (Twitter, Facebook, Instagram) and personal and professional networks. The recruitment process is illustrated in Figure B.

I endeavoured to avoid WEIRD (Heinrich et al, 2010) recruitment practises, hoping to recruit at least 50% of participants who identify from a non-White/minoritized background. As part of theoretical sampling, I re-advertised my poster alongside a tweet explaining my aim to recruit more women from minoritized backgrounds, then realised that most of my participants from minoritized backgrounds had been recruited via word of mouth, through

acquaintances and my professional network. This fits with Getrich and colleagues' (2013) research on "cultivating a cycle of trust" with diverse communities. As such, I reached out to many of my minoritized friends and acquaintances and asked if they would be willing to recommend my research to their friends. I ultimately recruited just under 30% of minoritized women.

Interviews were dispersed across three waves: Summer 2022, Winter 2022/2023 and Spring 2023. This allowed for sequential data collection and for data analysis to be conducted during and between phases to create a more substantive theory. Ultimately, I interviewed 14 women, speaking to at least one woman from a minoritized background per wave of interviews (2 in the first, 1 in the second, 1 in the third).

Figure B

Recruitment flowchart
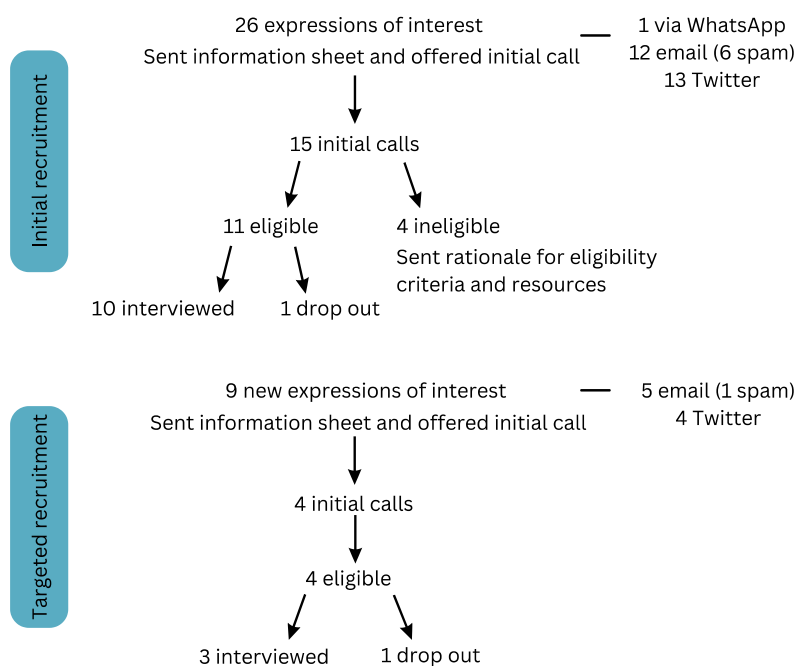
2.4.2 Inclusion criteria

I aimed to recruit cisgender women with experience of RUSA and who felt that they had since been able to enjoy or find joy in experiences of SI. Experiences of rape or unwanted sex must have occurred at least one year prior to participation in the study and must have occurred after the age of 18 years old. Participants' understanding of the terms "unwanted sex" or "rape" was not questioned. Given my feminist stance, it is important to remain in a similar cultural context: in this case, the UK.

Table 9

Participant inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Identifies as a cisgender woman aged 18 or over	Experience of childhood sexual abuse, unwanted sex or rape under the age of 18.
Has experienced what they define as RUSA. This experience should have occurred from the age of 18 onwards and at least one (1) year ago	Within the last 6 months – any high levels of psychological distress such as self-harming behaviours or thoughts of ending one's life.
Feels as though they have felt joy in or enjoyed SI (alone and/or with a/several partner(s)) since experiencing RUSA	
Able to speak English at a level which enables participation in the interview (due to limited resources)	
Currently living in the UK	

2.4.3 Rationale for exclusion criteria

I elected to exclude women who have experienced unwanted sex or rape before the age of 18, as per section 1.2.3, as well as women having experienced self-harm or suicidal thoughts in the past 6 months. This latter was an attempt to reduce harm due to the possibly upsetting nature of this study, within the limited scope of a doctoral research project. Ultimately, none of the women who participated in an initial call identified any current self-harm or suicidal thoughts.

2.4.4 Rationale for sample size

The traditional precept in Grounded Theory methodology is that data collection ends when categories become "saturated" and there can be no new theoretical insights drawn from further data gathering (Charmaz, 2006). However, within a realist social constructionist feminist framework, there can be many different constructions of the data: a different researcher may have co-constructed a different theory to make sense of this phenomenon.

I chose to use Charmaz's (2006) CGT concept of data sufficiency, aiming to recruit until a meaningful co-constructed theory was created, accounting for the majority of the data, without adding new categories. Most categories were elaborated by the 6th interview and theoretical sufficiency occurred by the 9th interview, allowing further interviews to add depth and validity to the model.

2.4.5 Demographics

I asked eligible women a variety of demographic questions at the initial call, in order to gain an understanding of participants' intersecting identities and to be transparent regarding the diversity of the sample. It was agreed that demographic details would be reported separately from their pseudonyms and quotes to ensure complete anonymity (reported verbatim in Table 10):

Table 10

Participants' demographic information

Age	Sexuality	Ethnicity	Nationality	Disabled	Field of work	Time since RUSA
27	Pansexual	Other	Cypriot	Yes	Charity	8 years
39	Predominantly heterosexual	White British	British	Yes	Academia	13-14 years
28	Straight???	Pakistani	British	Yes	Mental health	2-3 years
30	Bisexual	White Welsh	British	No	Academia	11 years
27	Bisexual	Chinese	British	No	Entertainment	7 years
25	Heterosexual	White British	British	Yes	Academia	6 years
50	Bisexual	White British	British	No	Charity	15+ years
31	Heterosexual	White British	British	No	Mental health	10 years

25	Straight	White Irish	Irish	No	Academia	7+ years
26	Heterosexual	Black African	Nigerian / Ghanaian	Yes	Mental health	2 years
55	Straight	White British	British	No	Mental health	20 and 30 years
27	Bisexual	White British	British	Yes	Mental health	6-7 years
28	Heterosexual	White British	British	No	Academia	6 years
28	Fluid / pansexual	White Scottish	British	No	Mental health	10 years

All the women I spoke to had experienced RUSA perpetrated by a man. Eight women experienced RUSA in the context of a long-term intimate relationship; four were raped by people they knew, were acquainted with or were dating; two did not provide details about the RUSA. The average amount of time elapsed since the RUSA was 8.6 years at the time of interview.

In the time since their interview, one person told me they no longer identify as a cis woman but rather as genderqueer without a preference around pronouns. We agreed their data should remain included in the study as their interview had taken place when they felt themselves to be cisgendered.

2.5 Data Collection

2.5.1 Resources

Semi-structured interviews were based on the interview guide and recorded on Zoom and a Dictaphone. I kept an electronic reflective diary on my laptop. I used a reputable transcription service to transcribe seven of the interviews – the transcriber signed a confidentiality agreement before accessing interview recordings. NVivo 12 software was used to analyse the data.

2.5.2 Interview procedure

Data was collected via individual semi-structured interviews per CGT methodology (Charmaz, 2006). The introduction to the interview, prompts and closing of the interview can be found in Appendix K. Interviews took place on a virtual platform (Zoom). Virtual interviews via Zoom have advantages and disadvantages, described in Archibald et al. (2019). A significant advantage in this study was that it allowed women across the UK to take part. It gave them greater flexibility, and they were able to join from their "safe spaces" at times that were convenient for them. The length of interviews ranged from 55 minutes to 1 hour 35 minutes.

I was influenced by "intensive interviewing" (Charmaz, 2006) methods which:

- Combine flexibility and control

- Open interactional space for ideas and issues to arise

- Allow possibilities for immediate follow-up on these ideas and issues

-         Result from interviewers and participants' co-construction of the
conversation.

I began each interview by "*instilling a spill*" (Glaser, 2009; p. 22): allowing
women to speak freely about their experiences without directing them or limiting
them (Spradley, 1979). This was an attempt to limit the influence of my personal
experiences on interview content, by giving each woman the floor and allowing
them to shape and lead the discussion. I did so by asking: "Please could you tell
me about your experience of coming to find joy in sexual intimacy, following rape
or unwanted sex?" The first wave of interviews consisted of this single question,
followed by follow-up questions to elucidate the "how" and "why" and gain a
better understanding of topics touched on briefly. I used a conversational style,
framing myself as an "*interested learner*" rather than a "*distant investigator*"
(Charmaz, 2006; p. 73). The second wave of interviews consisted of the
aforementioned elements, as well as additional questions guided by codes from
previous interviews I identified as meaningful but somehow "*unresolved*"
(Charmaz, 2006, p. 194) in line with the CGT iterative process ("*starting with
data, constructing tentative ideas about the data, and then examining these ideas
through further empirical enquiry*"; Charmaz, 2006 p.195). The final wave of
interviews was more structured: I followed the same process as in the second
wave but limited my use of follow-up questions and finally asked for feedback on
the diagrammatic CGT model.

Throughout the interviews, I used prompts, summarised to check my understanding, and empathised with these women's experiences and perspectives (Charmaz, 2006). I found myself attempting to make sense of their experiences in a chronological fashion, in order not to miss any key processes and ensure I did not remain on a superficial level of understanding. This is not to say that experiences recounted by participants occurred in a "linear" or chronological fashion.

Due to my insider researcher status, I considered whether "*two-way taken for granted cultural competence*"[6] might occur (Mannay, 2010, p.94). I noticed myself saying "I know what you mean" in response to shared experiences, rather than probing further. I have never done that in my clinical role, highlighting the difference between therapist and researcher. I memo-ed and reflected upon this, endeavouring to be more curious and "*make the familiar strange*" (Mannay, 2010, p.94), asking for more detail. I did so by noticing the words used and gently asking for elaboration.

2.6 Data analysis

2.6.1 Memo writing

Memo-writing is a "*crucial method in grounded theory which creates an interactive space for conversing with yourself about your data, codes, ideas and hunches. (…) a space to become actively engaged in your materials, to develop*

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[6] This is a phenomenon where both researcher and participant assume they understand each other completely (Mannay, 2010).

your ideas, to fine-tune your subsequent data-gathering, and to engage in critical reflexivity" (Charmaz, 2006, p. 162-163). It provides a historic audit trail of the thought process behind analysis (Birks & Mills, 2015). I wrote reflective memos during the planning, interview and analysis process (e.g. Appendix Q).

2.6.2 Transcription

All interviews were transcribed word-for-word by a professional transcriber or myself. The data was analysed using CGT techniques (Charmaz, 2006) via NVivo 12. Data collection and data analysis took place simultaneously: each interview was built on the previous woman's experiences and reflections and allowed for an iterative member-checking process.

2.6.3 Initial coding

All interviews were analysed using line by line coding, staying close to the data by monitoring the progression of events from the women's perspectives and considering their idiosyncratic meaning. I constructed codes which reflected the action taken in that section, using "gerunds": verbs in their "-ing" noun form (Charmaz, 2006). Any codes I identified are a co-construction between the participants' stories and my reading of their stories: "Every researcher holds preconceptions that influence but may not determine what I attend to and how I make sense of it" (Charmaz, 2006 p.156).

2.6.4 Focused coding

I went through a more focused coding phase to "*sort, synthesise, integrate and organise large amounts of data*" (Charmaz, 2006 p.113). This was the most practical way of staying on top of hundreds of idiosyncratic codes, allowing me to develop the most salient codes and put them to the test in subsequent interviews. An extract of focused codes was reviewed by the supervisory team to check code coherence. These focused codes were continuously refined and developed. I found that some categories needed to be expanded, excluded, or pulled out to stand alone. This began to explain key processes, informing the theoretical direction of the results.

2.6.5 Theoretical coding

The final coding stage was theoretical coding, which occurred after analysis of Wave 2 interviews/throughout Wave 3. This involves refining the final categories and specifying relationships and interactions between them (Charmaz, 2006). I connected all codes and categories together under nine core categories – the CGT theory is based on a co-constructed understanding of the links between them. I created a diagram to illustrate the central theory (Buckley & Waring, 2013). The various iterations of the CGT model can be seen in Appendix R. All interviews were reviewed to assess whether the resulting theoretical model could explain participant experiences and processes. Women interviewed in Wave 3 also provided rich feedback on the CGT model, which was

coded and incorporated into the dataset. My consultants and supervisors also fed into the model's development.

2.7 Methodological rigour

CGT is a highly reflexive methodology, which has felt vital as an insider main researcher working alongside a team of expert-by-experience consultants. This method has helped me account for the impact of my experiences as a self-described "victim" of rape on the conclusions drawn, and ensure I prioritised these women's meaning-making as opposed to my own (Moghaddam, 2006). I have done so via memo-writing, keeping a reflective journal and engaging in regular personal therapy to consider my relationship to my research, and the impact of my values, assumptions and experiences on to the co-construction of the CGT model. Furthermore, each stage of analysis was reviewed and discussed with the supervisory team.

I engaged in member-checking, which involves taking ideas back to participants for their confirmation and elaboration (Doyle, 2007). I contacted three randomly selected women for a second brief conversation and showed them the CGT model, inquiring whether and to what extent those categories fit their experience, how each category may link to other categories, and how best to present the model in a format befitting the way their journeys unfolded. I did the same at the end of the 13th and 14th interview. These women's contributions helped shape the model by improving its accessibility, credibility and validity.

I sent all the women my research chapter, so that they could review their quotes. Some provided feedback, per Table 11.

Table 11

Feedback on the CGT model / results chapter

It was a brilliant read - I was captivated! It was really nice to hear back my quotes from a time I was feeling good about my sex life and also it helped me feel hope hearing about what the other women said about the ups and downs and ebbs and flows. The diagram with the pebble is a beautiful analogy and works really well to capture the process in the way you wanted it to, I think. Thank you for all the care and attention you have put in! It really is a very hopeful piece of work.
I wanted to say how moving it was to read the whole results chapter. I was in tears a couple of times but healing tears - more from the learning and experience shared by the other participants.
This looks fantastic, thank you so much for sharing – it looks brilliant. feel like XX and I have a lot in common which was also very lovely to see!
This was incredibly interesting and moving to read. I think you've really captured a variety of different experiences of SI following rape/unwanted sex. I really appreciate the sensitive way you have handled this topic in your conduct of the study and your writing. I don't have any further feedback on the draft, I think it's clear and powerful.
I've briefly skimmed it over lunch but it's so good. What a wonderful, celebratory, and healing piece of work this is. I'd love to read it when it's done.
Thanks so much for sending it through, it's pretty powerful to see it written up alongside others' experience!

The validity of this research was assessed using Tracy's eight "Big Tent" criteria for excellent qualitative research (Tracy, 2010). This is discussed in section 4.4.

3. Results

This chapter is an overview of the co-constructed CGT model (Figure C). I will elaborate upon each category and sub-category through participant quotes in an attempt to "show, not tell" (Tracy, 2010).

3.1 Overview

This model illustrates a novel theory co-constructed through my analysis of fourteen iterative interviews and five member-checks, memo-writing and ongoing discussions with my team of consultants and supervisors. It makes sense of the processes that women with experience of RUSA work through, in their attempts to gain or regain enjoyment in SI. It examines how these processes (per Table 12) relate to one another and is located within my interpretation of these women's descriptions of their experiences and the processes they saw themselves participate in (Charmaz, 2006).

Table 12

Categories and subcategories of CGT model

Category	Subcategory
1 – Managing negative impacts on SI, my body and relationships	1a – Experiencing negative repercussions on SI
	1b – Not struggling with SI thereafter
2 – Contextualising and making sense of my experience	2a – Acknowledging the impact of culture and society on my experience
	2b – Learning and feeling connected via media

	2c – Making sense of sexual trauma and its impacts
	2d – Trying therapy, medical care and other strategies
3 – Healing through open, supportive and sex-positive relationships	3a – Being surrounded by strong, fierce, sex-positive women
	3b – Healing through a relationship with the "right" sexual partner
	3c – Moving into new, safe and accepting environments
4 – Learning to communicate about my experience and desires	4a – Communicating openly and honestly with my partner
	4b – Learning about consent from my partner
	4c – Talking about RUSA with others
5 – Finding agency in SI	5a – Engaging in casual sex
	5b – Exploring BDSM, kink and fantasies
	5c – Being in an open relationship
	5d – Going on a journey to SI on my own terms
6 – Growing through my own self-compassion	6a – Coming back to and caring for my body
	6b – Learning to be self-compassionate
	6c – Moving from self-blame to knowing it wasn't my fault
	6d – Reclaiming and redefining my identity
7 – Rejoicing individually	
8 – Rejoicing in community	
9 – Reflecting on my journey	9a – Reflecting on a non-linear, lifelong journey
	9b – Reflecting on the value of SI
	9c – Reflecting on balancing celebration with grief

Figure C

Constructivist Grounded Theory model
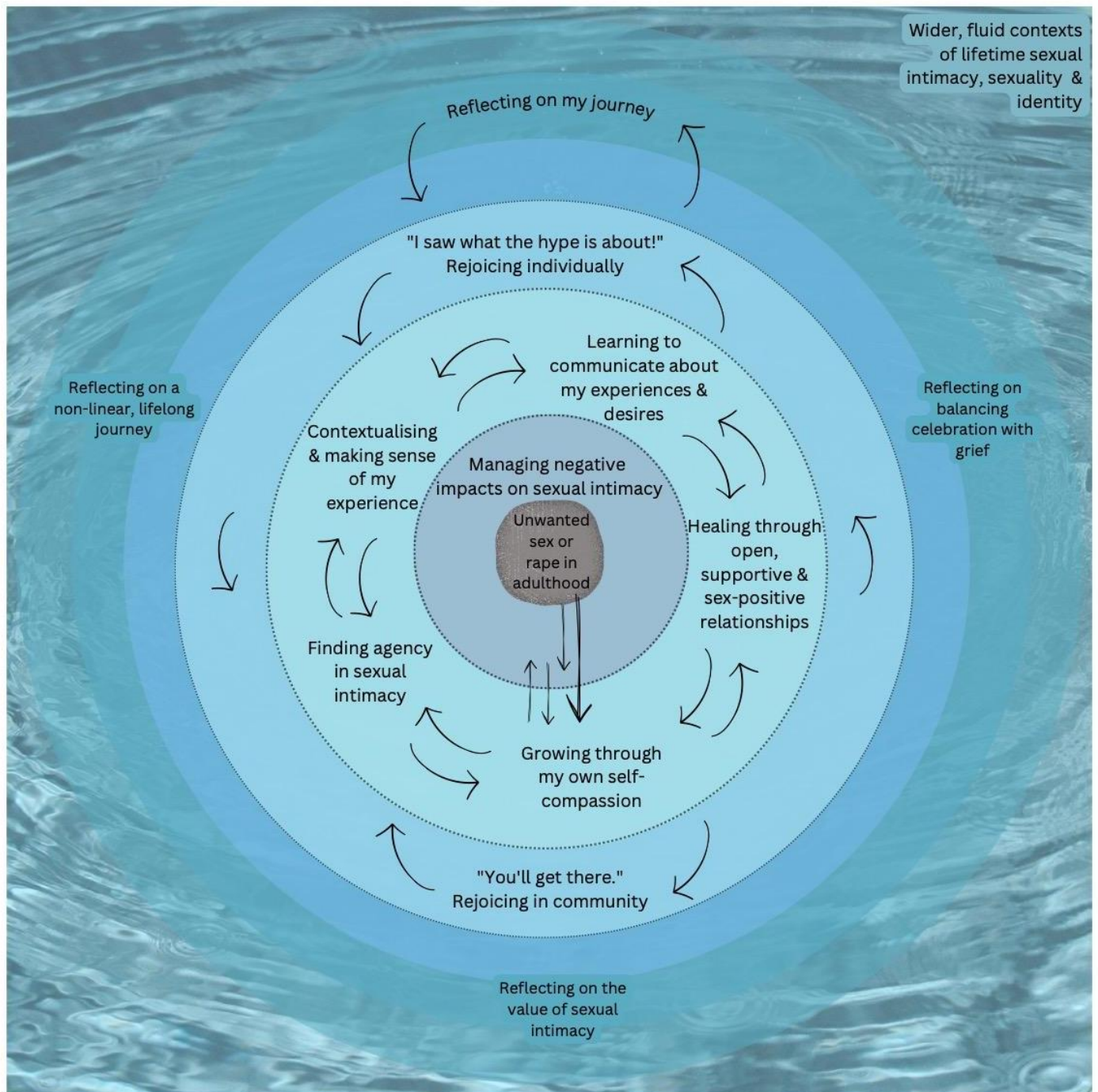
The CGT model is analogous to a pebble thrown into a body of water, generating ripples. The water represents wider sexuality and sexual experiences; the pebble represents the RUSA, an often-times significant event, and the ripples represent its impacts.

3.2 Category 1: Managing negative impacts on SI, my body and relationships (or not)

Most women spoke about past sexual difficulties, experienced immediately after RUSA or some time afterwards. These occasionally reoccur after a triggering incident or memory.

Although many experienced negative repercussions post-RUSA, some women bypassed this experience and did not experience an impact on SI, moving straight to the "mechanisms of healing" described in following categories.

3.2.1 1a: Experiencing repercussions on SI

3.2.1.1 The impact of trauma on SI

Several women described symptoms of trauma sometimes impacting SI. Some described freezing during sex, others dissociated or detached from their feelings: "*(…) my mechanism of coping [is] to just go into this other world, and I would do that a lot during sex*" (Nadia). Beth explained that she experienced post-coital dysphoria (strong feelings of anger, sadness or agitation after orgasm), and others described panic attacks, flashbacks or intrusive thoughts or memories of RUSA during SI.

Some women felt distrustful of their own judgment, and of potential partners: "*I was very conscious of, if someone that I was in a committed relationship felt that they could do that to me, then what could someone else do?*"

(Nora). Some women spoke about feeling disconnected from or distrustful of their bodies: "*Sexually I felt very disconnected from my body. I felt very unsafe in my own skin.*" (Fern).

Many women spoke about experiencing negative feelings (e.g. fear, shame, anger) around SI, which sometimes discouraged them from partaking in it. Some women struggled to separate SI from RUSA:

Anything to do with arousal or sexual activity was still so connected to that person (…) They felt really intertwined, I think because he's the only person I've ever experienced this from. (…) But even when we split, that still kind of felt like it belonged to him. (Nora)

Some felt irreversibly damaged by the RUSA: "*The thing that fuelled all of this was that feeling of like, I am broken. I am defective. I have something no one else experiences*" (Nadia). Nora felt that certain aspects of her personality made her "*weak*", "*someone who could be victimised*". Nadia and Lucy felt convinced there was something wrong with their bodies:

For ages, I just wanted someone to tell me that (…) I definitely did have this disease, that condition that would mean that I wouldn't be able to enjoy sex anymore, so I could stop searching for it. (Nadia)

3.2.1.2 Struggling with sexually intimate acts

Many women avoided SI post-RUSA. They described a loss in sex drive which resulted in disengaging from all sexual activity: "*I didn't have like urge to have sex anyway and (…) [e]ven masturbating wasn't something I had felt the urge to do*" (Charoulla)

Many spoke about struggling to achieve pleasure with a partner. This came from trying to be "normal", struggling to ask for what they wanted during sex, or feeling afraid of their own desire:

> *But it felt like a scary place to go sometimes, to want to seek joy in sex again, to really lose yourself or enjoy it. (…) In a lot of ways there were some really good things about that relationship, so it felt scary to have that because that at any point, I felt like whatever my partner could just turn round and do that to me again. (…) So, I didn't want to let go. I didn't want to enjoy it in a lot of ways, I think.* (Sarah)

Several struggled with masturbation, post-RUSA. Some women connected this to obsessing over their inability to orgasm. For Nadia, this difficulty linked to shame: "*There was a lot of shame, and there was a lot of confusion, thinking I was doing something wrong. (…) So I didn't really embrace the idea of being touched in that way, or touching myself in that way.*"

Some women forced themselves to have painful sex with their partners: "*Even when I could physically have sex, I didn't enjoy it. It felt bad.*" (Nadia) A minority of women said that for a period of time, they used alcohol to cope with having sex. Yaa attempted to regain control of her sexuality by forcing herself to masturbate:

> *It was the want to have control over my body again and NOT for pleasure. I was like, "You have to do it, almost like an exercise!" (…) Almost to prove to yourself like his having sex with me is not going to affect me forever. Like, "Ah-ha, I'll show you! It will be me. It won't be you."* (Yaa)

3.2.2 1b: Not struggling with SI thereafter

Not all women experienced negative impacts on SI, post-RUSA. More than half of all participants did not struggle with masturbation after their experience of RUSA, with some finding it easier and "*less fuss*" (Rose) than partnered sex: "*I could find SI and enjoyment by myself. And again, that was not affected.*" (Sophie)

Some women did not experience any difficulties with partnered SI. For Sophie, Amanda and Alex, this was a long-lasting experience: "*I personally didn't have sort of difficulties finding sexual enjoyment after that experience.*" (Sophie). Amanda entered a relationship with a close friend within hours following RUSA and experienced "really enjoyable sex" immediately: "*It was new to me, I never*

had someone give me so much attention, and cared more that I was enjoying myself, than anything else".

3.3 Category 2: Contextualising and making sense of my experience

This is the first category described as a healing mechanism or process. However, these processes are not written in any particular order: categories 2 - 6 feed into one another. The women interviewed in this study did not describe any single one as a first step.

When considering their journey to finding joy or enjoyment of SI, all the women spoke about at least one aspect of contextualising and making sense of their experience.

3.3.1 2a: Acknowledging the impact of culture and society

One of the important processes highlighted by the women in this study was a process of learning about and becoming aware of the narratives pervading society, and occasionally their own cultures and religious communities. This allowed them to contextualise their experiences, identify and step away from narratives that were contributing to shame-filled or unpleasant sexual experiences, exonerate themselves and allow themselves to take back control of their sexualities.

Many spoke about a negative impact stemming from their cultural and religious upbringings. Some had been brought up in Christian or Muslim households and spoke about *"stigma around sex and stuff"* (Sarah) and *"purity culture"* (Beth) leading to fear of doing the wrong thing, such as extra-marital sex, masturbation or same-sex attraction. Nadia later realised that *"the kind of manipulated Islam that was presented to [her], (…) was patriarchal and misogynistic and about power and oppression"*. A number of participants noticed an enforced silence around conversations about sex. Sarah said she *"didn't grow up in a culture where sex was a normal thing to talk about, or even consent"*. She was not alone in feeling shocked upon meeting women who were open about sex: *"I remember (…) thinking, "You've been told not to talk about this. You've been told that this is wrong."* (Caroline). Women felt discouraged from speaking about their experiences; several still avoid sharing their experiences of RUSA out of a desire to protect their loved ones or themselves.

Most women recognised the impact of poor sexual literacy – their own, their partners' and their communities'. Silence around sex or SV led to not understanding consent:

The lines around consent and consensual sex are pretty much, "You are the woman and you are dating guys, so you need to have sex" And there is no "Oh you don't want, it's fine to say no, this kind of stuff. (Charoulla)

Many women described previously-held limited definitions of rape: "*Like, in our head we grow up think like rape is only when someone grabbed you and put you down and force you which like yeah it is, absolutely is. But it could be other things as well*" (Charoulla). This stereotype led women to feel like their experiences were somehow illegitimate; several women did not realise that their experiences constituted rape: "*It still hadn't really dawned on me that there was anything to be concerned about. (…) It was just a "This is a really odd experience"*" (Nora). Women spoke about the impact of men's sexual illiteracy, leading to experiences of consensual but unpleasant sex, based on "*a big gap between what men are taught sex is, and what actually women expect and deserve*" (Caroline). Non-consensual acts were sometimes attributed to a lack of knowledge about consent: "*He was just trying things out that he was curious without… Thinking about whether I was happy with that.*" (Nora) Some women experienced judgment and disbelief from those around them and linked this to ignorance.

Many women attributed their own, their partners' and peers lack of knowledge around consent and sex to media and pornography portrayals of SI: "*These ideas about sex in films and stuff, growing up, where it was, there wasn't foreplay. There was just like under the sheets, lights off, in and out, and I think I just wanted that*" (Nadia), as well as to a broader lack of sex education.

Most women named patriarchal and sexist norms and narratives as the root of SV. Several women noted how common-place SV is and spoke about its

normalisation and apology within rape culture: "*You don't really talk about things that are actually CLEARLY sexual harassment, you don't really consider them sexual harassment because it's just so common and just so ingrained in the society*" (Charoulla). Women referenced the impact of toxic masculinity on their sex lives, with men "*[needing] to do whatever presents as masculine, and what it means to be able to have sex with someone at the drop of a hat*" (Sarah). Women had felt duty-bound to focus on male pleasure: "*The culture I grew up in, as I'm sure a lot of girls do, was very much, revolved around pleasing boys, and making sure you were delivering what they wanted during sex*" (Amanda). As Caroline put it succinctly, "*I just think that… Society has enabled this behaviour*".

These norms and narratives led to feelings of self-blame, shame and minimisation. Most women described internalised self-blame around their RUSA. They felt they had been "*naïve*" (Charoulla) and blamed themselves "*for not having said, "Look, all those times, I just… I don't want to do this. Just leave me the fuck alone*" (Lucy). This guilt and shame affected SI for several women. They minimised negative sexual experiences: "*It's not a big deal, it's just I'm unlucky*" (Charoulla) or wondered if not struggling with sex post-RUSA meant that what happened wasn't that serious.

Once women learnt about the above societal norms and narratives, they were able to notice them in their own thought processes and begin deconstructing them. They began to "*let go*" (Lucy) of those beliefs and find their own ways of thinking about SI and enjoy their experiences on their own terms.

Beth spoke about progressing "*past the idea of hell and damnation*" and deciding "*actually, I don't need that*". This is illustrated through her experience of receiving a book on how to be "*a good wife*" from women in her community:

> *I threw the book across the room. I couldn't do it. I was like, "This is so abhorrent. This is so at odds with where I'm at. (…) That moment was the mental equivalent of all that crap messaging, taking quite a lot of it – not, it wasn't complete – and just throwing it in the bin. (…) And part of that moment was giving myself permission to consciously say "What a load of bollocks!"* (Beth)

3.3.2 2b: Learning and feeling connected via media

Several women described gaining crucial information about harmful social discourse from various forms of media, be it literature, research, television, social media or the internet:

> *The biggest shift I remember was when I saw the documentary, and I saw other people talking about their experiences, the different kinds of rape and the different contexts that it might happen in versus this very stereotypical, it being a stranger, or it being someone you know but not that you're really connected to, and it being quite aggressive and the kind of images that you see portrayed in film and TV and stuff. Just having my eyes opened to actually there are other versions of it and you're not silly for being confused*

about these experiences, because actually they were wrong, and they weren't anything to do with you. (Nora)

This learning, which connected women to the wider contexts their RUSA existed within, began to help them make sense of what had happened, and to reconnect with their sexualities in a different way. Yaa and Beth did research to better understand their experiences and move forward. Charoulla began to read feminist literature:

That shame and guilt aspect of it, it start[ed] shedding down because of the things I've been reading and comparing different approaches and movements from different countries that they were more liberal in that sense from my own country. (…) And in a way I felt I was getting a bit more control, because now I understand (…) [what] was happening. (Charoulla)

Other women felt overwhelmed by the information at their disposal. Sarah has learnt to manage her exposure to research about SV: "*When I have to read those things I will usually be like – this is a 17-page reading – I'm going to read 5 pages and then take a break, and then whatever, have a cup of tea, and leave it 'til the next day.*" Fern took a break from social media after the murder of Sarah Everard – she saw this as a "*radical act of self-compassion*". Yaa, Nora and Starfish all spoke about struggling to believe information provided by impersonal sources: "*You have the knowledge but until you know it inside you, that like [it had nothing to do with] how I was feeling.*" (Yaa)

Women felt a sense of healing through seeing their experiences echoed by others: Yaa felt empowered by Michaela Coel's TV series "I May Destroy You", Caroline appreciated the poem Rape Joke (Lockwood, 2013), Nadia learnt from the book Come As You Are (Nagoski, 2015), and Charoulla read many "survivor" accounts of SV on Instagram. Some of the women felt deeply connected to women they didn't personally know:

I watched Christine Blasey Ford's testimony and what happened to her was quite similar to what happened to me, there was a lot of… Sort of, it wasn't rape, and yet it really affected her for the rest of her life, and… I just FELT that inside of me. (Caroline)

Fern spoke about feeling linked to all women generally via SV:

Ultimately, all women will have some experience of this, albeit on different levels. It's an experience that connects me to other women, a sense of sharing. We don't have much that we all have in common, but we have this. It makes me so angry I want to set fire to things, but it also creates a solidarity and a connectedness. We shouldn't have to be connected, but we are. (Fern)

3.3.3 2c: Making sense of sexual trauma and its impacts

3.3.3.1 Confronting my experience and linking my difficulties to it

Most of the women I spoke to went through a process of gradual acceptance of their RUSA. This was felt as crucial in the journey to enjoying SI.

For some, this started with denial of the RUSA. Sarah explained: "*I remember physically lying in bed and trying to put the memory into like a box in my head, because I did not want to think about it, and I didn't want to make sense*". Denial sometimes resulted in a temporary lack of sexual problems: "*I thought, "Oh wow, I've successfully managed to just get rid of that! That's great!*" (Fern).

This stage eventually (over weeks, months or years) yielded to an acceptance and acknowledgement of what had happened, and sometimes the start of sexual difficulties. For both Sarah and Fern, this came through their work in the field of SV: "*It made it almost impossible to keep pretending this hadn't happened. (…) There was a point where I had to confront the violence of what had happened to me.*" (Fern)

The third stage that some women spoke about involved connecting sexual difficulties to the RUSA. It took years for Charoulla to relate her avoidance of sex to the RUSA. Yaa spoke about the importance of coming to terms with the fact that "*we're shaped by experiences – not to say that it [will] change you forever – but it's going to be different*".

3.3.3.2 Distinguishing sex from RUSA

A small number of women felt that their positive sexual histories (pre-RUSA) likely helped them cope with and heal from RUSA more easily. Alex didn't experience any sequelae after RUSA: "*Because it's against the background of other experiences. It hasn't made me feel unsafe with men, or angry towards men as a whole.*"

Some women felt that distinguishing or separating RUSA from other sexually intimate experiences was key in feeling able to enjoy sex again: "*It was just such a different environment. Such a different person. That I never associated one with the other. (…) I didn't consider rape sex, in a way*" (Amanda). Sarah began to enjoy sex again when she realised she had succeeded in separating her RUSA from SI:

> *All these hang ups I had previously, and all these worries that were associated to it, all these links that my brain was making while I was aroused and trying to do things. They just aren't there.* (Sarah)

3.3.3.3 Gradually finding the words for my experience

Not all women felt comfortable using the word "rape" to describe their experience. However, many of these women went through a process of realising that what had happened was wrong. Sophie shared that she still prefers "unwanted sex" over the label of "rape", "*even though I think it fits the definition*

of rape". Lucy, who experienced RUSA in the context of her marriage, told me that "it happened so many times that it's difficult to call it rape" and that she still isn't sure how to call it. Alex described her experiences as "*definitely wrong*" and "*absolutely outrageous*" – something that has become clearer for her with every passing year. Amanda told me:

> *The first thing I wish I could do for myself is to… Appreciate – not appreciate – but understand truly how traumatizing and serious of a situation, of an experience was that I did go through and that I must not blame myself.* (Amanda)

Most women shared a gradual process of finding the words for their RUSA. Many were "given" the words by a friend, counsellor or colleague. Charoulla described the first time a friend validated her feelings by giving her experience a name:

> *It was like "That's actually sexual assault". And she said that to me. And it was the first time that someone actually said that to me. And then… I felt so relieved? In a way? And it was the first time that a person, close to me, said that actually that, what happened, that's what it was. It was SV. And… That was really important. It felt a really important step in my healing journey, I suppose, in a strange way.* (Charoulla)

Beth and Lucy spoke about experiencing a "*spiralling*" (Lucy) after being told by peers that what they had gone through was rape: "*There was obviously, there was fall-out. You know, I was tearful, and I was that, you know, when you kind of dissociate a bit and go a bit floaty.*" (Beth) On the other hand, Charoulla found that putting a name on her experience was the point at which she felt able to talk about it and "*actually say, you know, that's FUCKED.*"

3.3.3.4 Needing to make sense of the past in order to move forward

The majority of participants told me that they felt a need to make sense of their RUSA in order to move forward into a better, more joyful place sexually. Lucy explained: "*It's just because you've got to see where the wounds are that you wanna heal*".

When asked what advice she would give someone in a similar position, Starfish suggested:

> *Be open with yourself about what happened, (…) difficult as it is – and it's easy to block out (…) But deal with it sooner rather than later. Because it will impact the rest of your life but don't let it take over for that long because, you know, your life's for living, it's not for letting someone else's actions dictate.* (Starfish)

3.3.4 2d: Trying therapy, medical care and other strategies

About half of all participants spoke about having helpful therapeutic experiences. These were linked to positive therapeutic relationships: "*I think that was just probably as well the best therapist I had in terms of just my own personality, and I felt like she understood me*" (Sarah). Some women appreciated their experiences being named "rape" and struggled with therapists who avoided the topic of RUSA:

> *I did go to therapy. Yeah, it didn't do… Anything. It was shit to be honest. It was very like tiptoeing around what had happened despite you being there because of what happened.* (Starfish)

A small minority of participants preferred their therapist not to bring up the assault without being prompted. Yaa appreciated that her therapist "*would respond appropriately if I brought it up, it was like I could talk about other things, and it wouldn't be like she was trying to link it back to that.*" Most women I spoke to did not talk about sexuality or SI post-RUSA in therapy.

Nadia and Caroline accessed medical care specific to sexual wellbeing. Helpful experiences included being asked specific questions about sexual health and a lack of assumptions; unhelpful experiences involved being disregarded due to being young and a singular focus on physical or organic causes to difficulties.

Several participants found their own strategies to process their sexual trauma. Beth learnt to ground herself through "*journaling, chocolate-ing*". Caroline found that journaling and writing helps with "*tracking where the anger sort of turns into expression*". For Nadia, it was a regular practise of "saying "*hallo*" to myself, saying "*thank you*" and "*you're okay*".

3.4 Category 3: Healing through open, supportive and sex-positive relationships

This process relates to a sense of healing through supportive and sex-positive relationships. All the women I spoke to described important relationships that they saw as key in finding joy and enjoyment in SI post-RUSA.

3.4.1 3a: Being surrounded by strong, fierce, sex-positive women

Most of the women in this study found great value in platonic, female relationships. They spoke about feeling supported in a very specific way by the women in their lives and felt part of a wider community of women with experiences of sexual trauma.

3.4.1.1 Speaking openly about sex

Many women described benefitting from speaking to other women about sex. For some, there was a growing freedom in being able to speak openly:

We had a dinner party, and she made a cake and she'd made a fondant vibrator on it! And I was just like, my teenage self was like, "WHAT is this? What?" Um, and I just remember… That sense of freedom. (Caroline).

This freedom impacted how they felt about their sexuality more generally: "*It just removed that pressure and it just make me feel… Less pressured about what I do in my life, and what I do in sex, how sex should look like*" (Charoulla). Lucy slowly realised that being outspoken about sex helped her feel less "*broken*": "*There were a couple [friends] that were very outspoken and it was – This, this is good. I like this. I need that. That was part of helping me realise that okay, everybody's different*". Lucy's realisation echoed several women's experiences of learning about sex, orgasm and masturbation through conversations with friends. For several women, validation and normalisation came along with vibrator recommendations:

[A]lmost as soon as my marriage was over, she was like "Beth, here's a link" (laughs) "Spicy stuff" (laughs) It's a way of going, it's my independence and self-sufficiency. (Beth)

Several women valued the realisation that they were not alone to have experienced SV:

I think, having that opportunity to open up with someone that GOT it and had their own experience (…) And then also had kind of similar experiences

to draw upon and think about together. (…) A real key time of unlocking, like "Oh, it's not just me!" (Nora)

Yaa grew closer to her friends after they all shared experiences of past sexual trauma: "*We were very close to begin with, but it was like another depth of interpersonal connection.*"

3.4.1.2 Highlighting the value of speaking with good friends

Several women felt a sense of healing through speaking about their positive and negative sexual experiences with the women in their lives. Following a "*devastating*" break-up, Caroline told a friend "*I can't believe he left me, because he fixed me.*" Her friend responded: "*He didn't fix you. You fixed yourself. And he was a part of that journey. His role was to show you that you could get back to you.*" Yaa appreciated her friend saying:

> *"It's fine if you wanted to kiss him. It's fine if you wanted to hug him. It's fine if you wanted to take off your clothes. But the minute you said "No." He should have stopped."* (Yaa)

Although Charoulla had appreciated being able to share her experience online, she felt more strongly about speaking with a friend:

> *I just felt like a wave compassion that I didn't really felt before, around that subject? It made me feel… Peace, peace. Like talking about it and, and*

having someone to like, understand you and say you know "Yeah that sucks and that shouldn't happen to you" and actually SAY it, someone that KNOWS me and CARES about me, say that to me. (Charoulla)

3.4.1.3 Valuing my support network of "incredible women"

The women in this study spoke very highly of their support network of incredible women. As Lucy put it: "*I don't need to have another intimate partner. But part of the reason I don't need that is because I'm loved.*" Fern echoed this sentiment, explaining that she feels that her journey was largely contingent on the people around her:

> *I still am very lucky that the people I have been into it with have been incredible communicators, and have named things, often that I wasn't capable of naming myself.* (Fern)

Several women made clear that the support network that made the difference was one of "*strong women*" (Fern) who understand "*power, dynamics*" (Sophie): "*Surrounding myself with incredible women has been absolutely the thing, really.*" (Caroline)

3.4.2 3b: Healing through a relationship with the "right" sexual partner

All the women I spoke to had experienced or could anticipate experiencing healing through a sexual relationship with someone who would treat them a way that would support them to feel safe and cared for.

3.4.2.1 Being with the "right" person

Almost half of the women spoke about becoming friends with their sexual or romantic partner before progressing to having sex. For Fern, this meant that: *"By the time we did have sex, I was completely and utterly obsessed and in love with him."* Lucy, Beth and Sarah appreciated trusting a long-time friend before progressing into SI. The importance of trust and safety with a partner was brought up by many: *"Often it's the people around us that create safety. We can only create so much in ourselves"* (Fern). Having an understanding partner was another important requirement:

> *He was SO kind, and so patient, and so gentle with me, that he just said, "Look, we don't have to do anything." What he did, it was time – not time – he accepted me.* (Caroline)

Most women talked about needing to feel deeply loved and cared for in order to feel able to enjoy SI:

In my long-term relationship, the sex always felt very safe and very loving,

and very caring, and that was always amazing. (Fern)

Many women also appreciated their partners' emotional and practical support when faced with their symptoms of trauma. Starfish's partner would accompany her to places she felt uncomfortable, Caroline's stayed even when she "*freaked out*", Rose's learnt what her triggers were and tried to avoid them, and most partners were always willing to have difficult conversations. Several women also spoke about valuing not being treated like they were fragile or vulnerable:

He didn't treat me like a piece of glass, which I really respected. He didn't

treat me like something that would break. Because even though I felt like

that inside, and I could see that he saw that, he didn't treat me that way,

and I really respected that. He just was like, "You're a person. Great. I like

you a lot, let's just shag." And that was… He didn't treat me like something

that… And he looked at me. Obviously, he looked at me as a person. Which

no one had done before. (Starfish)

3.4.2.2 Valuing actions and words

A third of women valued their partners' praise and reassurance. Alex and Rose both described their husbands continuing to praise their bodies during their pregnancies, when they felt particularly vulnerable:

When we had kids and I put on weight, I was terrified that, "Oh he's not
going to want me, because I'd put on weight." And he was just like, "Well,
no, you carried my babies, you're more beautiful to me now." (Alex)

For Amanda, the partners who made her feel beautiful were also the ones
with whom she had better sex:

My current partner is great now, never fails to say something nice and
cheer me up, if I'm feeling down about… Myself, my physical appearance.
And then there's the physical part of it, just being touched, being kissed.
(Amanda)

A third of women appreciated a partner who prioritises their pleasure
"*regardless of what those needs are, whether those needs are to not have sex, or to*
have lots of sex" (Fern). For Amanda, this was a novel experience: "*I never had*
someone give me so much attention and cared more that I was enjoying myself
than anything else."

3.4.2.3 Never feeling pressured or guilty

The majority of participants spoke about how vital it is not to feel any
pressure from their partner regarding having sex: "*He was someone who I felt*
really comfortable with, and I never felt pressured… (…) Whereas I'd never had
that experience before where, "It's fine. There's no expectation here."" (Sarah) A
recent ex-partner helped Yaa feel comfortable enough to consider SI: "*There*

wasn't the pressure to perform, and that meant any time, if I wanted to get into

sex, it would be because I felt it was right."

For several women, not feeling pressured came hand in hand with knowing that there was more to a relationship than sex:

My value is more than sex. I really feel like my partner… I know that I'm his life partner, and that we're building a life together and that sex is just a small part, like an amazing thing we can do together every now and again, but it's not our relationship… (Sarah)

3.4.2.5 Vibing sexually

A majority of women shared that in the relationship that made a difference to their journey, they experienced a particularly strong sexual connection with their partner:

We just had the most amazing sex, like I literally can't believe it. I never, ever thought that in my life, I would get to the stage that I did with him. We really just vibed sexually. (Nadia)

From the start, we had enjoyable sex. (…) Fortunately, we have great sex! (Amanda)

We didn't have sex immediately… But I've never come across attraction that strong! (…) I go, "Oh, that's what it's about!" It's so nice to feel like you can't get enough of this person, and I'd just not had that! (Lucy)

Some women felt particularly attuned to their partner:

We just had the same kinks, we could just read each other's minds, like we were just very, very similar, as people, too similar actually, I think. (…) but sexually, I guess that worked quite well, because I think he just read my signals and helped me to verbalise them. (Nadia)

3.4.2.6 Healing through a positive relationship

Most women explained that their positive sexual relationships, whether casual or romantic, past or ongoing, supported their healing. As Starfish described: "*Before I met them, I was just existing. I was just coping. And I didn't really heal until I met them, and they were a big facilitator in healing from it.*"

Through these relationships, the women I spoke to grew in confidence, comfort and trust. A few women expressed gratefulness to their partners for staying even when it was hard: "*I'm trying not to be too gushing, because it's just going to annoy him… But I appreciate what I've got.*" (Rose)

3.4.3 3c: Moving into new, safe, accepting environments

Half of the women in this study described moving away or into safer environments: a significant transition that helped them move forward sexually. For many, this was a physical, geographical move away from the site of the RUSA and into a more accepting culture; for a few, it was a move into their own homes, away from ex-partners or families.

Several women spoke about needing physical space from the past. As Sophie described, "*Physical space from it helped to process and see things in a different way*." Some women spoke about the importance of feeling safe and in control in their new environment. For Nora, who moved to a new city, it was important that she felt "*held, by the people around [her], and felt really safe to try different things and try out who [she] wanted to be*." Rose moved in with her new partner:

> *We were like, "OK. Let's talk more about us and what we can do and this is our space", if we wanted to walk around naked, we could – not that we ever did – we had a big window. (laughs) (…) But this is our home, so it's more comfortable and it's our space, and if anything ever did go wrong, I'm home, I'm safe. I'm in a safe place, so yeah.* (Rose)

A third of participants described that joining an accepting and validating culture was key in their journey. Several moved to places that were "*more*

accepting in terms of exploring sexuality and gender" (Nora), with "*people from different cultures who grow up in liberal backgrounds*" (Charoulla).

3.5 Category 4: Learning to communicate about my experiences and desires

All the women described a process of learning to communicate about their past sexual trauma, their sexual desires and consent. This was considered another key mechanism of growth and healing, allowing them to comfortably participate in truly consensual, communicative SI.

3.5.1 4a: Communicating openly and honestly with my partner

Almost all women described a process of learning to communicate openly with their sexual partners around SI. Several women became more honest and vocal during sexual encounters: "*I thought, "I'm not going to fake it anymore. So, I can say if it was a good time, or a bad time, but I'm not going to fake it. If I have an orgasm, then it's going to be real.*" (Caroline). Charoulla went "*from not saying anything to now being extremely, extremely vocal and just saying what I need. About everything.*"

Over half of participants became more assertive around their sexual needs, preferences and boundaries: "*Without me having to ask, we would talk about it, we would talk really frankly, in open terms about what we were doing*

and talk about it the next day, and I like that." (Lucy) Several learned to set a clear boundary around upcoming sexual activity:

> "*I'm happy to do what I'm happy to do, do things up to a certain point. But actually, that's as far as I wanna push it tonight. Please don't try and go any further, 'cos that's where I feel my limit is at the moment.*" (Nora)

Constant, transparent communication and frequent check-ins were a feature of SI that was highlighted as important in growing to enjoy those experiences. This involves planning, "*trial and error*" (Nadia), "*practise*" (Starfish) and continuously checking consent. The majority of women echoed Fern's preference for:

> *Just saying things out loud, and REALLY explicitly doing things like feedback and talking about interest in fantasies in a way that… (…) There's no hidden agenda. There's no shocks or surprises. It's fully transparent and in the open. And constant, not just like "I'll have a chat about this and then forget to speak of it ever again." But constantly coming back to it.* (Fern)

Some women appreciated the conversations in advance of trying new things in the bedroom:

If he does want to try something… Away from the bedroom, he'll just bring it up, like, "Oh by the way, I was thinking, could we...?" And if I go, "Err, no," he's just like, "OK. Fine." But it's brought up ahead of time, and there're no surprises. (Rose)

3.5.2 4b: Learning about consent from my partner

Just over a third of women learnt about consent from a partner. This involved having the (often novel) experience of having sex with someone who cares about consent, seeing how someone might respond to a boundary being set or witnessing a partner set a boundary, and generally feeling respected by a partner: "*If you're someone who really treats your partner with respect, then you treat them with respect in all aspects of life*" (Amanda).

Fern described her current partner as someone *"incredibly compassionate and very, very sexual. But in a way that's completely founded on, "I'm only going to be very sexual if you're very into it!"* Several other women appreciated their partners' keen observation of informed consent: "*He doesn't even like having sex, if I'm too drunk, because he feels like, then I'm not completely in control and I'm maybe not really consenting fully, which I find just extremely considerate.*" (Amanda)

For some women, having their desire or lack thereof respected by a partner was unexpected, even shocking:

I was just like, "I really don't want to do anything." I rolled over and I was like, "Now just be quick." And he was just like, "No! I'm not going there. What's the point of having sex with you when you don't want to have sex, that's not good!" He looked so shocked and was so surprised that he'd had to say it. I felt stupid because I was just like, "Oh… I didn't realise this could be a thing." (Rose)

Beth waxed lyrical about consent:

Consent can be done so well. (…) It can be joint, it doesn't have to be just me in that defensive posture, it can be a shared responsibility between you, or a shared – not even responsibility. And actually, it adds to the enjoyment because you can relax. (Beth)

3.5.3 4c: Talking about RUSA with others

Most participants benefitted from sharing their experiences of RUSA with peers, friends (not only women), partners and family members. This supported them in moving forward in their SI journeys.

When Charoulla told a friend about her RUSA, she felt "*calm*" and "*really, really peaceful*". Other women spoke about processing their experiences and feeling empowered after speaking to people about their experiences of RUSA. Several simply said it made them "*feel better*" (Sarah) to tell people. Yaa's

therapist and friends verbalised their anger for her, which was a relief: they *"took some of [her] anger, carried it with [her]"*.

Telling others about their past experiences was not always an easy experience, and several women found it helped not to rush to open up. Some felt that time and distance helped them to share, whilst others preferred to allude to it in passing and chose their confidantes carefully:

I know that friend of mine – she's like my twin. I give her anything. And actually, we hold everything for each other, but like with my other friends, as much as I love them, I KNOW how much I can give you to hold, so I can tell you now, and by that time, I've processed it more. (Yaa)

Most participants said it was both useful and positive to tell partners about experiences of RUSA. This involved being open and honest about the past, often with a serious partner:

It was that connection with that person and that feeling of safety in order to be able to actually just open up about "These are the experiences I've had. This is how I feel about it at the moment. This is, maybe some boundaries I have in place to protect me a bit, as we start exploring how we feel together, with regards to having sex." It was really respectful, and it was really positive. (Nora)

For Sophie, telling her partner about her past brought them even closer together: "*It's sort of like he knows all different parts of me, all different experiences, and he can understand that*". Fern's current partner surprised her by asking: *"Is there anything I need to know about? Is there anything that I need to be aware of? Is there anything we should be thinking about?".* This led to a "*liberating*" conversation and a stronger sexual connection.

Half of the women I spoke to said that they shared their past with their partners to avoid a negative impact from their trauma on their sexual relationship. This was attributed to wanting to take it slow, explain fluctuations in sexual desire, avoid triggers and increase pleasure as a result.

3.6 Category 5: Finding agency in sexual intimacy

An important mechanism of change is that of finding agency in SI. Every woman referred to this process, which occurred in different ways – casual sex, kink and fantasy, non-monogamous relationships. Almost every woman described a process of learning to engage in SI on their own terms, discovering their likes and dislikes, trying new things, caring for and respecting themselves.

3.6.1 5a: Engaging in casual sex

Nearly every woman referenced casual sex. Most had or continue to engage in this for a given purpose, or purely for pleasure. Others avoided it or found it unenjoyable.

A third of women had casual sex for a specific reason, describing it as something you do "*for a purpose*" (Starfish). Several spoke about casual sex as a way to meet their needs but avoid serious emotional commitments. Fern found it "*refreshing*" to go from a long-term relationship to "*quite casual, no strings attached, not real expectations, just a little bit of try this out, see how it fits, and then that's it*".

Other women used casual sex as a way to cope with RUSA – some successful ("*It made it much more healing for me*" – Beth); others less so ("*it come from a place of negative coping mechanisms*" – Starfish). A few saw casual sex as distancing them from their perpetrators or RUSA. Starfish wanted to separate "*what had happened*" and the "*next person who actually means something to me*". Beth described using casual sex to protect herself from her ex-husband: "*It was almost a mental image of a pile of corpses in between us that he would have to climb over to get to me and it was like, I really, really wanted that, I wanted a barricade.*"

Some described casual sex as a way to "*explore*" (Nora), "*learn*" (Alex) and "*experiment*" (Beth): "*It was like when you learn to ride a bike, and you have one with stabilizers… Before you're able to get out there*" (Lucy). Some sought empowerment through casual sex: "*It was a little bit about the "Fuck you" I was giving to my traditions, just a little bit. It was bigger than just the sex*" (Beth). Others sought "*emotional intimacy*" (Charoulla), "*to feel wanted*" (Rose).

The majority of those who had casual sex post-RUSA described these encounters as "*freeing*" and "*empowering*" (Fern), "*a real expression of liberty and power*" (Beth). Nora explains: "*I feel like I have full autonomy of my body in these moments, and I can explore things in a fun way that I want to, and I can do fun things that I wanna do with these other people.*" Beth marvelled at how casual sex changed her outlook on SI: ""*Did you know there's some amazing things called sex – it's real! It's in the world! And look! Look, it's amazing! Have you seen this?*" (laughs) "*Look at me doing this!*""

About half of participants felt some form of social pressure around casual sex. This came in the form of feeling like they had "*done something wrong*" (Lucy) by wanting to have casual sex, or through a pressure to have casual sex from friends saying "*You should have casual sex*" (Yaa) because "*it was what you were meant to do*" (Starfish).

Just under half of the women in this study spoke about having unenjoyable experiences of casual sex or avoiding it entirely. Lucy felt she was doing it before she was ready: "*I'm not doing it for the right reasons. It's not on my terms.*" Starfish was alone in describing her experiences as "*reckless*" and self-destructive; she added:

> *I don't regret how I dealt with it because I didn't know any different. I wouldn't advise people to deal with it that way now, having lived through*

it, but I ended up where I needed to be and in a very happy relationship.

(Starfish)

3.6.2 5b: Exploring BDSM, kink and fantasies

Two thirds of the women I spoke to had tried or regularly engaged in some kind of alternative sexual activity post-RUSA. Ultimately, half of them decided this kind of sexual activity was not for them.

Just under half of participants described benefitting from BDSM[7], consensual non-consent, kink spaces and restraint. Beth described this as a "*joint journey together*", going to "*some really intense places*". Several described feeling pleasure through physical restriction (Sarah) or consensual non-consent (Amanda); others preferred being dominant (Rose). Kink sometimes helped to process the violence of RUSA:

> *It was a really helpful way of processing that sense, the other person being in control, but with SUCH good consent in place – oh my God – that understanding of consent from that was just so healing.* (Beth)

It is key that these experiences occur in the right setting, with the right partner: "*Knowing it mattered to him, to do this properly, and to do it safely, and*

[7] Bondage and Discipline, Domination and Submission, Sadism and Masochism

to make sure that consent was just SO important to him" (Beth). Some spoke about BDSM's validating focus on consent, respect and safety:

> *Consent is absolutely the bedrock upon [which] every single thing you ever do in a kink space is based on. (…) A space where that is the absolute standard, and nothing short of that is accepted, in a very explicit way, feels very safe.*" (Fern).

Fern explained that the boundary-crossing behaviour she experiences as a cisgender woman in society is not tolerated in kink spaces. She told me this allows her to explore her sexuality: "*It feels like the safest, bizarrely the most like exposed and vulnerable I've ever been, but also the safest I think I've felt.*"

Some women learnt having specific kinks was not something "*to be ashamed of*" (Lucy). Amanda realised all fantasies do not have to be enacted: "*Maybe some fantasies should be fantasies, and some porn should be porn, and your sex should just be your sex. (…) Because they're not realistic. And I don't need to do them.*" Fantasies help her stay grounded during masturbation:

> *… when I do think about men, they're just floating dicks. And when I think about women, they don't have personalities, they don't have names. Sounds pretty objectifying, but I just need it to be very nameless and faceless and not at all connected to any person or anything that ever happened.*
> (Amanda)

Conversely, fantasies were sometimes used to enhance sexual experience rather than avoid trauma: "*It's not an escape, it's a way to bring me closer to the person, not to get away from the situation. A way to embellish what already existed, rather than a safety mechanism to protect me from bad feelings.*" (Nadia)

Just under half of participants prefer not to engage in fantasy, kink or BDSM. Several spoke about being "*vanilla*" (Sarah): BDSM is "*not so much part of [their] SI, enjoyment*" (Sophie). Some feel triggered by certain kinks – for Sarah, non-consensual play remains "*difficult*".

3.6.3 5c: Being in an open relationship

Sarah and Fern are in open relationships, which involve consensual non-monogamy (the opposite of monogamy, i.e. the practise of only having one sexual or intimate partner at a time) – both experience this set-up as helpful and supportive of their sexual enjoyment. Both value the open communication that occurs in non-monogamous relationships.

Sarah doesn't have any other partners; being non-monogamous allows her partner to be held responsible for his own sexual pleasure and needs: "*If I don't want to have sex, it's not my problem really.*" In contrast, Fern engages in polyamory with her partner; this has been a "*transformative*" opportunity "*to reconnect with [her] sexuality in different ways with different people, in different formats, in different environments*".

3.6.4 5d: Going on a journey to SI on my own terms

Almost all participants described embarking on a journey to engaging in SI only on their own terms, as opposed to their partners', families' or societal expectations.

3.6.4.1 Exploring my identity and sexuality

More than half of participants made a conscious choice to explore their identity and sexuality, through sexually intimate experiences alone and with others. Beth describes this part of her journey as a "*belated adolescence*" and a chance to decide "*I get to be somebody who likes sex*".

For Nadia, the last few years "*have been me coming out in terms of my sexual self to the world*". She and several other women spoke about embracing an attraction to women, considering their desire for non-monogamous relationships, making sense of their gender identity.

3.6.4.2 Giving myself permission to choose

A few women gave themselves permission to be curious and make their own decisions. Beth valued curiosity as a key element of saying "*bollocks*" to "*the rules*":

You can take it, taking things with curiosity, moment by moment, and responding to what's going on in that moment, at that time. There are no rules, you don't have to perform. (Beth)

Several women gave themselves the gift of removing expectations, being more respectful to their bodies, taking time to heal:

Maybe that's why I want to be more thoughtful about it, and I wanna have more control or more autonomy about how quickly or how slowly I let someone be intimate with me, and into my space, and what that looks like. (Nora)

More than half of the women I spoke to went through a period of time when they chose to stay single, or celibate. This was not due to difficulties with sex, but rather a conscious and caring decision to say, "*This is my body and I can choose*" (Beth). As Lucy explained: "*I can be single, you know. I'm not on my own. I've got my friends, I've got my children, and actually my own company's all right.*"

3.6.4.3 Re-learning to enjoy masturbation

A third of participants learnt or re-learnt to enjoy masturbation: "*Just learning to slow down, and not be so goal-oriented – because it's just me and myself, controlling it*" (Nadia). Yaa threw away her sex toys and masturbated only "*if [she] felt like it*", which improved her enjoyment of solo SI.

Many spoke about finding sex toys conducive to greater pleasure and orgasm during masturbation. Charoulla described "*having the control*" but at the same time "*the tool is the one in control*". For Rose and Yaa, using sex toys makes masturbations less of "*a chore*" (Rose). A small number of participants do not use or enjoy sex toys: Nadia felt that what she needed "*was more gentleness*".

3.6.4.4 Reflecting on what works for me

Most women described a gradual process of reflection, considering what works for them, and what turns them off. Nadia initially resisted "*the idea that I didn't know what I liked*", but eventually began to view SI differently: "*I started to understand sex as an energy that existed in the world, and that I needed to build that energy between myself and the other person*".

Beginning to engage in SI on their own terms opened up many new possibilities for the women I spoke to: "*It opened a whole new world for me, that I haven't thought it would be possible*" (Charoulla). Nora valued the "*whole spectrum of ways of being intimate*" and Sophie and Yaa preferred physical intimacy alongside emotional intimacy and connection.

Some mentioned light, sound and temperature being important to their enjoyment of sex:

I just cannot be cold, even slightly, and I might actually sometimes just need to have a shower, and the other person to have a shower, and I do

actually require a little bit of kink sometimes, or I just need to feel

completely safe to be able to stop at any point. (Nadia)

Feeling safe is key for several women's enjoyment of SI. This is done in a variety of ways: through clear communicative consent, through the use of mutually-agreed safe-words, through imagery. Amanda imagines a safe room to ground herself when masturbating; Nadia imagines a soothing blue light.

3.7 Category 6: Growing through my own self-compassion

All but one woman spoke about a process of growth, closely linked to moving away from shame, and towards self-compassion, self-care and the reclaiming of their identity. This is the final mechanism of change described by the women in this study, facilitating enjoyment of SI post-RUSA.

3.7.1 6a: Coming back to and caring for my body

Over half of the women I spoke to gradually learnt to understand and care for their bodies post-RUSA.

A few women had to come to accept that their bodies worked differently from what they understood as the norm, especially with regard to ease and frequency of orgasm. Lucy has moved away from a "*constant obsession*" about how her body should work; she and others made peace with not orgasming every time: "*Do you know what? We're going to have sex. It's fine and I'm very up for it.*

But if I don't come, I don't come" (Caroline). Some women had to learn what their bodies responded to physically: "*learning to balance the two, to have penetrative sex, and have the right amount of clitoral stimulation*" (Nadia).

After feeling disconnected from their bodies, several women began to connect with, value and care for their bodies. Yaa described a very gradual process that bridged the distance between "*[her] and [her body]*": "*I did my lashes or something, and I was, "Oh, that's nice… But I feel a mess." And I was like, "Oh maybe… Maybe I'll pack some stuff that's nice"*. Reconnecting with one's body related to reclaiming it from the perpetrator: "*As I transitioned through those different phases, I didn't have that same connection to him, I didn't feel like he had the same belonging over me, and I learned what my sexuality was, and that my body was separate to him*" (Nora).

3.7.2 6b: Learning to be self-compassionate

Most women described learning to be more self-compassionate. Some women practise being patient with themselves for taking time to heal – "*it shouldn't be on a timeline*" (Sophie). Lucy explained:

> *Ultimately, rape isn't something that's for us to stop doing. That's what I'm trying to say, this is the element that you can't. That is beyond your control. And accepting that actually, that was a really horrible thing. (…) That's the THING that makes the difference is being able to let it go and not think of yourself in terms of that, and just start afresh and think*. (Lucy)

Sarah and Starfish learnt to validate themselves without others' input: "*OK I need to give that validating experience to myself. I need to let go of other people, I don't need someone to tell me this is horrible, I know it was horrible.*" (Sarah) Several women found that they had to start valuing their "whole" selves:

> *Focusing on validating yourself and your relationship with yourself. For me anyway that's what it impacted the most, is how I related to and how I viewed myself, as opposed to anything else.* (Sarah)

Almost half of participants spoke about self-compassion explicitly. This involved accepting that this experience "*sucks*" (Lucy) and deciding to be "*nicer to yourself*" (Yaa). Charoulla described "*feeling it's okay to hug yourself*", and Nadia said: "*Just be kind to yourself, be… Really, really nice to yourself*".

3.7.3 6c: Moving from self-blame to knowing it wasn't my fault

All but one woman spoke about moving from a position of self-blame and feeling "wrong", to knowing with certainty that their RUSA was not their fault.

Over a third of women needed to see themselves as having some agency at the time of their RUSA:

> *All choices that I had, they were measured choices, choices I made, choices that I felt were informed, so it doesn't put guilt on me, but it doesn't absolve me of self-responsibility if that makes sense? (…) It feels just as bad to say I*

had no control, no nothing. It almost feels just as bad as the situation itself

because I did have control. I have control over things, I do, I have parts to

play in interactions. It doesn't necessarily mean we have the same plan!

But I do, I'm there, I'm part of it. (Yaa)

Amanda explained: "*It's really important to… I don't know how to say this,*

but… Without blaming yourself, understand how you got there." It was important

for several women to accept that they had been particularly vulnerable to abuse

at the time of their RUSA, and to learn to value themselves in order to avoid

being "*picked by someone who quite liked the idea of somebody with baggage*"

(Lucy).

The majority of women spoke about rejecting self-blame and shame. This

involved accepting that what happened to them was "*actually quite terrifying*"

(Alex) and that their actions could not have influenced the outcome of the

situation. They began to "*remove those barriers, remove that shame and guilt and*

finally accept [themselves]" (Charoulla). Beth sometimes still reminds herself

that she was completely powerless within her marriage; she advised women

going through similar experiences:

Whatever the circumstances, whatever the context, whatever the details of

whatever happened, I think that's true in every situation, it's not your fault.

You didn't deserve it. It shouldn't have happened. (Beth)

3.7.4 6d: Reclaiming and redefining my identity

Most women described a process of reclaiming and redefining their identities – this involved understanding and caring for their past selves, as well as growing and changing in a positive way.

Several women spoke about their past selves, in terms of understanding them better, as well as "*growing past*" them (Beth). Nadia and Fern both remembered moving away from identifying as "*sexual beings*" (Nadia), for a time, and later returning to embracing their "*sexual [selves]*" (Fern) more fully. Starfish felt a sense of disconnect, "*like looking at someone else's life*": "*that's not who I exist as anymore*". Beth expressed deep compassion for her young self:

> *I've had a few moments along the way of having an adult perspective on my former self, and going "Oh my God, you poor kid!" … And just being the adult that I needed as a child.* (Beth)

Part of these women's experiences of growing "past" their younger selves involved redefining their identities. Charoulla described "*finally being able to think about the future*". Beth was able to be more "*genuine and authentic and connected to other people*". Yaa allowed herself to be "*the main character in [her] own life*", and "*do the things that would make [her] feel as such*".

3.8 Category 7: Rejoicing individually

This category is one of the "results" of the journey that women embark on to find enjoyment in SI post-RUSA. It is important to see this as part of the process, feeding back into the mechanisms of change. All of the women described their individual experiences in great depth; several told me explicitly that given the absence of positive sexual narratives post-RUSA, they hope their accounts will give hope to women going through this experience in future.

Most felt joy, relief and disbelief upon having their first enjoyable sexually intimate experience. After several years of struggling to orgasm during partnered sex, Charoulla shared her thoughts when "*it happened*!":

> *It was SO GOOD! (laughs) It was really good! It was so good! I didn't think it would be possible. (…) I was like, okay now I understand why people like sex (laughs), like the whole… I saw what the hype is all about!* (Charoulla)

Nora remembers "*just laughing about it. Being in so much disbelief that… Not necessarily thinking that it would happen. And it almost being like a bit of a "Fuck you" to the person that did it to me.*"

All the women described an array of positive emotions, upon finding joy and enjoyment in SI post-RUSA. Some shared a sense of deep gratitude for the fact that their experience "*doesn't continue to impact in the way that it used to*"

(Nora). As Yaa put it, "*I've come such a long way. We've come a long way…*
Something to do with the dark ages, we've really come out, yeah. It feels good."
Most spoke about joy itself: SI is "*claiming the joy yourself*" (Alex), "*joyful*" (Beth)
and "*just, like, joy*" (Lucy); they also described "*peace*" (Charoulla) and "*relief*"
(Lucy). For Charoulla, "*It felt like there is a light in the end of the tunnel*".
Several spoke about feeling free from the past:

> *I was like "Oh my God I'm an adult, and I can literally do anything that I*
> *want to do and nobody can stop me!" So, I had this amazing moment of*
> *sitting in my dining room with my kids asleep upstairs just going "Fucking*
> *hell! Nobody can stop me! I own myself!" (laughs) "I can do whatever I*
> *want!"* (Beth)

The women I spoke with described various ways that they know they are
enjoying SI. Being in the moment was the most common indicator of enjoyment:
"*feeling really lost in it, and just being really – maybe this sounds contradictory –*
being present" (Nora). Some said that they know they aren't enjoying themselves
when they are caught up in their thoughts, planning their day or wondering
when sex is likely to end. Feeling comfortable, relaxed and unpressured was
another key indicator of enjoyment: Caroline described feeling "*emotionally safe*"
and a lack of "*pressure to rush*". Both Sophie and Fern spoke about a more
pronounced sense of body confidence during enjoyable sex: "*I feel like "YES! Girl,*
like fucking yes! (…) I feel myself when I have sex, I feel really in my body, I feel
safe in my body, I feel connected to my body…" (Fern). Alex and Yaa explained

that enjoyable SI is not performance-based, focused on orgasm. Several of the women I spoke to feel more connected to their partner and want to give and receive pleasure when they are enjoying SI: "*It being properly interactive, sensuous, feeling nice*" (Alex); being more likely to "*take a lead*" (Nadia). Engaging in solo or partnered SI without an ulterior motive or purpose was another sign of enjoyment: "*It was never like, it didn't serve a purpose, it was different… There was no, I suppose, hidden agenda. No, it's just about being with someone you actually wanted to be with*" (Starfish).

3.9 Category 8: Rejoicing in community

This category is the other "result" of the journey that women embark on to find enjoyment in SI post-RUSA. Again, it is important to see this as part of the process, feeding back into the mechanisms of change. For the women I spoke to, finding joy and enjoyment in SI was not just about the personal, individual journey detailed in Category 7 – it was about finding joy in community with others, through resistance and advocacy.

Over half of participants enjoyed transgressing social norms. Sarah described these actions as "*small acts of resistance*". Beth shared with me that she "*wanted to break the rules, and very, very much did*". This came in the form of ending her marriage, swearing, masturbating, enjoying orgasms, engaging in kink and BDSM… Some relished the thought of making people feel uncomfortable, by being vocal and unashamed of their sexual histories. Starfish

refused to be silenced about her RUSA: "*I were very, very open to speak about it, because I would think that was more harm not to and make it a taboo*".

Half of the women I spoke to describe a sense of healing when teaching and supporting others through similar experiences. Several have embraced becoming sources of support around sexuality and SV – as Starfish described, "*I'm happy to be for people what people weren't for me.*" Charoulla has learnt to challenge sexist comments; she feels this means she has "*[her] own small impact on the people around [her]*". Some became confident in telling others about positive sexual practises: Beth said she has become "*evangelical*" about sex. Overall, it seemed these women felt more able to educate and support others based on their lived experiences of RUSA: "*To be honest, what has been good about the experience is it's really made me feel passionate about that and given me confidence to speak on the issue.*" (Sarah)

Many participants have become involved in pushing for social change. Several feel strongly about needing better sex education (Charoulla) and understanding of consent and SV in public discourse (Sarah, Starfish), as well as providing content warnings within a trauma-informed educational approach (Sarah). Two of the mothers in this study are teaching their children about informed consent, which has felt "*restorative*" (Beth). A number of women engage in "*sexual politics*" (Nadia) – exposing the repression enacted by society (Nadia), rejecting the shame and guilt from the patriarchy and transforming it into anger (Charoulla), and declaring that there shouldn't be "*rules*" (Amanda) and

"*expectations*" (Starfish) around one's own SI. A few have become involved in abolitionism:

> *I felt he should be held accountable, and he should know the pain that he caused, but in that situation, I can't see what good will come from sending him into the criminal justice system. (…) The stuff where we need to punish people, that never felt healing for me. It never felt like this helps me with this situation.* (Sarah)

Over half of participants rejected the message that sex never gets better for those who experience RUSA. A few women noticed others' expectations of how they ought to react sexually post-RUSA. They mentioned people expecting them to "*be scared*" (Starfish) or not "*feel comfortable having sex*" (Amanda). Caroline picked up a book which described: *"(…) something like 'vaginismus' where your vagina shuts down, and locks, and that's sometimes just it, and some women have to just accept that's it!"* Caroline refused to buy the aforementioned book – at the time, she was unsure if its contents were true, but decided: "*I don't think that I want this to be the case*". She was not alone in pushing back on expectations that enjoyable sex should be off-limits for women who experience RUSA. Fern sees reclaiming her sexuality as a *"radical", "political act of liberation in the face of "You're damaged""*.

Caroline spoke powerfully about post-traumatic growth and recovery: "*I think, "You know what? These things have happened to you. And you have to*

either let it kill you, slowly, for the rest of your life, or you have to make a change.""

Many women I spoke to shared messages of hope, joy, and support for those who will come after them:

It can be alright. (Alex)

Not everybody is like that – you could find somebody who is not like them. (Starfish)

It is okay if you experience sexual joy and intimacy straight after. And it is okay to like sex! (Sophie)

It's not the end. Yeah. You're not stuck there forever. (Beth)

You'll get there. It gets good again – it does get good again, and it will. (Caroline)

3.10 Category 9: Reflecting on my journey

All the women I spoke to reflected on their journeys more generally, throughout their interviews. These reflections can be grouped into three broad categories: describing a non-linear, lifelong journey of healing; seeing SI as hugely meaningful or conversely, quite trivial; and being able to find the beauty

in a painful experience. These are depicted on the periphery of the model, to symbolise the ongoing process of reflection.

3.10.1 9a: Reflecting on a non-linear, lifelong journey

All participants described a non-linear journey, without a specific end point. Some women went straight from their experience of RUSA into enjoying sex and had no further issues, perhaps due to not seeing RUSA as part of their ordinary sexual experience. Others had no issues to begin with but realised they hadn't confronted the reality of their trauma and subsequently began to struggle with SI. Some felt unable to have sex for years or forced themselves to masturbate joylessly for months, until they found ways to move forward. Ultimately, most benefitted from the processes described above and all have felt able to enjoy and find joy in SI since, even as they persist through peaks and troughs.

Several women spoke openly about their journey being non-linear, an "*iterative and flexible thing*" (Sophie):

> *For me, it's not a linear journey. (…) It ebbs and flows, but – sorry, I don't want to be – I have experienced a lot of joy in sex since, but I'm not like, "Oh, I have it figured out, and I'll have it for the rest of my life," because it hasn't been like that in my experience.* (Sarah)

Sometimes I'm like "Oh my god I FUCKING LOVE myself and I'm SO

proud of you!" And other times thinking, "Oh my god, you have so many

much things to process and work through", which is fine, you know.

(Charoulla)

Several women stated that you "*can't change it*" (Starfish) or "*take away*

the memory that's there" (Lucy). Despite this, hope remained:

Even though it's maybe still always going to be something that happened,

and that who you were then is always going to be who you were at one point

in your life... But that doesn't have to be in stasis forever. (Beth)

A third of women referenced the "*long time*" (Charoulla) that recovery can

take. As Nadia put it, exploring SI is "*a tool that can allow so much healing, to go*

on that journey, and... You don't know how long that journey's going to be".

Two thirds of women told me they still find this journey "*frustrating*"

(Sarah), "*difficult*" (Charoulla), angering and "*unfair*" (Amanda), nerve-wracking

(Nadia) and confusing (Caroline) at times:

One of the things that I've always found really fascinating is just when I

think I'm doing great, I'm not! You've like totally got rid of it out of your

head, and you're like, "Great! I'm not even thinking about it!" And then

something happens, and you're like, "Oh fuck's sake!" (Fern)

Most women told me about new obstacles to enjoying SI that have arisen in recent years. For some, there were more negative sexual encounters – Charoulla remained in "*toxic*" relationships and was sexually assaulted once again by another man; Caroline went out with someone "*pushy*" and "*dismissive*". Some women in more long-term relationships learnt to manage ups and down in sexual desire, sometimes linked to having children or living with family, being on psychoactive medication or birth control, or just going through dry spells. Some women have not found or are uninterested in finding a romantic partner: "*I've never really been in a relationship. And I don't want to get married, or I don't see myself doing that. I don't know if that's because of what happened, or that's just my personality.*" (Caroline) A third of women described still struggling to take the lead or initiate SI with a partner:

> *I'm really conscious of never making my partner feel like I felt in that situation, like hyper-conscious. So, I never want to feel like he's, maybe I'm pushing him towards it or whatever, like I don't want to put someone else in that experience.* (Sarah)

A third of women described continuing to grieve, learn about and care for themselves, in keeping with the notion of a constant process of renewal and healing:

> *I'm still not baked bread, I'm still soft dough. There are still sharp bits in there where the memories are still, can sometimes be quite difficult still.*

But it's not impeding me, and I feel like I'm equipped to soften that when it

happens now. And that feels OK. (…) (Beth)

3.10.2 9b: Reflecting on the value of SI

Many of the women I spoke to reflected on the value they place on SI.

3.10.2.1 Feeling that it's not the "be-all-end-all"

For some, it felt important to state that sexual trauma and joyful SI aren't the most important thing in life. Sophie questioned the centrality of rape in the CGT model I showed her: it's "*not necessarily at the centre of everything*". Lucy prioritises her happiness over her sex life: "*Everything's all right, and it's just a part of your life. If I'm happy, it doesn't actually matter so much if it doesn't [work]? It's not everything.*" Caroline has learnt to be at peace with the joys and vagaries of partnered sex:

> *Actually, you're going to have really shit sex (laughs) as well as good sex*
>
> *(laughs) and that's not necessarily because of what happened to you, that's*
>
> *just because of men but equally, there are good people out there.* (Caroline)

3.10.2.2 Seeing my recovery as paradigm shifting

On the other hand, several women experienced their sexual recoveries as a paradigm-shift, changing their outlooks on life more generally. Sarah and Nadia

have begun to connect with their emotions, moving away from intellectualising their experiences:

This medicalised and positivist way of understanding our spiritual and psychological and social experiences makes no sense and letting go of that is what allowed me to find this beautiful sexual energy that I could tap into. (Nadia)

Two participants also found that they reconnected with their faiths throughout this journey:

[I've been examining] Islam itself, and queer Islam, and these radical, you might call them – but they're not radical really – these new decolonised translations of Islam, as this beautiful, socialist, politically radical understanding of the world. (Nadia)

3.10.2.3 Using sex and sexuality to make sense of so much more

Over half of the women I spoke to saw sex and sexuality as deeply meaningful and used their journeys to enjoying SI as a way to make sense of much more:

If you can understand sex in this kind of really flexible, like all-encompassing way, you just, you can learn so much about yourself, your history, your relationship with yourself and other people. (…) You can

understand so much about EVERYTHING, I just think it's maybe one of the most important things in the universe. (Nadia)

I've entered into a space where [my sexuality] is where it feels like it belongs – as a very central part of my identity and my self-expression and my creativity and my interest in connection to other people. (Fern)

There are other ways I could have discovered this, but just such a joy in the variety of human experience, and life experience, and ways of living. So, in some ways, the sex is good, and I like it, but in other ways, it was an opportunity, it was a way to encounter a variety of life, that I've really appreciated. (Beth).

3.10.3 9c: Reflecting on balancing celebration and grief

Many women described holding the negatives of their experience alongside the positives. Beth spoke about how her experience of RUSA has led her to raise her children differently to her upbringing:

It feels restorative. It feels like I'm breaking out of a trap, and I'm using the bits of the trap to build a better house. (…) I wouldn't be able to do that if I hadn't had the experiences that I've had, so… (Beth)

Nadia described the continuous journey of healing one's SI from pain and trauma: *"There's not necessarily a start and an end, and that's the beauty of it"*.

Lucy has learnt to "*live around it*" and feels it "*made [her] stronger to face it*". Starfish told me:

I wouldn't be where I am today if I hadn't dealt with it. It's shit it happened, but I can't change it and I'm happy where I am, so... (…) You know, things happen, you just move through it. (Starfish)

Both Beth and Fern spoke about grief and celebration co-existing along this journey:

There's celebration, there's learning, there's growth – I'm baking bread, I can have the loaf. It's threaded through with some grief, and a bit of shame around "I didn't need to be in that position", and there's a bit of "If I had a time machine and I could go back and tell myself what I know now, I absolutely would do". But equally, I don't think me then would have listened to me now. So, there's celebration, and there's grief in combination, but the celebration's bigger, I think. Mmm. (Beth)

4. Discussion

4.1 Overview of findings and reflections

This study aimed to explore the following question: *How do cis women come to enjoy sexual intimacy after an experience of rape or unwanted sex in adulthood?*

I and the other women involved in this study have shown that we can and do find joy in and enjoy SI post-RUSA, and that this journey, although non-linear and indeterminate in length, involves several identifiable and operationalizable processes. These processes echo the SLR findings and mirror those highlighted in SV-specific post-traumatic growth theory (Ulloa et al., 2016), rape trauma syndrome theory (Burgess & Holmstrom, 1974; Herman, 1997), the four domains of healing from SV (Draucker et al., 2009) and Sinopoli's (2001) qualitative analysis of post-rape sexual healing. This supports the validity of this research.

Whilst previous qualitative literature has pointed towards processes that support sexual healing, this CGT model is unique in that it showcases the dynamic interplay between them. It is conceptualised as ripples from a pebble (symbolic of RUSA) thrown in a body of water (symbolic of the wider, fluid contexts of lifetime SI, sexuality and identity). The ripples signify the dynamic and interdependent experiences, processes and reflections that result from cis women's quests for joy and enjoyment in SI post-RUSA; these run concurrently and constantly. Not only does this model provide proof of the existence of joy and

enjoyment of SI post-RUSA, it also de-pathologises experiences generally seen as dysfunctional. The model shows that joy and enjoyment of SI are not this journey's end point, but another facet of experience in the wider, deeper waters of sexuality.

There is no single way to sexually heal from RUSA, but this model's key processes were echoed across the experiences of all those interviewed. My hope, and theirs, is that this model depicts a hopeful trajectory that can be explored by women and professionals alike.

4.2 Relevance of the findings to the literature

Per section 2.1.2, CGT is predicated on developing fresh theories as close to participant accounts as possible, by delaying the literature review "to avoid seeing the world through the lens of extant ideas" (Charmaz, 2006 p.8): I completed the CGT analysis before reading relevant empirical and theoretical research (in Chapter 1). Upon familiarising myself with the extant literature, I began to notice themes cutting across the CGT model. I will organise this section according to those themes, constructed through my re-evaluation of the CGT model through the lens of existing research. These themes transcend the model's categories: Understanding & Compassion, Agency & Resistance, Joy & Hope.

4.2.1 Understanding & Compassion

The theme of Understanding and Compassion transcends a number of categories in the model (1, 2c, 2d, 3a, 4, 6). For most women, the gradual acceptance and sense-making of the RUSA was a key process in moving forward sexually. This sometimes began with a period of denial similar to the phase of reconstitution defined by Koss and Harvey (1991) as an attempt to return to homeostasis by disregarding anything related to the RUSA. Accepting the RUSA as part of their lives and linking it with their sexual difficulties was described as necessary and important to "*deal with it*" (Starfish), per Herman's (1997) integration phase involving incorporating traumatic event(s) into one's life story. A key process was finding the words to describe one's experience: "*Naming an object brings satisfaction, a sense of power and control*" (Averill & Nunley, 1992 p.165). This overarching process mirrors the "Managing/Calling Forth Memories" domain of Draucker and colleagues' (2009) model of healing from SV. Receiving understanding and compassion from others, and growing one's own self-understanding and self-compassion, supported the process of accepting and making sense of one's RUSA, reconnecting with one's body and sexuality, and feeling safe enough to trust again.

Expressions of understanding and compassion from female friends, sexual partners, therapists and one's wider community were supportive of the above sense-making process and of positive SI. Receiving positive responses to disclosure can act as a protective factor against worsened health outcomes (Ullman, 2007), per the "Sharing of experiences with others" element of Ulloa et

al.'s (2016) SV-specific PTG model. Speaking to female friends with their own experiences of SV was particularly powerful; discussing one's experience of SV with "*important others*" (Draucker et al., 2009) who have similar experiences can feel normalising, aid in meaning-making (Walker-Williams & Fouché, 2018) and decrease isolation (Draucker et al., 2009). The women in this study felt that women understood them in ways that men could not: "[I]*t has been the relationships with strong women – it's been them*" (Fern). This parallels the healing experience of "*sisterhood*" described in Sinopoli's (2001) research.

Half of the women I spoke to described helpful psychotherapy experiences (mostly individual): they felt understood and contained by compassionate therapists who did not shy away from discussing the RUSA but did not pressure them to speak about it, in keeping with Maltz's (2002) recommendations for therapists working through experiences of SV to be less prescriptive and encourage clients to exercise choice at all times. Most women did not speak about their experiences of SI post-RUSA in therapy. Indeed, sexual material is frequently undisclosed (Farber & Hall, 2002).

All the women I spoke with had experienced or could anticipate experiencing healing through a sexual relationship with the right partner, whom they described as understanding, compassionate and supportive, never pressuring and always prioritising their pleasure. This person would help them feel safe, beautiful and whole so they could let go of the past, reconnect with desire and be in the moment. Qualitative literature describes a novel expectation

for total lack of pressure around sex, and a desire to be with sexually giving partners (O'Callaghan et al., 2018; Bagwell-Gray, 2019). Maltz (1991) advocates for "*survivors*" and partners to "*actively work as a team*" to "*resolve feelings related to the abuse and develop new attitudes about sex*" and "*a new approach to physical intimacy*" (p.235).

All but one woman spoke about growing away from shame and self-blame and towards self-compassion. They described growing in understanding and care for their bodies, similar to "*learning to live in your body*" (Maltz, 1991). Bagwell-Gray (2019) highlights improved self-acceptance as a crucial element of sexual healing; her participants value "*increased self-understanding, self-love and self-affirmation*" (p.786). Most women in this study described reclaiming and redefining their identities, finding compassion for their younger selves and accepting their authentic, sexual selves. This mirrors the "Re-evaluating/Restoring the self" domain in Drauker et al's (2009) model of healing from SV and fits with integrative models of psychosexual therapy aiming to build on self-compassion around sex (Vosper et al., 2021).

4.2.2 Agency and Resistance

The theme of Agency & Resistance transcends a number of processes in the GT model (1, 2a, 2b, 3c, 4, 5, 8). The women in this study worked towards an increased sense of sexual agency and engaged in resistance against wider norms. The process of gaining/regaining sexual agency is described in the qualitative literature (per Section 1.5.2).

Some women in this study described previously forcing themselves into painful, triggering or dissatisfying SI. They felt sexually disempowered and disconnected (per O'Callaghan et al., 2018), worthless or ashamed (per Bagwell-Gray, 2019). Sexual autonomy tended to come after gaining awareness of internalised patriarchal beliefs and taking action to resist and transgress those norms in their everyday lives. This aligns with *conscientizaçao* or critical consciousness (Friere, 1970), a central concept of Liberation Psychology[8] (Martín-Baró, 1994). *Conscientizaçao* helps develop an awareness of oppressive structures and narratives, promoting independent thought (Pickren & Rutherford, 2010). Drauker and colleagues' (2009) "Managing/Calling forth memory" and "Seeking safety" domains mirror this process, as do the SLR findings around gaining consciousness of and choosing to step away from broader discourse.

After a period of sexual disconnection and disempowerment (O'Callaghan et al., 2018), some women describe improved sexual decision-making (Bagwell Gray, 2019). This sometimes looked like stepping away from sexual intimacy for a time. Conversations about resuming SI should be approached with compassion and curiosity about the context women find themselves in; distrust and disinterest may be framed as an agentic choice to protect oneself (Bell et al., 2022 p.1933). Per the SLR findings (Section 1.5.2) the framing of one's experience can lead to more positive experiences: Maltz (1991) re-frames celibacy

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[8] Liberation Psychology is a psychological approach from South America that aims to understand the psychology of oppressed communities by practically addressing overarching oppressive structures (Sloan, 2002).

as a "*healing vacation from sex*". Half of the women in this study described

deciding to leave the site of the RUSA, moving into safer environments.

Draucker et al.'s (2009) "Constructing an 'safe-as-possible' lifeworld" domain is

comparable to this process, although it does not refer to a physical or

geographical move. This could be construed as an avoidant and evasive

manoeuvre but instead was experienced as empowering, comforting and freeing.

Similar to the SLR findings, women in this study described improved

sexual communication: a key component of psychosexual therapy (Maltz, 1991).

Mark and Vowels' (2020) exploration of women's experiences of healthy sexual

consent after a history of sexual trauma highlighted the importance of explicit,

implicit and evolving consent practises and a non-negotiable requirement to

voice sexual wants and needs, similar to what many of the women in this study

described as conducive to positive, unpressured sexual experiences. Many made

conscious choices to explore their identity, sexuality and bodies on their own

terms: exploring one's body and its responses to various stimuli mirrors

"relearning touch" (Maltz, 1991) or "sensate focus" (Masters & Johnson, 1970)

exercises common in psychosexual therapies. Some embraced same-sex

attraction, per Watson et al.'s (2021) reports of bisexual women feeling a

stronger sense of pride in their identities.

The women in this study described regaining a sense of sexual agency by

learning to enjoy SI on their own terms, and/or via casual sex, BDSM and kink.

The latter have been seen as dysfunctional, high-risk or even morally

reprehensible activities (Bezreh, Weinberg & Edgar, 2012; Hoff & Sprott, 2009; England & Bearak, 2014). Here, they were generally experienced as supportive, healing and agential when performed respectfully and consensually. Casual sex can involve an increase in sexual partners or sexual activity; the latter are almost unilaterally described as dysfunctional (Weaver, 2009; Grose et al., 2021). My analysis yielded an understanding more in line with O'Callaghan and colleagues' (2018) depiction of increased sexual activity as an avenue for greater control. Almost every woman in this study described engaging in casual sex; most found it pleasurable and freeing. It allowed them to meet specific needs and sometimes led to a shift in perspective about sex: *"[T]here's some amazing things called sex!"* (Beth). During member-checking, some expressed relief in hearing about others also engaging in casual sex, perhaps due to the pervasive influence of shaming societal narratives (Ussher, 1989). This process highlights slow shifts in female sexuality norms (Farvid, Braun and Rowney, 2017).

Although public interest in consensual non-monogamy (CNM) seems to be increasing (Moors, 2017), CNM relationships are generally viewed negatively (Balzarini et al., 2018). Two women in this study told me about their CNM relationships, which support feelings of freedom and excitement. Similarly, BDSM, kink and fantasies have tended to be stigmatised in wider society and in the medical community (Hoff & Sprott, 2009)[9]. Although some kink practises can be triggering for people with experience of SV (Thomas, 2020; Holt, 2023), just

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[9] The Diagnostic Statistical Manual (DSM) used to classify sadism and masochism as "sexual deviation" (APA, 1952, 1968) and "sexual disorder" (APA, 1980)

under half of the women in this study described considerable benefits from kink, often stemming from its clear and validating focus on consent. They found kink spaces welcoming, liberating and shame-free; some used kink to confront their RUSA. BDSM practises/scenes have been described as similar in structure to traditional trauma-focused therapy (Holt, 2023) and found to facilitate physical/psychological confrontation, exploration of repression, emotion or trauma within a controlled setting, and improved psychological functioning (Andrieu et al., 2019; Lindemann, 2011):

> "*This is a reworking, a working out, of trauma, as Sadism/Masochism transfigures the unbearable suffering of violence – sexual and/or gender trauma – into something more bearable*" (Hammers, 2014 p.491-492).

The women in this study told me coming to find joy and enjoyment in SI was not an individual journey. During member-checking, Yaa remarked: "*What does joy even mean? Is it purely individual? Or does it exist in relation to others?*" For these women, joy in SI related to a communal sharing of that newfound joy. They described their actions as "*small acts of resistance*" (Sarah) which included transgressing social norms via sexual activity or relationship styles, refusing to stay silent about RUSA, and social/political activism. The latter is a well-established element of post-traumatic growth; Herman (1997) calls it "*the survivor mission*", explaining that the "survivor" "*draws power from her ability to stand up in public and speak the truth without fear of the consequences*" (p.210). Sinopoli (2011) found that a significant part of the sexual healing process was

rooted in advocacy within the women's movements. One can understand this process as "*praxis*" or "*reflection and action upon the world in order to transform it*" (Friere, 1972. p.52), another key concept in Liberation Psychology and form of resistance to oppression.

4.2.3 Joy & Hope

The theme of Joy and Hope transcends several concepts in the model (1b, 7, 9). Joy and hope are transformative emotions, described as just as healing as other mechanisms of change. SI is not always joyful, nor it is always enjoyable, but for these women, it is both far more often than the wider literature or public discourse anticipate.

Not all women experienced negative repercussions on SI as a result of RUSA; this directly counters popular expectation and existing literature. More than half the women I spoke with did not struggle with masturbation. Three women did not and persist in not experiencing negative repercussions on their experience of partnered SI. For Amanda, the first positive sexual encounter post-RUSA was within 24 hours; for Sophie and Alex, within a few weeks or months.

Maltz (1991) states: "*Yes, sexual healing really does happen*" (p.304) All the women I spoke with described joy and enjoyment in SI in great depth, an experience rarely mentioned in the extant literature. They laughed as they shared feelings of peace, joy and relief in having come to a point where joyful and enjoyable SI is possible: "*It was so good! I didn't think it would be possible.*"

(Charoulla) These women described being in the moment, feeling comfortable, safe and unpressured, warm and loving/loved, confident and connected to their bodies. In partnered sex, they felt connected to their partners, able to give pleasure and to receive it in a mutual exchange. They were not focused on or motivated by the prospect of orgasm and saw enjoyable sex as: "… *just about being with someone you actually wanted to be with*" (Starfish). Lorimer et al.'s (2019) rapid review found that there are few explicit definitions of sexual wellbeing – these findings contribute to the literature seeking to operationalise this concept.

As Mackey and colleagues (1991) describe, "*hope for healing*" is a requirement for sexual satisfaction; Ulloa and colleagues (2016) name "*a sense of hope for the future*" as part of post-traumatic growth post-SV. A majority of the women in this study rejected the message that SI cannot and does not get better post-RUSA, by holding onto and spreading "*radical hope*" (Lear, 2006; Mosley et al., 2020). This is described as "*an act of courage, when you face devastation and head toward an unimaginable future with the belief that something good will emerge*", "*radical because it transcends one's ability to envision and understand what the future holds*" (French et al., 2020 p.26).

Most of the women I spoke with used the word "journey" to describe the process of moving from the RUSA to joy and enjoyment of SI. They made clear that this journey is not linear and has no clear endpoint; it ebbs and flows, bringing both celebration and grief. This aligns with the work of Bagwell-Gray

(2019), O'Callaghan et al. (2018) and Sinopoli (2011): their participants refer to a metaphorical journey, with progress made but always more room to grow. Many reflected on the value they place on SI; for some, it is important not to see it as the most important thing in life or in a relationship; for others, sexual recovery facilitated a greater sense of connectedness to their emotional selves and significant changes in their outlook on life. Maltz' (1991) quotes one of her clients: *"I may never 'get it' fully. But my taste of real, true sexuality reminds me how worth it the struggle is. Sex is wonderful, exciting – a gift from the universe"* (p.316).

4.3 Implications

Whilst the aforementioned CGT model is situated within a specific context and has been co-constructed by those involved in this study, it contributes towards improving the experiences of cis women who have experienced RUSA. CGT findings are transferable across substantive areas, as long as careful consideration is given (Charmaz, 2006).

4.3.1 Wider implications

This study's implications are far-reaching – its findings could inform a shift in societal narratives around the sexual impact of RUSA. Their integration into prevalent knowledge could reduce wider-spread victim-blaming in popular discourse, such as that used to discredit witnesses in the criminal justice system.

It is important to shift prevalent discourse around the sexual impact of RUSA. Per section 1.3.3, narratives around women's sexuality and SV have evolved over time; for instance, the #MeToo movement shone a light on the commonplace nature of SV, exposing the patriarchal structures upholding it (Jaffe, 2018; Gavey, 2005). However, narratives around the long-term negative impact of SV on women's sexuality appear largely unchanged (section 1.3.1). This study up-ends those narratives, highlighting experiences of joy and enjoyment in SI after RUSA and showcasing the shared processes these women have and continue to engage in on that journey. Caroline shared her feelings of disappointment when she came across a book stating that women are unlikely to enjoy sex after rape. She told me that she looked forward to this research being available to other women, so that they could see that there could be hope and joy in their future, rather than only pain and sadness. I hope these findings will also infiltrate media portrayals of life after RUSA, shifting the dominant discourse around women being irreversibly "damaged" by these experiences (Kay, 2020).

One example of the many impacts of negative narratives around the sexual impact of RUSA can be seen in the criminal justice system. Smith (2018) argues that women are often discredited during rape trials via gendered stereotypes encouraged by the court's adversarial nature (Bar Standards Board, 2017). Barristers are known to use women's sexual histories to undermine their credibility, demonstrate "*bad character*" (Smith, 2018 p.114) and describe them as unreliable witnesses not fitting the image of a "*real victim*" having experienced "*real rape*" (Smith, 2018 p.58). This is likely to contribute to the tiny

percentage (less than 5%) of rapes resulting in a criminal charge (Baird, 2022). The use of expert witnesses, jury training and the incorporation of "myth busters" into barristers' speeches are recommended to combat this (Smith, 2018); this study's findings could be integrated within these approaches. Although not all women who have experienced RUSA seek justice via the criminal justice system, those who do should not be discredited on the basis of a healthy desire to find joy and enjoyment in SI and their engagement in normal and healing processes that could lead them there.

4.3.2 Clinical implications

This study suggests a variety of ways that psychological therapists can support women with experience of RUSA. This includes not shying away from conversations about SI, confronting pathologizing beliefs and integrating systemic, compassion-focused and liberation practises.

4.3.2.1 Confronting our own sexual selves

Love and Farber (2017) suggest that the exploration of sex, sexuality and sexual identity in therapy provides critical insight into clients' wellbeing and relationships. Therapists and clinicians' lack of adequate training around sexual topics (Miller & Byers, 2012) often results in avoidance, sending implicit signals that sex shouldn't be discussed (Love & Farber, 2017). Most women in this study who accessed psychological therapy did not speak to their therapists about their experiences of SI post-RUSA. Several were never asked; others noticed their

therapists' reluctance to speak about SV, let alone sex generally. Clients

generally prefer to be encouraged by their therapists to discuss topics they find

difficult (Farber, Berano & Capobianco, 2004) but can worry that an honest

disclosure could jeopardise their therapists' image of them: a trusting

therapeutic relationship should always be prioritised (Love & Farber, 2017).

Therapists are not immune from internalising wider discourse around sex

and SV (Love & Farber, 2017), as with any other societal discourse, which may

also impact their comfort with these topics. I would suggest that they engage in

self-reflection around their relationships with SI and educate themselves on the

processes highlighted here, holding onto Joy and Hope by moving away from

common but limiting beliefs about RUSA damaging women's sexualities beyond

repair (Maltz, 1991). As Nadia suggests:

> *There's a responsibility for psychologists to confront their own sexual*
>
> *selves, or at least be able to speak about sex in a way or confront their own*
>
> *sexual selves and relationships with others enough to be able to give every*
>
> *client what they need.* (Nadia)

Clinicians should re-assess their beliefs around alternative sexuality

cultures. Hoff and Sprott (2009) spoke with people who disclosed their BDSM

sexualities to therapists; several received negative reactions, reflecting various

discourses around BDSM: "sickness/addiction/pathology", "broken/fix", and

"wrong/harmful/immoral". The framing of increased sexual activity or multiple

sexual partners as "high-risk" (Weaver, 2009; Grose et al., 2021) may lead clinicians to automatically classify casual sex or non-monogamy as harmful. Assuming non-judgmental curiosity around the function of behaviour is beneficial, given this thesis' emphasis on exploring women's own interpretations of their experiences. Clients prefer therapists to take a proactive, open approach to discussing BDSM practises and an informed understanding around the BDSM community's standards and values around "safe, sane and consensual" activities, in order to discern whether their activities meet this standard (Hoff & Sprott, 2009). The same can be applied to other alternative sexuality cultures.

4.3.2.2 Therapeutic approaches to working with RUSA

Traditional trauma-focused interventions suggested by NICE guidelines (2018) for the treatment of post-traumatic stress disorder remain well-placed to support greater understanding via the processing of trauma memories and trauma-related emotions such as shame, guilt, loss and anger. This includes cognitive behavioural therapies (Foa et al., 2010) or Eye Movement Desensitisation and Reprocessing (EMDR; Shapiro, 2001).

Positive and supportive relationships are well-documented mechanisms of post-traumatic growth (Ulloa et al., 2016). Maltz (1991) suggests that sexual healing after sexual abuse can be done alongside an intimate partner by developing a "*mutual healing strategy*" (p.204). Couples' therapy has been found to improve sexual adjustment after rape (Miller, Williams & Bernstein, 1982) and could be suggested to women in sexual partnerships. Group therapy with

other women who have experienced rape is reported to be beneficial (Cryer &

Beutler, 1980), per this study's findings that shared experiences of SV are

connecting and normalising.

Improved self-compassion was identified as a key mechanism of change:

Vosper and colleagues (2021) argue that integrating Compassion-Focused

Therapy (Gilbert, 2005) into existing psychosexual approaches provides a useful

framework to work with shame and stigma around sexual difficulties in a way

that more behavioural psychosexual approaches (e.g. Masters & Johnson, 1966)

do not. This approach provides a normalising and non-shaming understanding of

oneself, building a compassionate stance towards experienced difficulties, whilst

encouraging taking responsibility to move forward (Vosper et al., 2021). The

latter mirrors the importance of making one's own choices, as per the SLR

(Section 1.6).

Moane (2008) has developed a model for applying liberation psychology in

contexts of marginalisation and oppression with a focus on systemic analysis,

internalised oppression, and the facilitation of agency and action for change. She

describes the importance of providing a clear framework for the structural

nature of oppression (echoing the importance of learning, understanding and

contextualising), linking the personal and political by exploring personal

reactions to oppression such as anger/helplessness or resilience/perseverance

(per the evidenced drive for individual sexual agency), and building strengths

and taking action for change (as per various forms of resistance described above).

It would be interesting and useful to consider Moane's (2008) framework's applications in working with women who have experienced RUSA and wish to move towards joy and enjoyment in SI.

4.4 Evaluation of the research

I have evaluated this research using Tracy's Eight "Big Tent" Criteria for Excellent Qualitative Research (Tracy, 2010), per Table 13.

Table 13: *Critical Appraisal of the current empirical study*

Criteria	How this research meets criteria
Worthy topic	I believe this is a worthy topic. The literature that focuses on the sexual impact of SV on cis women is limited; what literature there is, is largely quantitative and focuses on so-called "dysfunctional" behaviours and experiences (Jones, 2019). The qualitative literature in this area, limited and tending to focus on sexual impacts of SV in passing, sheds light on the function of sexual behaviours, outlines a variety of dialectic experiences and provides insight into the importance of perceived control. However, it fails to provide a clear understanding of the dynamic processes undertaken by those who have found joy and enjoyment in SI post-SV. Given increased openness around and destigmatisation of experiences of rape and unwanted sex since the advent of the #MeToo movement, this study's deeper exploration of those processes and resulting theoretical model are topical, timely and relevant. Indeed, the importance of sharing a more hopeful journey was suggested by a number of participants at the initial call: they wished this different narrative had existed and/or been more prevalent at the start of their own journeys.
Rich rigour	I have endeavoured to show rich rigour via a thorough iterative data collection and inductive analysis, continuously discussing the findings and resulting theory with my consultants and supervisors and reaching theoretical sufficiency. Avoiding reading the extant literature allowed me to stay deeply grounded in the data; the resulting CGT model's similarities to theoretical and qualitative literature on this topic demonstrate a rigorous analysis.
Sincerity	I have demonstrated sincerity through being transparent about my position, experiences and beliefs. I have pushed myself to have open, honest conversations with my research team about my choice to disclose my insider status and

	resulting power dynamics. I have worked towards self-reflexivity via personal therapy, memo-writing and my ongoing reflective journal, considering my influence on this piece of research and vice versa. I have endeavoured to transparently discuss challenges and shifts in decision-making.
Credibility	I have attempted to "show not tell" by including as many of the moving and evocative quotes gathered through interviews as the word count would allow. I carried out a thorough member-checking process, showing and discussing the diagrammatic CGT model with five women (three I had already interviewed, two I had not). This led to invaluable insights into the dynamic processes involved and allowed for further co-construction (per Appendix R). I then sent my full results chapter to all participants, who were invited to provide feedback and withdraw quotes if necessary (none did). This led to positive, validating feedback (Table 10), lending credibility to my interpretation of the data and to the co-constructed model.
Resonance	I feel my research is resonant – I have tried to move my readers through an evocative representation of these women's experiences and create a felt sense of the processes they have undertaken, their journeys overall, and the grief and bliss experienced along the way. I shared my findings with my supervisors and consultants to check for resonance with their own professional and personal experiences. I believe these findings and this model are transferable to a similar population (cis women with experiences of RUSA); further research could investigate their resonance for other populations (per section 4.6). I do feel that this study would have benefitted from a more diverse sample – despite my efforts, I was only able to recruit four women from minoritised backgrounds.

Significant contribution	This CGT model provides a significant contribution, as described in the "Worthy Topic" criterion. It offers a unique, positive perspective by focusing on experiences of sexual joy and pleasure after a specific experience of SV. It also illustrates a dynamic model which provides a hopeful trajectory that women can explore after experiences of RUSA, alone, with partners or friends, or with therapists/clinicians, and suggests significant implications both societally and clinically.
Ethical	Ethics were a key part of this research study. Of course, they were considered in relation to university approval and protocols, but it was also very important to me to ensure that those involved in this project felt safe-enough and would not experience negative repercussions from it. A great deal of thought went into the creation of the information sheet, reviewed in detail with my consultants. I considered power, ethics and risk, including what it meant to disclose my insider status and how it might lead to greater (perhaps unearned) trust and possibly unproductive assumptions, what the knock-on impact of participating in an interview might be and how to mitigate possible negative repercussions, and the ethics of excluding those with current suicidal ideation or of writing "women" rather than "cis women". Ultimately, I believe this forethought and consideration was experienced positively by the women I spoke with: many shared feelings of relief, joy and deeper self-awareness at the end of their interviews.
Meaningful coherence	I have attempted to meaningfully interconnect the extant literature, research questions, findings and interpretations, and to justify my choices along this process. It is worth noting the slight incoherence of presenting a detailed introduction and SLR despite the majority of these sections being researched and written after data collection and analysis, per CGT methodology.

	My aim has been to challenge those dominant narratives that claim we are "damaged goods" (Maltz, 1991) and to provide an alternative. I believe that I have achieved that aim – I could not have done so without the generous support of the women involved. I believe that using grounded theory was the appropriate methodology, as it allowed for a rootedness in the data and a much-needed exploration of relevant processes as these women made sense of them, rather than remaining wedded to existing narratives. Realist social constructionism and feminist epistemology still strike me as appropriate epistemologies through which to look at these experiences and this journey, as they led me to remain humble, cautious with my conclusions, and always aware of how my past colours my findings.

4.5 Limitations and further research

This research has important limitations to acknowledge. Recruiting via social media led to a disproportional representation of women working in academia, mental health or the charity sector, due to the majority of my personal and professional network being in these fields. Recruitment could be more targeted in order to avoid similar occupational / educational backgrounds, e.g. via sexual health clinics and therapy services.

I found it hard to recruit women from minoritised backgrounds, perhaps because I did not invest enough time into building relationships with those in trusted relationships with those communities (Getrich et al., 2013). I mistakenly assumed that my status as a minoritised person would bolster my trustworthiness. It remains an achievement to have spoken to some women from minoritised backgrounds, and some White women from very religious backgrounds. Their experiences are represented within the findings; the processes they engaged in do not differ substantially from others other than emphasising the importance of learning about and distancing themselves from specific cultural narratives. Further research could explore whether this model differs for those from cultural/faith backgrounds; perhaps "Rejoicing collectively" would be more developed within a collectivist culture.

The women I spoke with were diverse in terms of sexuality and disability status: 50% did not identify as straight/heterosexual; just under 50% identified as disabled. It could be valuable to research the intersection of RUSA on

(dis)ability or sexual identity more generally, building on Watson et al.'s work (2021). It could also be interesting to explore whether women with experience of other gendered embodied traumas, such as breast/ovarian cancer or birth trauma can relate to this CGT model.

Per my introductory chapter, it would be important to carry out similar studies with trans people, non-binary people and men with experience of RUSA, as well as people with experiences of childhood sexual abuse. A number of volunteers were deemed ineligible for the study due to having experienced what they described as childhood sexual abuse or rape/unwanted sex before the age of 18.

As the only researcher carrying out the bulk of the data collection and analysis, my findings could be more credible with a second coder checking the validity of the concepts constructed from the data. However, I feel that the model's fit with existing theoretical frameworks (per section 1.3.6) and existing therapies (per section 4.4) provide validation, as does triangulation via member-checks.

In the time since interviews, several women shared that their states of mind or experiences have shifted once again. A longitudinal study could help establish these processes' evolution over time. A mixed methods study with a quantitative component could establish whether this model fits for a larger group

of women. An intervention could be co-produced using this model and tested in a broader piece of research.

4.6 Final reflections

I am not the same person today as I was at the beginning of this thesis. I came at it with characteristic stubbornness, certain that I could cope. After all, I have worked clinically with women having experienced SV and spoken about my own experience publicly. I could not have anticipated the toll this thesis would take, stripping me bare and forcing me to realise that I have not completely healed from my rape. As the women I have had the immense privilege to speak with shared, perhaps we never completely do.

However, my research has filled me with radical hope. Although many of those I spoke with are further along this journey than I, I know now that I have room to grow and new experiences to look forward to. I have learnt so much from these women, and I will do my best to ensure that others gain from their hard-earned wisdom as much as I.

There were times I thought I would not be able to complete this piece of work. It is the women in my life – my research team, the women in this study, my incredible friends and family – who kept me going. Their confidence and hope have been my fuel, alongside our collective drive to change the way that society looks at us, we the women who have been through some of the most violating acts a being can be subjected to. We survive – what's more, we thrive. Our joy

does not invalidate the horror of the past, instead it reveals the tenacity of our spirits.

Struggling with SI post-RUSA is normal, yes, but it need not be the end.

4.7 Conclusion

Experiencing sexual difficulties is a common, natural consequence to sexual trauma (Maltz, 2002), but it is not the only possible or lasting outcome. This study has contributed to our understanding of women's sexuality post-sexual violence, by modelling the complex, dynamic processes and mechanisms that support cis women to experience joy and enjoyment in sexual intimacy after rape or unwanted sex in adulthood. It has reiterated the importance of interrogating the function of behaviour, and the roles that understanding and compassion, agency and resistance, and hope and joy play throughout this non-linear journey. The findings provide proof of the possibility of joyful and enjoyable sexual experiences and sketch out a hopeful trajectory; they suggest significant practical implications for anyone working with women who have experienced RUSA.

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Appendices

Appendix A: Thematic synthesis process for SLR

STEP 1

Bagwell-Gray (2019)

- Personal sexual risk-taking (e.g. concurrent sexual relationships and sex outside the primary relationship) as a result of struggling with powerlessness, low self-worth, lack of sexual agency, desire to feel valuable.
- Anxiety and dislike for certain sexual acts, difficulties with body image
- Difficulties communicating sexual expectations and keeping sexual boundaries, especially in the context of unhealthy societal messages about sex
- Awareness and calculations of costs of being sexually assertive

- Establishment of positive sexual health behaviours alongside general growth.
- Awareness of ongoing journey, which is well begun but still see more healing to continue in the future.

Major themes across journey:
- Enhanced self-acceptance (often via separation from violent partner):
- Commitment to a period of abstinence and celibacy, linked to a lack of sexual interest or a desire to forgive self and build self-confidence first
- Building social support, via informal and formal support providers, which leads to learning about IPV and healthy communication and feeling able to name experiences
- Speaking up about violence and sharing personal stories, and public advocacy.
- Learning to love their bodies, linked with sexually protective behaviours

Ownership of personal sexuality:
- Gaining a sense of agency in sexual decision making by establishing sexual boundaries and own knowledge of what sex is and means, informed by own desires, values and expectations
- Distinguishing own sexual expectations from those of family, friends, community and society at large

Envisioning desirable sexual partnerships:
- Desire to feel comfortable being their authentic selves
- Not needing to engage in unpleasant or undesired sexual acts, only health and consensual and "good feeling"
- Communication should be honest and open, allowing for an open assertion of wants, desires and dislikes without judgement
- Joint decision making and shared responsibility (around reproductive health and sexual intimacy)
- Sexually giving partners, as opposed to androcentric sex

Moya E.M., Chavez-Baray S., Martinez O. (2014)

All participants talked about how IPV reduced their sexual autonomy and increased the risk of HIV and STIs.

Feelings of humiliation, subduement, degradation and objectification. Links identified with socialisation and cultural gender norms, which connect to lack of self-care and self-esteem.

Desire for sexual autonomy, respect and understanding, education, self-valuation and greater awareness of the tools for personal care.

O'Callaghan E., Shepp V., Ullman S.E., Kirkner A. (2018)

- Loss of interest in sex or celibacy (influenced by religion or spirituality, desire for committed partner, or staying away from men - seen as positive and "taking control back")
- Increase in sexual partners (due to lack of experience with respectful, communicative partners; feelings of self-blame, emotional numbness and shame; to cope and feel in control of sexuality and bodily autonomy (and free); to feel "loved")
- Engagement in sex work (bodily autonomy, survival needs, and coping mechanisms - recognised as a form of resilience)
- Increased sexual behaviour or "addiction" (sometimes tied to sex work, watching porn or substance addiction)
- Feeling safer with women as intimate partners (due to feelings of increased safety and connection) / feeling less safe with men

- Positive experiences in sexual relationships (going at survivors' pace, being "softer", lack of pressure, mutuality, learning from partner; communicating clearly, checking consent, sharing about experience of SV, being open about likes and dislikes)
- Negative experiences in sexual relationships (being triggered by reminders / pain, difficulties communicating, pressure and threats around sex, remembering blame from self or others, lack of understanding, revictimization)

Sexual dysfunction not widely reported other than periods of feeling 'out of control' - fear of sex not mentioned but rather loss of interest.

Shifting and fluid narrative - reflects dynamic nature of recovery.

Watson L.B., Craney R.S., Greenwalt S.K., Beaumont M., Whitney C., Flores M.J. (2021)

- 40% of individuals reported no influence on their sexual identity

Of the remaining 60%, some described:

- Feeling more comfortable in relationships with people whose gender did not match their perpetrators' (generally, women)
- An impact on their ability to understand, explore and experiment with their sexuality
- Disinterest in sex, sometimes linked with body dissatisfaction
- Experience of certain sexual acts (such as penetration) as triggering of re-experiencing and dissociation, leading to increased feelings of discomfort
- Impact on sexual agency, leading to a sense of sexual disempowerment and disconnection from own sexual desires
- Engaging in increased sexual behaviours in order to increase or regain sexual agency - internalising and embodying stereotypes of hypersexual bisexual woman
- Seeing sex as "no longer a big deal" and shutting out feelings and emotions, alongside self-blame
- Contrasting impacts on sexuality (sexual orientation) - out and proud, or questioning and concealing

Bell, A.R., Ebba G., Bente T. (2022)

Some women experienced a loss of sexual desire for, and engagement in, partnered or solo intimacy.
This was linked to experiencing a strong distrust of men;
fear of being exploited for sex, being harmed again or losing control of body;
seeing sex as "vulnerable" act;
result of a defence mechanism;
feelings of guilt, self-blame and shame about the sexual trauma.
Others described a period of hypersexuality, followed by diminished sexual desire.ALSO

Mackey T.F., Hacker S.S., Weissfeld L.A., Ambrose N.C., Fisher M.G., Zobel D.L. (1991)

Themes for impact on sexual intimacy:

- Desire dysfunction: obligatory sex, decreased desire for and avoidance of sexual intimacy, and adverse feeling states (mistrust and fear most common; anger, emotional detachment, anxiety, guilt (CSA only)).
- Arousal dysfunction: flashbacks to the assault during sexual intimacy (most frequent), decreased satisfaction and pleasure
- Sexual dysfunction: reduced frequency of sexual intimacy, orgasmic dysfunction or anorgasmia (CSA only).

Also: difficulties communicating about sexuality and intimacy.

Themes around anticipation of sexual intimacy: mistrust, flashbacks, lack of control, emotional and physical closeness and fear of losing partner. Also (less frequent): dread of specific acts, lack of pleasure and STDs.

Themes around requirements for sexual satisfaction: emotional component and connection, mutuality, caring approach and trust. Also (less frequent): emotionally comfortable environment, desire for an orgasm, exclusion of certain acts and hope for healing.

Women who had experienced one previous sexual assault (not CSA) tended to experience less sexual disruption. More severe disruption for those with CSA or no past assaults.

Tarzia L. (2021)

Generally (likely to impact sexuality):
- Feeling of loss of dignity and impurity, emptiness
- Intense struggles with self-esteem, body image, self-loathing and lack of confidence
- Deprivation of agency, autonomy and personhood (sexual dehumanisation)

Most women described difficulties or challenges related to sexual intimacy:
- Loss of trust in self and others
- Fear of vulnerability and closeness
- Feelings of anxiety and disgust
- Decision not to engage in sexual relationships with men, or to become celibate
- Lack of sex drive / desire to engage in partnered or solo intimacy
- Difficulties associating sexual intimacy with joy, rather than trauma

Tummala-Narra P., Gonzalez L.D., Nguyen Nguyen M. (2023)

- Feelings of shame and self-blame
- Taking greater precautions / hypervigilance
- "Risky behaviour" such as sexual compulsivity or engaging in "unhealthy sexual relationships"

STEP 2

THEMES:

Increase or decrease in sex drive / sexual activity
- Increased sexual activity / behaviour, increase in sex partners, concurrent sex partners sometimes linked to sexual risk taking / sex work / addiction
- Decrease in sex drive / sexual activity and/or avoidance of partnered/solo intimacy and/or choice to remain celibate

Trauma and recovery
- Re-experiencing: triggers, anxiety, sometimes around specific acts
- Low self-worth, body dissatisfaction, shame VS increasing confidence and self-love
- Distrust, fear and re-victimisation VS trust, comfort and safety

-          Feelings of emptiness, emotional numbness
-          Decrease in pleasure / satisfaction

Loss and gain of sexual agency
-          Loss of agency / "sexual dehumanisation" VS reclaiming sexual agency
-          Difficulties communicating around sex VS Learning to communicate / speak up
-          Links with / awareness of social norms

-          Ongoing journey

Appendix B: Ethics approval notification

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Sheeva Weil
CC	Dr Megan Maidment
FROM	Dr Rebecca Knight, Health, Science, Engineering & Technology ECDA Vice Chair
DATE	21/07/2022

Protocol number: **LMS/PGT/UH/05041**

Title of study: How cis women find their way to joy and enjoyment in sexual intimacy after experiencing unwanted sex or rape in adulthood

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Jane Vosper (external supervisor)
████████████ **(consultant)**
████████ **(consultant)**
████████ **(consultant)**

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 21/07/2022

To: 01/06/2023

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix C: Consultant recruitment poster

Appendix D: Consultants Agreement

Consultation Agreement

This agreement is intended to support conversations between the lead researcher with the supervisory team and consultants to ensure clarity from the outset for this project.

Title of research project:

How cis women find their way to joy and enjoyment in sexual intimacy after experiencing unwanted sex or rape in adulthood

Research Team

Main Researcher: France Sheeva Weil

Consultants:
XX: Expert-by-Experience & …
XX: Expert-by-Experience & …
XX: Expert-by-Experience & …

Supervisory Team:
Dr Megan Maidment: Clinical Tutor & Chartered Clinical Psychologist, DClinPsy @ University of Hertfordshire
Dr Jane Vosper: Clinical Psychologist, Sexual Health Services @ Barts Health NHS Trust

Agreement

As the main researcher on this project, I agree to:

- Take the lead on organising any meetings with supervisors & consultants
- Send drafts to consultants for feedback with clear notice of deadlines
- Give adequate notice for interview times should consultants be interested to sit in and observe
- Offer continuous feedback about how involvement from consultants has added value to the research
- Provide feedback of research findings
- Provide final electronic copies of the research to all consultants
- Acknowledge consultants in thesis write-up and include consultants as co-authors in subsequent publications
- Offer opportunities to collaborate on presentations, posters, publications, and any other dissemination
- Consider and support consultants' wellbeing throughout this collaborative process

As a consultant to this project, I understand that:

-       Involvement as a consultant is purely voluntary; I can notify the main researcher at any time should my commitments change
-       I may dip in and out at different stages of research depending on my interest, availability and area of expertise
-       The main researcher may not always be able to accommodate all feedback and may need to make research decisions which do not always follow my suggestions

And agree to:

-       Provide feedback on aspects of research design, recruitment, data collection, write-up, dissemination, and ethics
-       Express interest should I wish to sit in on interviews or collaborate on analysis, presentations, or publications
-       Offer guidance and expertise on any ethical concerns or considerations at the earliest convenience
-       Maintain anonymity of participants and abide by the ethical principles as outlined in the information sheet given to participants
-       Prioritise my wellbeing over and above collaboration in this project

Signatures

Signature of main researcher: Sheeva Weil

Signature of Consultant: XX

Signature of Consultant: XX

Signature of Consultant: XX

Appendix E: Research recruitment poster

Appendix F: Participant information sheet

HOW CIS WOMEN FIND THEIR WAY TO JOY AND ENJOYMENT IN SEXUAL INTIMACY AFTER EXPERIENCING UNWANTED SEX OR RAPE IN ADULTHOOD

Participant Information Sheet

You are being invited to take part in a research study. Before you decide if you want to take part, it is important for you to understand what the study is about, why the study is being done, and what will happen when you take part. Please take time to read this information sheet very carefully and talk about it with others if you would like to. If anything is not clear or if you would like more information, please do not hesitate to contact me using the contact details at the end of the sheet.

Who is the researcher?
My name is Sheeva Weil and I am a Trainee Clinical Psychologist studying at the University of Hertfordshire. I am someone who has experienced rape in adulthood. As part of my training, I am conducting a study exploring how cisgender women who have experienced unwanted sex or rape in adulthood come to find joy in or enjoy sexual intimacy later on.

Also part of the research team are Dr Megan Maidment (Clinical Psychologist, Lecturer, and Internal Supervisor), Dr Jane Vosper (Clinical Psychologist and External Supervisor), and a team of three Experts-by-Experience (these are people who meet this study's eligibility criteria) and are consulting on this project to make sure it is carried out with care.

Why is this research being done?
85000 women experience unwanted sex or rape every year in the UK. Experiencing rape has been found to lead to many painful and negative consequences, including problems gaining or regaining an enjoyable sex life afterwards. There is a lot of research looking at sexual problems in cisgender women (women who were assigned female at birth) who have experienced unwanted sex or rape.

However, there is very little research into how some of these women learn or re-learn to enjoy sexual intimacy later on, by themselves or with other people. It has felt important to fill this gap in the research by providing an opportunity for women to speak about their healing process, so we can understand more about it. We hope that this will allow us to create a theory that might help us understand this process better, in order to give hope to and support other women who have experienced unwanted sex or rape.

Am I able to participate?
To help you decide if you are able to participate, I have included yes or no questions below:

- Do you speak English? You do not need to be a native English speaker to take part, but you do need to feel comfortable enough to talk about this topic.

- Do you live in the UK?

- Are you over the age of 19?

- Do you identify as a cisgender woman? A cisgender woman feels that their gender identity matches the sex they were assigned at birth (female).

- Have you experienced unwanted sex or rape in the past?

- Did this experience take place after you turned 18? Due to possible differences in experiences and impact, I will not be able to include women who have experienced childhood sexual abuse, rape or unwanted sex before the age of 18.

- Did the experience of unwanted sex or rape happen at least one (1) year ago?

- Do you feel like you are currently able to find joy in or enjoy sexual intimacy, whether alone or with other people? Healing is not a stable process and joy / enjoyment may come and go – this means you do not need to constantly feel joyful during or enjoy sexual intimacy.

If you answered yes to all the above questions, you are eligible for this study.

If you are currently experiencing or have experienced severe mental health distress (e.g. self-harming behaviours or thoughts of ending your life) in the last six (6) months, you may not be eligible for this study. This is to reduce harm due to the potentially distressing nature of the topic and the limited remit of a doctoral research project. If this is you, but you feel that you could really benefit from taking part in this study, please get in touch to discuss this further.

Do I have to take part?
No, it is up to you whether you take part or not. You will be asked to sign a consent form to say that you are happy to take part. However, you can still change your mind and stop participating at any point during the study. If this happens, please know that you do not have to give any reasons for stopping the study.

If you change your mind after the study, that is okay too: just let someone from the research team know (contact details below); you don't have to give us a reason. However, please note that you can only withdraw your data

within two weeks of the interview. This is because the analysis of your data will have begun and information you have given will already be part of the results and will not be able to be removed.

What will happen during the study?
If you are interested in taking part in this study, you will be asked to contact me via email. I will then try to arrange a call with you to go through the study in more detail, check whether you meet the criteria for the study, and answer any questions you may have. I will explain how the interview is set up and give you an idea of what we will discuss.

You will not be asked to talk about the detail of your experience of unwanted sex or rape. Instead, the focus is on how you eventually came to finding joy in sexual intimacy afterwards.

Once you have consented to taking part in the study and signed or typed your name on a consent form, I will ask you to pick a pseudonym (a fake name). This will be the name I use when writing up your interview, in order to ensure no one can identify what you have said. We usually recommend you pick a name with a similar cultural / ethnic / religious background to your own / to your identities; but you don't have to do that if you don't want to. I will also ask you a few questions about your demographic details. I will then invite you to an interview at a time that suits you.

I aim to conduct the interview at a time that suits you on Microsoft Teams or Zoom, which are online video platforms you can access on a phone or computer. I will be in a private space and will not be overheard. The interview will probably take about 60-90 minutes. An audio recording of this interview will be saved and I will use the Teams or Zoom app to transcribe (write down) the interview. Although I will have the camera on during the interview, you are not expected to do the same. If you do not feel comfortable with using a platform such as Zoom, we can discuss alternative options, such as speaking on the phone. Although you are probably aware of this, it is worth noting that although I am a therapist as well as a researcher, there is no part of this interview that will be therapy.

About two weeks after your interview, my consultants and I will analyse what you have said. At this stage I may have more questions and, if so, I will ask you if you would be happy to participate in a second interview. If you don't want to do this, you can just let me know. A second interview would likely be shorter than the first and will be help us get a more in-depth understanding of your experience, or to discuss ideas that have been come up in our analysis of multiple interviews.

After the interview finishes, you will be provided with a token of my appreciation, to thank you for the time you have spent participating in the study and the emotional labour (talking about these topics can feel heavy and tiring) associated with your involvement. I will provide you with this via

email as soon as the interview finishes. I will not be able to provide you with a second token of appreciation if you take part in a second interview.

I will email you at the end of my Doctoral programme to ask if you would like a summary of the findings and will send you a clear summary if so. I will also email you about dissemination opportunities, should you be interested in taking part or want to be alerted to upcoming publications.

What are the possible benefits or disadvantages of taking part?
There are no absolute benefits or disadvantages of taking part. In preparing for this study, I spoke with my team of consultants, who are all women who have experienced rape in adulthood and now feel able to find joy in sexual intimacy. We discussed how such an interview might feel and considered how best to keep you feeling safe and comfortable enough to take part.

Although participating in this study may not have direct benefits for you right now other than gaining a small token of appreciation, your participation will enable us to better understand how cisgender women who have experienced unwanted sex or rape, come to find joy in and/or enjoy sexual intimacy later on. We hope to raise awareness about the different ways that women heal from unwanted sex. We also hope to highlight the fact that there can be hope and joy in sex, even after one has experienced unwanted sex or rape.

Taking part in this study may bring up difficult feelings for you. I will try my best to make you as comfortable as possible throughout the study and take all reasonable steps to minimise harm. You should share only as much as you feel comfortable sharing. Please also know that you do not have to answer any question you do not want to and are free to stop at any time during the study without giving a reason. If you become distressed or feel uncomfortable during or after the study, please let me know.

As with most research around sexual violence and women's experiences of sex (positive or negative), it is possible that this project's results (which will be completely anonymised) could be discussed in a way that is negative or stigmatizing. However, we feel strongly that this study is important to carry out, and we will do our best to write it up in a way that is hard to misinterpret. If you would like to discuss your concerns in this area, please do let me know. You are also welcome to participate in future dissemination, should you be keen to get involved in co-writing or co-presenting with myself and other members of the research team.

What will happen to the information I provide?
Prior to the interview, you will choose a pseudonym; only you and I will know which pseudonym you have chosen. This is how you will be identified in any recordings and transcripts. During the interview, I will be in a private space and will not be overheard. I will make a recording of the interview, which will be kept on University of Hertfordshire's secure

OneDrive until transcribed (this is when the audio of our conversation is written down in text form). Your name, contact and demographic details will not be attached to the interview audio or text file. I plan to use Microsoft Teams or Zoom to transcribe the interviews. Once transcribed, the audio file will be deleted. I will edit out any identifying details on your text file (names, dates, locations).

Your personal data file and the anonymous recordings and transcription will then be kept on University of Hertfordshire's secure OneDrive. Your contact details will also be kept on the secure OneDrive. However, at no time will your name or that of any third party be attached to data from your interview. No one but me or my research supervisors and consultants will have access to the anonymous transcripts, and I will keep them for up to 5 years in line with University of Hertfordshire policy. In that time, it is possible that I or another researcher at the University of Hertfordshire will re-analyse your anonymised data. The transcriptions will be destroyed after this.

Finally, I will write about the findings in my thesis for the University as well as try to publish the findings with my supervisors and co-researchers (e.g., research journals, conference presentations, magazine articles, blog posts, interviews, etc.) Everything I write or present will be anonymised; I may include direct quotes from our interview but again this will be fully anonymised. You will be given an opportunity to look over my thesis write-up prior to when I will hand my thesis in, in order to check if you are happy with any of your quotes I may have included; you will be able to retract these from the write-up. If you would be keen to be involved in any disseminations or presentations, please do let me know. I will always try to contact you before publishing anything with a direct quote from your interview, for a final "OK".

If during the interview you tell me information about current abuse, abuse of a minor, suicidal thoughts you are having or a threat to someone's safety in general, this information may need to be passed on. I will always discuss this with you if need be.

I can send you a summary of the findings of this study by email. If you do not wish to hear from me regarding the study, I will delete your contact details. If you do wish to receive a summary, I will hold onto your contact details until the completion of my doctoral programme and will email you at this point to check if you are still happy to receive a summary of the findings and information about dissemination.

How should I prepare for the interview?
You may find that thinking about and talking about your experience in the interview is distressing, even if I will not be asking you about the experience of unwanted sex or rape directly. It makes sense to have a plan of how you will look after yourself if you do get upset. During the interview we will take

the discussion gently and I will offer to pause if you do feel upset. If needed, we will stop our conversation either for a short while or completely. You do not need to give me a reason if you decide you want to stop.

It may be a good idea to plan some time after the interview where you do not have to rush off to something else. This will give you the chance to have a cup of tea or anything else which you know makes you feel better. You may also like to let a friend know you are going to be talking to me and ask them to be available fairly soon after the interview in case you want to talk to them.

If you find you are continuing to feel upset over the days after the interview you may find it helpful to talk to others in your support network (friends or family). If you prefer not to speak with your personal support network, you can contact official support groups such as Rape Crisis national freephone helpline on 0808 802 9999, the Samaritans on 116 123 or https://www.samaritans.org/how-we-can-help/contact-samaritan/, text SHOUT to to 85258 or call your GP. If you find that the distress lasts for a few weeks or months, then contacting your GP is a good idea. You may find it helpful to think about starting some counselling. Your GP may be able to refer you to a talking therapy or you can contact your local NHS Psychological Wellbeing Service.

I will also send you a list of resources that might be helpful, after the interview is over.

Who has said it's ethical for this study to take place?
This study has been reviewed by:

- The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority
- The UH protocol number is LMS/PGT/UH/05041

Who can I contact if I have a complaint about the study?
Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

How can I find out more about the study?
For any further questions or concerns, please contact either Sheeva (xx@xx), Dr Megan Maidment (xx@xx) or Dr Jane Vosper (xx@xx) via email.

Thank you for reading this information sheet!

Appendix G: Consent Form

Consent Form: How cis women find their way to joy and enjoyment in sexual intimacy after experiencing unwanted sex or rape in adulthood

Participant Pseudonym:

Principal Investigator: Sheeva Weil – f.m.weil@herts.ac.uk

1. I have read the information sheet for this study. I have been able to think about the information, ask questions and am happy with the answers given.
2. I understand that it is my choice to participate and that I am free to opt out or withdraw at any time during the study and up to two weeks after the interview, without giving any reason.

3. I understand that data collected during the study (screening call and interview) will have my name and any identifying details removed. The data will be stored on a secure drive.
Once my name is removed, the data may be looked at by people working with the University of Hertfordshire and relevant services (e.g., a service which will support me in writing down what you have said). I give permission for these people to have access to this anonymised data.
4. I give permission for researchers at the University of Hertfordshire to hold onto and re-analyse my anonymised data at a later date (up to 5 years from today).
5. I understand that the write-up may include direct quotes which will not have my name or details attached, only my chosen pseudonym.
6. I have been told that I may be contacted again in connection with this study, and that I may be invited for a follow-up interview (this is not a necessity).
7. I agree to take part in this study.

_____   _____
_____

Name of Participant   Date   Signature

_____   _____   _____
_____

Main Researcher   Date   Signature

Appendix H: Letter to ineligible prospective participants

Dear X,

Thank you once again for getting in touch about this study.

As you will have seen in my information sheet, I have several requirements for participants in this study. Although these requirements have allowed me to focus on understanding a very particular experience, it has also meant I am unable to include other people, like you, who have gone through something similarly difficult. This absolutely does not reflect how important your experiences are or the value of what you could have brought to this study.

If you would like to learn more about why I am having to rule out various groups of people from the study, please read the next page of this document. The information might be distressing, so please do try to take care of yourself.

If needed, you may find the following services helpful:

Copy of Appendix I resources

Many thanks once again for getting in touch.

Warm regards,
Sheeva Weil (principal researcher) and the research team.

Why am I excluding certain groups of people from this study?

The type of analysis I am carrying out, Grounded Theory, calls for a homogenous group of participants. This means participants must be similar enough that an analysis of their experiences would be meaningful.

Men: We have chosen to exclude men from this study (trans and cis). Of course, men do experience unwanted sex and rape, but it is thought that this experience is both similar and also quite different from women. This could be because of the way society thinks about and treats men differently from women and leads men to feel differently about their experience and what it means. We feel that this experience is very important to learn about and requires specific support. However, for the reasons outlined above and due to the limited scope of this study, we have decided to focus on women in the first instance.

Trans women and non-binary people: We have chosen to exclude transgender women and non-binary people from this study because although trans women are at a higher risk of sexual violence, there are unique aspects within their experience that should be thought about (e.g. gender dysphoria). Given the lack of literature in this area generally, and the limited scope of this doctoral research project, we feel that a focus on the experiences of cis women is appropriate in the

first instance, in order not to mix up or minimise the experiences of trans women. In future, we would like to participate in or support projects which look at trans women and non-binary people's experiences.

Childhood sexual abuse: We have elected to exclude women who have experienced unwanted sex or rape before the age of 18. Although sexual violence in childhood and adulthood can have similarly painful impacts, these experiences (especially future sexual intimacy) are considered to be quite different in the literature. Furthermore, in cases where the underage sexual experience was consensual, it may still be considered "statutory rape" and the woman would be considered a child. Finally, although sex is legally permitted in some circumstances between the ages of 16 and 18, these young women would still be considered children in most other legal settings. Ultimately, we felt that those in this group deserve a more in-depth and specialist investigation of their experiences: this warrants particular care and unfortunately goes beyond the scope of this particular doctoral research project.

Severe mental health distress: We have made the difficult decision to largely exclude women who are currently experiencing severe mental health distress or upset, which have led them to self-harm or have suicidal thoughts in the past 6 months. This decision has been made to reduce harm due to the possibly upsetting nature of this study, within the limited scope of a doctoral research project.

We are very hopeful that this study is only the first step in a series of research projects looking at how all people who have experienced unwanted sex or rape come to find joy or enjoy sexual intimacy thereafter. This area is under-researched, and we are keen to continue shining a light on this particular experience.

Appendix I: List of resources for participants

General support:

- The Domestic and Sexual Abuse helpline:
    o For anyone affected by domestic or sexual violence.
    o Telephone number: 0808 802 1414 (number does not appear on a landline telephone bill). The helpline is free and open 24 hours a day, 365 days a year.
    o Email: info@dsahelpline.org (confidential email service and doesn't record your email address).

- Safeline:
    o Safeline is a specialised charity working to prevent sexual abuse or rape and to support those affected in their recovery.
    o Website: https://www.safeline.org.uk/
    o General helpline: 0808 800 5008
    o Text helpline and online advisors: 07860027573

- The Survivors Trust:
    o Lists local specialist services for survivors of sexual violence, including advocates and Independent Sexual Violence Advisors (ISVAs).
    o Website: https://www.thesurvivorstrust.org/
    o Telephone number: 08088 010 818

- Rape Crisis England & Wales:
    o Support for women and girls affected by rape, sexual abuse or any form of sexual violence. Provides details of local centres.
    o Website: www.rapecrisis.org.uk
    o Telephone number: 0808 802 9999

LGBTQ+ support:

- Galop:
    o Support for LGBT+ people who have experienced violence and abuse. Provides a helpline, urgent and longer-term emotional and practical support.
    o Website: https://galop.org.uk/
    o Telephone number: 0800 999 5428

Support around sexual intimacy:

- The My Body Back Project:
    o Provides specialised support for people in England and Scotland who have experienced sexual violence, including cervical screening, maternity care and workshops aimed at reclaiming sexuality and health.

- o   Website: https://mybodybackproject.com/

General mental health support

- NHS 111
    - o   NHS 111 will tell you the right place to get help if you need to see someone. You may be able to speak to a nurse, or mental health nurse, over the phone. A GP can advise you about helpful treatments and also help you access mental health services.
    - o   Use the NHS **111** online service or call **111**.
    - o   In an emergency, please call **999**.

- GP:
    - o   You may find it helpful to contact your GP if you experience psychological distress or discomfort after the study. They may be able to advise you for further sources of support, such as a referral to an NHS therapeutic service for counselling or another type of talking therapy.

Independent crisis support:

- Samaritans
    - o   The Samaritans provide emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland
    - o   Telephone number: 116 123 (24 hours, any day of the year)
    - o Email: jo@samaritans.org (response time: 24 hours)

- Shout
    - o Shout 85258 is a 24/7 UK text messaging service for times when people feel they need immediate support.
    - o Text SHOUT to: 85258

Culturally specific support:

- Nafsiyat:
    - o   A pioneering charity offering intercultural therapy in over 20 languages to people from diverse cultural communities.
    - o Telephone number: 020 7263 6947
    - o Email: admin@nafsiyat.org.uk

- The Black, African and Asian Therapy Network (BAATN)
    - o BAATN provide an online directory of private, qualified and registered professional Black, African and Asian counsellors, psychotherapists and psychologists. There is a choice of face to face or online counselling via Skype/Telephone/Email.
    - o Website: https://www.baatn.org.uk/

Appendix J: Screening call template

Hi! This is Sheeva, am I speaking with…? I'm calling about the research study that you expressed interest in via email / DM. Is this still a good time to speak? This call shouldn't take longer than 15-30 minutes, depending on how many questions you have for me.

Thank you SO MUCH for agreeing to speak with me and considering this study. I really can't tell you how much it means to me.

Basically, I wanted to speak to you to answer any questions you might have about the study, and then if you're happy to proceed, I'll also check that you are eligible to take part. Unfortunately, I do have to exclude some people from my study for a variety of reasons, but if this ends up being the case, I will explain why that is and send you a letter with resources that could be helpful. On the other hand, if you are eligible for the study and still want to take part, I will send you a consent form for you to sign and we can go through a few preliminary questions. Does that sound alright with you?

First of all, have you had a chance to read the information sheet? Is there anything that was unclear or that you have a question about?

So just regarding the interview – my research method means that I am scheduling interviews in groups of 4 interviews, one a week. The reason is that I'm trying to create a theory / model of understanding for this process, and so that means that every interview gives me new information, and I change my interview questions based on that. As I go along and as it (hopefully) starts to feel like the same themes and ideas are coming up, some of the later interviews will be more of a process of checking the model we are coming up with.

Does that sound okay with you? Are you still interested in proceeding?

I hope that all makes sense. Of course, if you have any other questions, please do send me an email or a message at any point. So… What do you think? Would you be interested in taking part? You don't have to make a decision now of course; we can always touch base after you've had a few days to think.

If they say no: That's absolutely fine, I completely understand that this study isn't for everyone and that it might not be the right time. Thank you so much for showing interest, I can't tell you how much I appreciate it. Of course, if you do know anyone who might be interested, please do send them my way if you think that would be appropriate.

If they say yes: Excellent, thank you. Would it be okay if I check that you are eligible for the study?

- 　　　Do you identify as a cisgender woman?
- 　　　Are you 18 years old or older?

- Have you experienced unwanted sex or rape in adulthood, that's from the age of 18?
- How long has it been since this experience / these experiences (over one year)?
- Do you feel like you have since felt joy in or enjoyed sexual intimacy, whether that is alone, with another partner or partners, since then?
- Have you ever experienced childhood sexual abuse or rape under the age of 18?
- Have you experienced suicidal thoughts or self-harm in the past 6 months?

If they are ineligible: I'm so sorry, because of …, I'm afraid you aren't eligible for the study. The reason is… Do you have any questions about that?

I hope that makes sense, and I'm so sorry for disappointing you. I do hope to continue working in this area of research moving forward and supporting other trainees to work in this area, and hopefully there will be another project focusing on this soon that you would be able to take part in.

Thanks again for your interest. I can't tell you how much I appreciate it.

Goodbye!

If they are eligible: Great! You are eligible to take part in the study. I can email you a consent form now for you to have a look at and sign if that sounds okay. I also need to ask you to choose a pseudonym, that's a fake name, so that I can make sure to use that in all the paperwork. That will ensure you are totally anonymous; I'm the only person who will know your real name, personal details and which interview is yours. I would recommend that the name you choose is similar in cultural, ethnic or religious background. This can be helpful because if I include a quote from you in my thesis or publication, I will refer to you via your pseudonym and then people can imagine you slightly more accurately (even though they obviously won't be able to identify you). However, you are of course free to choose whatever name you like, even if it isn't related to your identities at all.

I also have some brief demographic questions for you. This information will be stored totally separately from your name and interview data. The reason I am asking these is because I am keen to ensure that I speak to a diverse group of women and that I can report on these demographics more generally in my write-up:
- How old are you?
- How would you describe your sexuality / sexual orientation?
- How would you describe your ethnicity?
- What nationality or nationalities do you hold?
- Do you identify as disabled?
- What occupation do you hold? / What do you do?

- How long ago did you experience rape or unwanted sex?

Thank you so much, that's so helpful.

Finally, it is always possible that the interview might get a little upsetting. I have included some ideas about how to look after yourself after the interview on the information sheet, but I was wondering if there was anything I can do to help you feel more comfortable? Is there anything that would make it easier for me to know that you're feeling unhappy or want to take a break? I'm aware we will be online so I might miss noticing some of your body language.

If you could send me the consent form with your signature on it as soon as possible, that would be great.

Shall we book in a time for the interview?

Thanks again for speaking with me today. I am really looking forward to our interview on…

Bye!

Appendix K: Interview schedule

Introduction to the interview
Hello! I'm Sheeva Weil. Can I confirm your name…? I am a trainee Clinical Psychologist with the University of Hertfordshire, and we are here for an interview on the topic of how cis women come to enjoy sexual intimacy after an experience of rape or unwanted sex in adulthood. Is that what you were expecting? Are you in a quiet, private place where you feel safe to speak?

As per the information form, I will be recording this interview in order to transcribe the contents as accurately as possible; I might also take some notes as we go along in order to focus my train of thought. As with most research of this kind (qualitative), I may include direct quotes from what you say in my thesis write-up and future publications – these will always be fully anonymised, of course. All data and recordings will be securely stored on my university's encrypted server and deleted after 5 years. Remember that you can stop the interview at any point in time; we can always pick back up at another time or just end it there entirely, that is also completely fine.

The first bit of the interview is mostly me talking to set things up, but that shouldn't last more than 5 minutes and then it will be over to you. We have got between an hour and an hour and a half for this interview, but we can run over by about 15 minutes if need be.

To begin with, I will run through some information about how this interview will run, which should take us a few minutes. After that, I will start by inviting you to tell me about your journey to enjoying or finding joy in sexual intimacy after rape or unwanted sex. I may also ask follow-up questions and redirect our conversation on occasion; this isn't because I am not interested in what you have to say, but rather that in the interest of time I am keen to get as much insight into your experience of the specific area I am researching. Do you have any questions about this?

If during the interview you tell me information about current abuse, current or past abuse of a minor, suicidal thoughts you are having or a threat to someone's safety in general, this information may need to be passed on. I will always discuss this with you if it comes up. How does this sound?

I will not be asking you to describe your experiences of rape or unwanted sex, but if it feels important for you to name these, that's completely fine. In that instance, I will do my best to respond compassionately and may eventually remind you of the focus of this particular study. Again, this isn't because your experience isn't important to talk about and make sense of, but rather that this is a research project with a limited remit and we are hoping to learn more about a very specific aspect of recovery. Do you have any questions about this?

I want to remind you that you should only share as much as you feel comfortable with sharing – you don't owe me anything and you certainly shouldn't try to

push yourself farther than you are prepared to. Although this is probably obvious to you, I also want to clarify that although I am a clinical psychology trainee, a therapist and someone with my own lived experience of sexual violence, this is a research interview and not a therapy session. However, I will do my best to help you feel safe enough to share your experience, and endeavour to remain warm, validating and empathetic throughout. Does that sound okay?

In order to do this, I just want to check if there is anything that you would like from me or need in order to keep you feeling comfortable today? Other people have suggested having a soothing drink next to you, starting or ending with a relaxation exercise to bring you back to the present, or ending the interview with a chat about a totally different topic. Do any of these take your fancy, or do you have another idea? …

Although this may not happen, I am also wondering how I will know if you do feel overwhelmed at any point or decide to stop. I'm aware we are online and that can make it tricky to communicate if things are feeling a bit much. Is there a way that you could easily communicate that to me, and what would you like us to do if that happens?

Do you have any questions about this process before I hit record?

I will start the recording now and for the purposes of the recording, I will ask you whether you do indeed consent to the recording.

*** press record ***

Hi… Just checking that you do indeed consent to the recording of this interview.

As I was saying, this research project focuses on how cis women come to find joy or enjoy sexual intimacy an experience of rape or unwanted sex in adulthood.

Now we have both heard far more of my voice than necessary, we can get started with the interview proper. …, please could you tell me about your experience of coming to find joy in sexual intimacy, following rape or unwanted sex?

Prompts during interview
Definitions
When we talk about sexual intimacy, what's your understanding of that?
Is there a difference for you, between finding joy in and enjoying sex?
I notice that you tend to say "enjoy sex" / "find joy in sex" – what do these words mean to you?
What does enjoyable or joyful sex feel like for you?
Is sexual intimacy inherently enjoyable or joyful? Are there times when these aren't the most important aspects of sexual intimacy for you?

The journey itself

Can you tell me a little bit more about the process you went through?

Was it a linear process for you, or a bit more of an up and down journey?

Do you always enjoy sex now? How often would you say that you enjoy sexual intimacy?

Is it an explicit process or more of an internal conversation? What sort of thought process have you gone through?

Was it a step-by-step process? If so, what was the first step? What was the second step?

Were you able to enjoy sexual intimacy immediately after / soon after the rape or unwanted sex?

How long after the rape or unwanted sex were you able to enjoy sexual intimacy again?

Did you start off with solo sex or partner sex? Did one of these feel more enjoyable or easier to enjoy?

Do you feel that you are happy with where you are with regards to enjoying sexual intimacy?

What's the next step for you?

Alone or with someone else

Is there a difference between sexual intimacy on your own or with another person?

Is either of these more or less enjoyable?

Does either of these lead to more of a feeling of joy?

What is it about solo sexual intimacy that brings you joy?

What is it about partnered sexual intimacy that brings you joy?

Facilitating / obtrusive factors

How do you know that you are enjoying or finding joy in sexual intimacy?

Is there anything that makes it easier / harder for you to enjoy sexual intimacy?

Is there anything that needs to happen in order for you to enjoy or find joy in sexual intimacy?

Is there anything that, once it's happened, makes it much harder for you to enjoy sexual intimacy?

What needs to be in place for you to enjoy sex or sexual intimacy?

You mentioned… (comfort / safety / consent / familiarity / warmth / caring…) – how have you established this in the past? How do you establish this now? What difference does this make? Do you see this as a crucial part of the process?

Is it something that you do, or that your partner can do?

Do you ever tell a partner about what you need from them? What sorts of things do you tell them?

Closing the interview

We're coming to the end of the interview now. *(If not asked: Can I ask, had you ever had consensual sex before you experienced rape or unwanted sex?)*

How are you doing? Are you feeling alright? It is not unusual to feel a little weird after talking about an intimate aspect of your life with a relative stranger, so if

you do, that's totally normal. Have you got anyone to speak to after this? Any nice plans?

I always offer that we close the interview with a grounding exercise to bring us back to the present moment, or a chat about something totally different. We could do a grounding exercise where we get in touch with our senses; another where we go to a calm and peaceful beach; or a slow breathing exercise to ground ourselves. What do you think? We don't have to do one at all if you would rather not, of course. Alternatively, we can have a chat about something totally different (Marvel / TV show / plans for the summer or weekend / hobbies or interests like knitting, art, reading, children, pets etc). We can do that now or at the end of the interview, after I run through a couple of bits about what happens next.

Just to let you know, I will email you some resources and links to relevant organisations in case you are keen to get more support after this. Are you happy for me to do that?

It's also important for me to remind you that you have the right to withdraw your data – that's basically telling me you don't want me to use this interview in my research and to delete the recording of it – for the next two weeks. The reason that you've got two weeks to do this is because sometimes people take a bit of time to process this experience and may change their mind a little while later. However, I will start to analyse this interview and integrate it into my research in two weeks' time, so I won't be able to delete the recording / not use this interview once that process has started. If I do include any direct quotes from our interview, I can get in touch with you so you can review my thesis before I submit it, to let me know if you want me to remove any of your quotes at that point. Does that make sense? Do you have any questions about this?

As part of my analysis process, I will sometimes get back in touch with people I've interviewed to ask if you would mind meeting for a second, shorter chat. This might be about something you've spoken about, that I've had a chance to reflect on and realise I haven't asked you an important question or clarification about it. It could also be about some of the themes that have emerged across all interviews, and I'm curious to hear if these are also something you've experienced or are actually completely different. Would you be open to any of this? Do you have any questions about this? Absolutely no worries if not and if you'd rather this was our last chat on the topic.

Finally, I will email you next summer (2023) to ask you whether you would like a summary of the results and if you would be keen to help out with a publication or dissemination, and if not whether you would like me to send you whatever is produced and published. If you are keen to hear more about these, please do reply to opt in; I will also be able to check with you that you're still happy with any of your quotes that might be included. A dissemination is a publication; after I have submitted my thesis and I am trying to share the results with other people. This could be in the form of an academic journal article, a magazine

article, a blogpost or an interview on TV or the radio. There is no pressure at all around this and if I don't hear from you, I will assume you would prefer not to hear more about this and will delete your contact details at that time. You are always free to get in touch at a later time if need be.

I can't begin to thank you for what you've shared with me today. You've already sparked so many thoughts in my mind and I'm so grateful that you took the time to speak with me!

Thanks again and have a really lovely rest of your day.

Appendix L: Extracts from Reflective Journal

Extract 1

A real back and forth between the past and present – less straightforward than the previous interview. Also, felt myself slipping into a more conversational / friend / psychologist style. And that probably made things different and maybe harder to keep a clear research boundary hat on. I noticed myself speaking more – maybe a way to contain the session, maybe a way to feel more in control.

At the end of the interview, she said she felt lighter and inspired, inspired to go work with women and support them with this journey. She said to begin with, she worried she would be a fraud somehow, taking part in this project. That seems to be a theme – this concern that claiming the word "rape" is somehow taking away from other "more harmed" victims. Damn patriarchy, making it so even those who have incurred so much harm doubt their own ability to claim to have experienced it.

Extract 2

Things that are sticking out to me from this conversation: I think it comes back to that full circle idea. We need to come back to our roots, to spirituality, to the breath, to being grounded within our bodies. And also the idea that these conversations aren't really about sex. They are about politics, the patriarchy, colonialism, philosophy, spirituality, family… Just pretty cool

maybe my epistemology is shifting – from being grounded in a material reality, to moving towards a constructed understanding of these larger concepts – compassion, respect, communication, what one deserves, what one is owed… Maybe this is less grounded in reality. Maybe this experience with sexuality is really based in thought and emotion and less in body. Altho – am I now moving towards a Western duality of mind and body? How can that be helpful?

Extract 3

Really tough. Spoke with XXX last week and we talked about my rape and I was actually triggered that night, sleeping on her sofa bed. Followed up with two interviews and I was a mess that weekend. Not like – panicky, but angry and tired and really anxious in my body, in a way I hadn't been for a while.

Why? Something around realising maybe the work isn't done for me. Maybe somewhere I was seeking to find out how to continue progressing on this journey – but there is a pain felt when considering that these women may be further ahead in this than I am. The power dynamic shifts, somehow. Between us. And also considering the power dynamic between me and my supervisors. Me and my consultants team. Why am I so reluctant to say that this is hard?

Extract 4

I think maybe one of the first people to speak more to that non-linear experience (or maybe not, actually, now I think about it) and the fact that it is still hard. I really found it interesting when she talked about claiming joy, as opposed to experiencing joy, in sexual relationships. Something about permission giving.

I did notice that we tended to stray away from the sexual conversation and I'm wondering now if I'm both learning / exploring the general trauma healing process as well as the sexual healing process; or maybe those are really intertwined and it's hard to unpick?

Appendix M: Non-Disclosure Agreement with Transcription Service

Non-Disclosure Agreement with Transcription Company

This non-disclosure agreement is in reference to the following parties:

Sheeva Weil (discloser)

and

Kate MacFarlane (transcriber)

- The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.
- If the recipient is able to identify and knows the participant in the recording, the recipient agrees to cease transcription, inform the disclosure and destroy any copies of the recording.
- The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.
- The recipient agrees to return and/or destroy any copies of the recordings they were able to access provided by the discloser.

TRANSCRIBER TO COMPLETE:

SIGNED: ▮▮▮▮▮▮▮▮▮▮

NAME: KATE MACFARLANE

DATE: 28 NOV 2022

University of Hertfordshire UH Ethics Committee

This is an official notification by student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: How cis women find their way to joy and enjoyment in sexual intimacy after experiencing unwanted sex or rape in adulthood
Protocol Number: LMS/PGT/UH/05041
Approving Committee: University of Hertfordshire Ethical Committee

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me fw20aaa@herts.ac.uk or my supervisor Dr Maidment m.maidment@herts.ac.uk

Appendix N: Transcript extracts with line-by-line coding

P: Yeah, I think it felt like it happened organically, but it also felt important because we had that friendship as a basis. And I felt safe and very like, comfortable. So I think, yeah, rather than having, like the attraction first and sort of the lust first and then the… yeah, and then the connection. I: The connection? P: Yeah It was the connection and friendship first, and then sexual intimacy, and everything that goes along with it. So, yeah! P: Yeah, so specifically, in relation to sex? I don't know. He like, he does make me feel like very, very, very, very seen… Again, it's sort of being able to be comfortable with each other in general, like, I don't worry about how I look, like he always like compliments how I look, or things like that which helps me feel confident then, like in the bedroom, and then enjoy sex more. I think my sex drive is definitely higher than his sex drive	Experiencing a slow and organic start to a relationship Feeling safe and comfortable Trying something new Experiencing connection and friendship before intimacy Feeling seen by my partner Being comfortable with each other Being complimented by my partner Linking body confidence to enjoyable sex Having a higher sex drive than my partner
P: But, err, we just like had the most amazing sex, like I literally can't believe it. I never, ever thought that, in my life, I would get to the stage that I did with him. Um (pause), and we just were so attuned. We just like had the same kinks, like we could just like read each other's minds, like we were just very, very similar, as people, too similar actually, I think. I: OK. P: But I, we just really just vibed, like sexually, and, um, I think I just really learned – I also read this book "Come	Disbelieving just how amazing sex could be Feeling attuned to one another Noticing many similarities with my partner Vibing sexually with my partner Reading a helpful book

Appendix O: Focused coding

Focused sub-code	Line by line code	Corresponding coded text
Learning what my body needs to feel good	Enjoying clitoral stimulation but not penetrative sex	because like, throughout my sexual journey, I was like, before this guy, that I'm talking about – my ex-boyfriend – I would get to the point where like touching myself, or being touched, so, um, yeah, or kind of – well, I don't really like the word foreplay – but like touching the clitoris or around there would feel good, but it was penetrative sex, like penis in vagina that I'd really struggle with. (Interview 3)
	Learning it takes a bit more for my body	And what I have come to realize. It does take me, you know. It does take me a bit more, and it's not quite so easy, or it works in different ways, or my body is very specific. (Interview 7)
	Realising pleasure can be experienced through other activities	Because I could experience pleasure with other ways, and not necessarily you know, penis in vagina, and all these kind of things. (Interview 1)
Giving myself permission to explore	Connecting the dots recently regarding what was missing	Yeah. But, yeah, I think I just didn't really allow myself to even, to be honest, I only even really now, by kind of drawing the dots, that that's something that was missing that I didn't know. (Interview 3)
	Exploring what I enjoy and why	and then it became, actually, let me see if I even enjoy this, or why I enjoy it. (Interview 10)
	Meeting people who knew more about what they liked	I was then having conv… even just talking with other people who had very different interests or, um, kind of had explored things more, so knew more what they wanted or what they liked, kind of just been exposed to kind of … exposed to hearing what other people were into, but I was like, "Oh I wonder if I'm into that? And I never really thought about that! And how about that?" (Interview 14)

Appendix P: Grouped codes on NVivo

Appendix Q: Examples of memo-ing

Creating the category about strong women

I think this might need to be its own category actually - amalgamating from other categories. There's something about coming into contact with strong, independent women who are open about sex and sexuality and not ashamed. That comes across in quite a few accounts.

Feeling unsure about having moved a good amount of "sharing my experience" into the strong women section. At the same time, I do think that it was important to create that category, because there was something coming through quite strongly about the importance of that support network.

I do wonder about having specified that it is women - maybe I shouldn't. But also - that's what these women have said. GT is about staying with the data - but I defo felt moved to create this separate category and move things into it with this overarching idea of having strong badass women at your side, and that feeling like a really important step in this process?

What to call the women in this study?

I was just thinking - should I canvas the women I've spoken to and ask them if they prefer survivor or victim or woman who has experienced blablabla.

But then I remembered something XX said, about how the one things that unifies all women, as enraging and painful as it is, is the fact that we have all experienced some level of sexual trauma, be it harassment, assault, abuse, rape... So actually, the term to use is women. Just, women. Woah.

There's something about naming things...

XX is the first person to talk about "shame" as the word she was given. Others have talked about "rape" as the word that they were given that unlocked things.

There is something important about people naming what they see. Obviously it makes me wonder about when people name the "wrong" thing - but it seems to me that it is vital for therapists not to shy away from the "word" and think it would hinder someone's progress. We are social creatures after all - how else do we make sense of the world but through others' eyes?

Thoughts on orgasms

She said that realising she can orgasm meant that it (rape) wouldn't happen again. I'm realising that in her mind, maybe her not being able to fully enjoy sex

(through coming to orgasm) might mean that then she would end up in another relationship, not really enjoying sex, and then it coming to a point where her partner would just "do it" regardless of her choice. So - orgasm was a sign of freedom from rape. A sign that she could... Like, enjoy it enough that people wouldn't take advantage of her. AH WAIT - it was more about not being vulnerable, not needing someone? That doesn't quite align tho. Maybe it's more about the vulnerabilities.

Appendix R: Diagramming

R1 - Mapping out provisional focused codes and categories
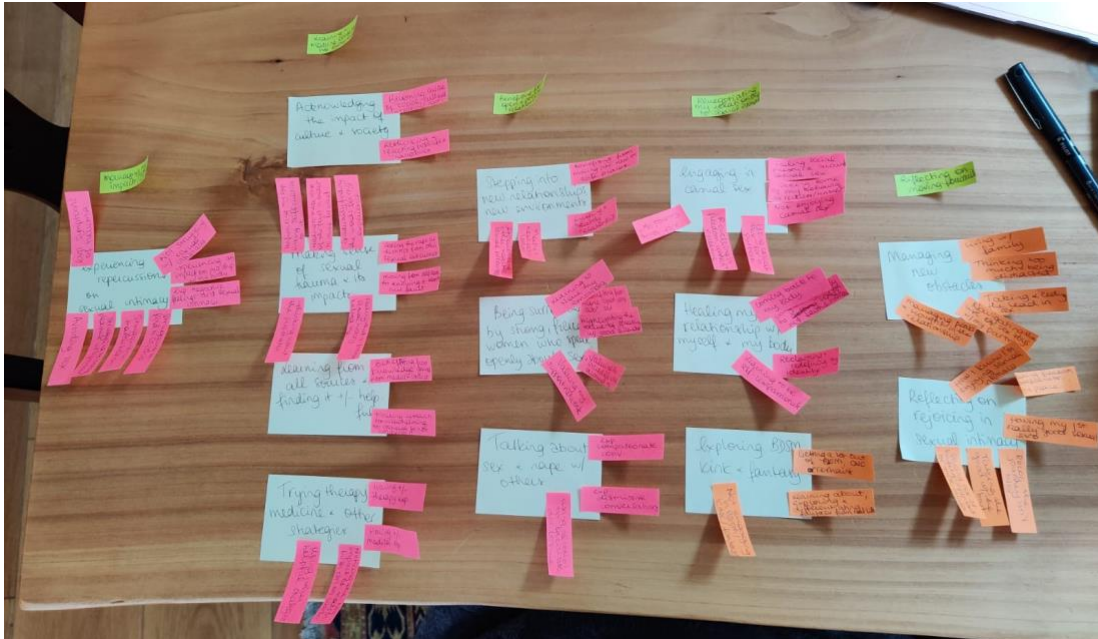
R2 - Mapping out relationships between codes and categories

R3 - Remapping relationships

Timescale: hours, weeks, months, years…

● Not always helpful / Not all participants

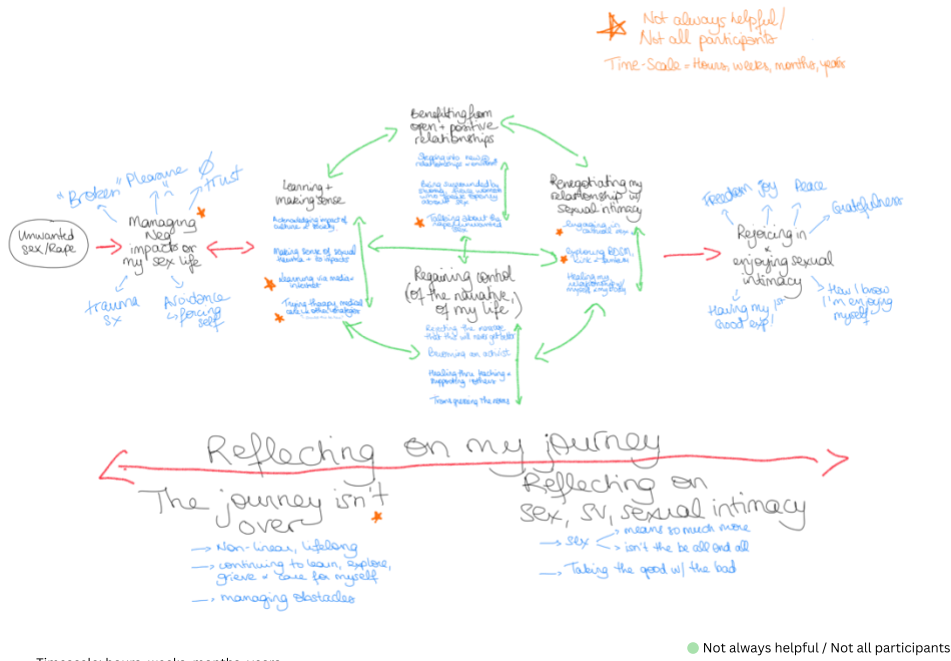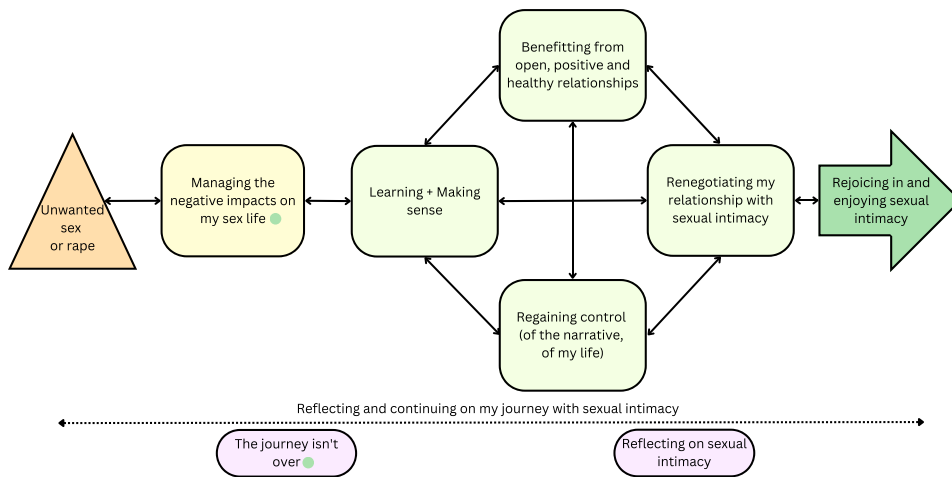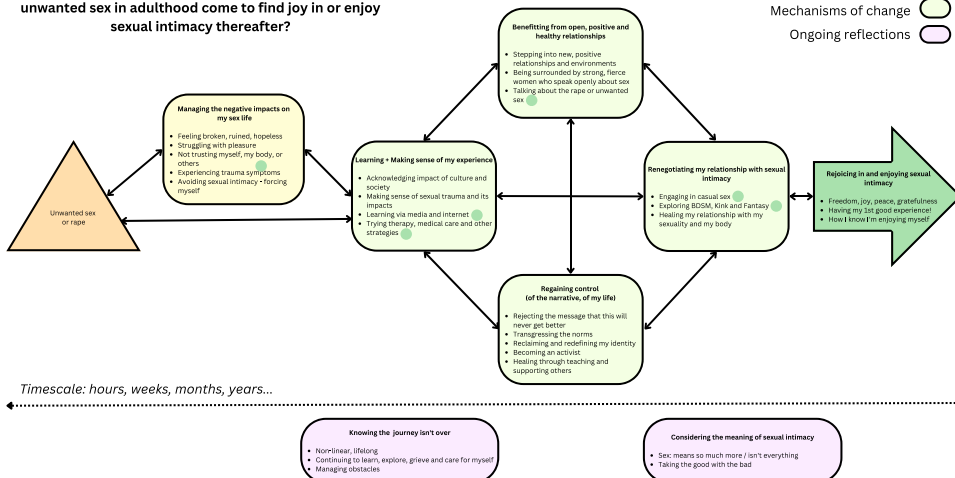Unwanted sex or rape → Managing the negative impacts on my sex life ↔ Learning + Making sense → Benefitting from open, positive and healthy relationships → Renegotiating my relationship with sexual intimacy → Rejoicing in and enjoying sexual intimacy

Regaining control (of the narrative, of my life)

Reflecting and continuing on my journey with sexual intimacy
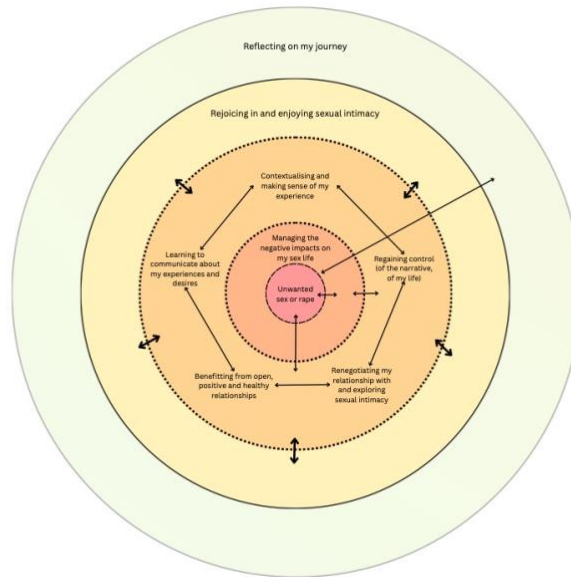
The journey isn't over ●

Reflecting on sexual intimacy

How do cis women who have experienced rape or unwanted sex in adulthood come to find joy in or enjoy sexual intimacy thereafter?

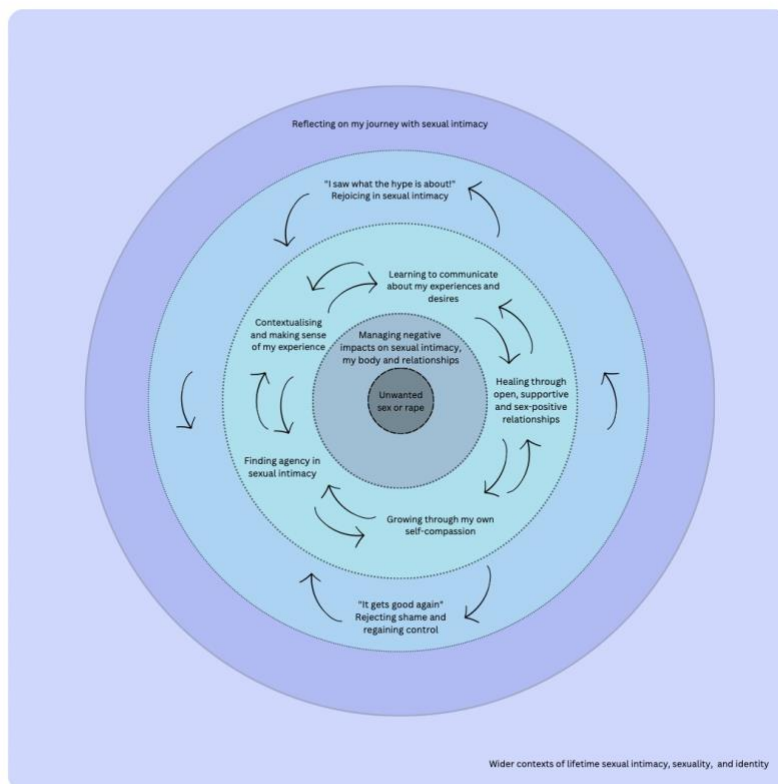Not always relevant / helpful ●
Mechanisms of change
Ongoing reflections

Benefitting from open, positive and healthy relationships
- Stepping into new, positive relationships and environments
- Being surrounded by strong, fierce women who speak openly about sex
- Talking about the rape or unwanted sex

Managing the negative impacts on my sex life
- Feeling broken, ruined, hopeless
- Struggling with pleasure
- Not trusting myself, my body, or others
- Experiencing trauma symptoms
- Avoiding sexual intimacy - forcing myself

Learning + Making sense of my experience
- Acknowledging impact of culture and society
- Making sense of sexual trauma and its impacts
- Learning via media and internet
- Trying therapy, medical care and other strategies

Renegotiating my relationship with sexual intimacy
- Engaging in casual sex
- Exploring BDSM, Kink and Fantasy
- Healing my relationship with my sexuality and my body

Rejoicing in and enjoying sexual intimacy
- Freedom, joy, peace, gratefulness
- Having my 1st good experience!
- How I know I'm enjoying myself

Regaining control (of the narrative, of my life)
- Rejecting the message that this will never get better
- Transgressing the norms
- Reclaiming and redefining my identity
- Becoming an activist
- Healing through teaching and supporting others

Unwanted sex or rape

Timescale: hours, weeks, months, years…

Knowing the journey isn't over
- Non-linear, lifelong
- Continuing to learn, explore, grieve and care for myself
- Managing obstacles

Considering the meaning of sexual intimacy
- Sex: means so much more / isn't everything
- Taking the good with the bad

R4 - Reformatting the model (after discussion with consultant)

R5 - Reformatting the model (after member-checks)

R6 - Final model