Women & Therapy

ISSN: 0270-3149 (Print) 1541-0315 (Online) Journal homepage: http://www.tandfonline.com/loi/wwat20

Feminist Beliefs Associated with Young Women's Recovery from Male-Perpetrated Abuse

Julia R. Gefter , Sarah M. Bankoff , Sarah E. Valentine , Brian A. Rood & David W. Pantalone

To cite this article: Julia R. Gefter , Sarah M. Bankoff , Sarah E. Valentine , Brian A. Rood & David W. Pantalone (2013) Feminist Beliefs Associated with Young Women's Recovery from Male-Perpetrated Abuse, Women & Therapy, 36:3-4, 332-355, DOI: 10.1080/02703149.2013.799987

To link to this article: http://dx.doi.org/10.1080/02703149.2013.799987

Published online: 27 Jun 2013.

Submit your article to this journal

Article views: 280

View related articles

Citing articles: 1 View citing articles

Full Terms & Conditions of access and use can be found at
http://www.tandfonline.com/action/journalInformation?journalCode=wwat20

Download by: [University of Wollongong] **Date:** 28 August 2017, At: 16:00

Women & Therapy, 36:332–355, 2013
Copyright © Taylor & Francis Group, LLC
ISSN: 0270-3149 print/1541-0315 online
DOI: 10.1080/02703149.2013.799987

Routledge
Taylor & Francis Group

Supplemental Article

Feminist Beliefs Associated with Young Women's Recovery from Male-Perpetrated Abuse

JULIA R. GEFTER
Edith Nourse Rogers Memorial Veterans Hospital, Bedford, Massachusetts

SARAH M. BANKOFF, SARAH E. VALENTINE, and BRIAN A. ROOD
Suffolk University, Boston, Massachusetts

DAVID W. PANTALONE
University of Massachusetts, Boston, Massachusetts

Downloaded by [University of Wollongong] at 16:00 28 August 2017

We identified no empirical investigations of ways in which feminist beliefs might protect women from the effects of male-perpetrated abuse. Thus, we used a qualitative approach to explore this association. We conducted 32 interviews with women who reported prior experiences of male-perpetrated abuse. The results suggest that feminist beliefs have protected these women by (a) decreasing self-blame and shame; (b) promoting a connection to, and support from, other women; (c) recognizing that they are not alone; and (d) enhancing personal agency and power. We discuss the importance of future quantitative research in this area to further inform feminist-inspired interventions.

KEYWORDS abuse, feminism, feminist beliefs, interpersonal violence, recovery, women

Address correspondence to Julia R. Gefter, Edith Nourse Rogers Memorial Veterans Hospital, Psychology Service (116B), 200 Springs Road, Bedford, MA 01730. E-mail: jgefter@gmail.com

The United Nations (1992) has defined gender-based "violence against women" as abuse that either affects women disproportionately, or that which is directed at a woman because of her gender. Rooted in gender inequality, violence against women encompasses a wide range of behaviors, including child abuse (CA), partner abuse (PA), sexual assault, stalking, sexual harassment, and sexual slavery (United Nations, 1992). Violence against women has been identified as a major public health problem and human rights issue in the United States, as well as globally (Acierno, Resnick, & Kilpatrick, 1997; McCaw, Golding, Farley, & Minkoff, 2007; World Health Organization, 2005). The National Center for Injury Prevention and Control (2003) estimates 5.3 million PA victimizations each year for American women, resulting in nearly 2 million injuries, and research shows that the highest per capita rate of PA occurs among college age women (Rennison & Welchans, 2000). In addition to injuries, violence increases women's risk for experiencing a variety of psychological and physical health problems, such as chronic pain, migraine headaches, adverse pregnancy outcomes, depression, anxiety, and suicidality (Heise, Ellsberg, & Gottemoeller, 1999; McCaw et al., 2007; WHO, 2005). Given that prevalence data have identified violence against women and related physical and psychological sequelae as serious public health concerns, there is a need for a greater understanding of mechanisms that aid in women's recovery.

In the empirical literature on trauma, "recovery" is typically defined as not (or no longer) meeting criteria for a psychiatric disorder (Vickerman & Margolin, 2009). More comprehensive treatment outcome studies have operationalized recovery as significant reductions on measures of shame, self-blame, anger suppression, anger expression, and guilt, as well as significant improvements on measures of safety, trust, control, esteem, and intimacy (Resick et al., 2008). Data indicate that recovery is impacted by a variety of factors, including: history of trauma (Koss, Figueredo, & Prince, 2002); characteristics of the assault (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993); perception of threat to life, dissociation, or panic during the incident (Nixon, Resick, & Griffin, 2004); and attributions of blame, coping strategies, and social reactions from others aware of the assault (Frazier, 1990; Littleton, Horsley, John, & Nelson, 2007; Ullman & Filipas, 2001). Despite evidence that a variety of psychological factors are associated with recovery, many additional factors have yet to be explored. For example, several theoretical books and articles have discussed the potential benefits of feminist beliefs in aiding the recovery process (e.g., Brown, 2004; Burstow, 1992; Enns, 1993; Herman, 1997).

Feminist scholars purport that a feminist framework might protect women from the effects of abuse by decreasing self-blame and shame, developing a sense of kinship with other abuse survivors, and empowering survivors to fight for social change (Herman, 1997). Based on randomized control trials, there is some support for the efficacy for treatments that facilitate some of these theorized mechanisms of recovery. For example, although not marketed as a "feminist therapy" per se, Cognitive Processing Therapy (CPT) for

Downloaded by [University of Wollongong] at 16:00 28 August 2017

sexual assault survivors (Resick & Schnicke, 1992) strives to reduce feelings of guilt and shame related to abuse by cognitively restructuring post-abuse belief systems that are hypothesized to impede recovery. Over the course of CPT, the goal is to help a client's mental framework shift towards a belief system that is more consistent with feminist beliefs—that is, a framework that normalizes individual responses to abuse, reduces self-blame, and highlights the contribution of power differentials to abuse. Whereas CPT is often provided in individual format, there have been a few studies that have examined the effectiveness of feminist-oriented therapy groups for survivors.

The results of existing studies examining the use of feminist group therapy for violence survivors also have been promising. Morgan and Cummings (1999) evaluated a feminist group intervention for female survivors of CSA. Compared with a waitlist control group, participants in the 20-week feminist therapy group reported significantly less depression, self-blame, and posttraumatic stress response; these gains were maintained at three month follow-up (Morgan & Cummings, 1999). In a second study evaluating the effectiveness of a feminist group intervention at a rape crisis center for women who had experienced sexual violence in childhood or adulthood, Hébert and Bergeron (2007) found that at the end of 15 to 17 weeks of treatment (3 hours/week), women in the experimental group reported significantly less psychological distress compared to women in the waitlist control group. Women in the experimental condition evidenced significant reductions on measures of self-blame, stigmatization, sexual anxiety, and anxiety related to assertiveness compared to women in the waitlist controls at the end of treatment as well as 3-month follow-up. However, these studies did not apply a manualized protocol; but rather, therapists facilitated an unstructured discussion of topics highlighted in theoretical writings on abuse recovery (see Herman, 1997, for discussion). Despite the relatively well-developed theoretical literature and some commonalities with current efficacious treatment for survivors of abuse, we could identify no study that has empirically evaluated women's feminist beliefs as a factor associated with recovery from male-perpetrated abuse.

Studies of women in non-clinical (putatively non-abused) populations provide preliminary support for an association between feminist beliefs and clinically relevant mental health constructs. One recent correlational study found that feminist identity development and gender role orientation accounted for over 50% of variance in psychological well-being, with higher levels of feminist identity development and nontraditional gender-role attitudes predicting better overall psychological well-being (Saunders & Kashubeck-West, 2006). Other cross-sectional survey studies have demonstrated significant associations between feminist beliefs and aspects of women's mental health, such as self-acceptance and sexual well-being (Schick, Zucker, & Bay-Cheng, 2008; Szymanski, 2004). Feminist identity has also been found to be indirectly related to negative eating attitudes, self-esteem, and depression (Hurt et al., 2007), and directly related to self-efficacy (Eisele & Stake, 2008).

Downloaded by [University of Wollongong] at 16:00 28 August 2017

A few qualitative studies provide more in-depth examination of how feminism may be beneficial in specific non-clinical (and non-abused) populations, including older women (Hutchinson & Wexler, 2007) and professors (Klonis, Endo, Crosby, & Worell, 1997). In a qualitative study of feminist psychology professors, the majority of participants reported that feminist beliefs helped them cope more successfully with discrimination (Klonis et al., 1997). Participants reported that feminist beliefs helped to provide a context for understanding their lives, and cited solidarity with other women as a source of strength. These preliminary findings on the benefits of feminist beliefs and identity lead us to theorize that, for survivors of abuse, feminist beliefs may help counter the experience of invisibility and silence often accompanying abuse (Brown, 2004).

Although many studies have examined various factors associated with women's recovery from violence (Frazier, 1990; Littleton et al., 2007; Ullman & Filipas, 2001), feminist beliefs have yet to be empirically explored—despite a strong theoretical association present in the literature dating back further than 30 years, and evidence linking feminist beliefs to aspects of mental health in non-abused samples (Eisele & Stake, 2008; Saunders & Kashubeck-West, 2006; Schick et al., 2008; Szymanski, 2004). Thus, the goal of the present study was to enhance our understanding of the role of young women's feminist beliefs in recovery following abuse experiences. Given high rates of interpersonal victimization among college age women (Rennison & Welchans, 2000), we chose to focus our study on this population specifically. Though research has demonstrated that feminist beliefs are positively associated with mental health constructs in non-clinical samples of women, we cannot be sure which specific aspects of feminist beliefs could be helpful in promoting mental health in women who have experienced abuse. Here we aim to gather more nuanced, contextual data about the role of feminist beliefs in coping with abuse experiences.

METHOD

Participants

Participants were recruited from undergraduate psychology courses at an urban university. The study proceeded in two phases: (1) a screening phase to identify eligible women, and (2) an interview phase to collect data. Any female student in one of the participating classes between the ages of 18 and 30 years could enroll in the screening phase. Inclusion criteria for the interview phase were more specific: (a) biological female at birth and current female gender identity, (b) 18 to 30 years old, (c) English-speaking, and (d) screened positive for past (> 1 year ago) experience of one or more of the following types of male-perpetrated abuse: (1) child physical abuse (CPA), (2) child sexual abuse (CSA), (3) partner abuse (PA), and/or (4) sexual

Downloaded by [University of Wollongong] at 16:00 28 August 2017

assault. In order to minimize risk of harm or discomfort from participating in the research, as well as to ensure participants had the chance to further develop their feminist beliefs after the abuse had ended, women who endorsed abuse in the past year were excluded.

Procedures

Female undergraduate students completed an online screening survey, which allowed us to identify participants who fully met the inclusion criteria for the interview phase. Screening phase participants received course credit for their participation. Eligible women were invited to participate in the interview phase, which involved a one-on-one meeting with the investigator in a private office on the university's campus. To ensure a diverse array of perspectives on feminism, we stratified eligible participants into three groups of women who were low, medium, or high in support for feminist beliefs; we applied the same procedure used previously in a college sample of women with similar demographics to our sample (Askari, Liss, Erchull, Staebell, & Axelson, 2010).

A second informed consent was reviewed upon arrival to the interview. All interview participants agreed to be audio recorded. First, every participant was read a list of common beliefs held by feminists (i.e., sisterhood, high prevalence of abuse, victim blaming, sexism, advocating for change, & collective action). Second, participants were asked how strongly they identified with each belief, and if there were ways in which each had been helpful or unhelpful to them in dealing with their abuse experience. Third, women who were screened as having high support for feminist beliefs were asked, more generally, how any aspects of feminism have been helpful or unhelpful in dealing with their abuse experiences. At the close of each interview, participants received their choice of either course credit or a $20 honorarium. All participants were given a list of free or low-cost local resources for women who had experienced interpersonal abuse.

Measures

Demographics

We obtained demographic information regarding age, country of origin, ethnic identity, religion, political opinion, sexual identity, socioeconomic status, relationship status, and participation in a women's studies course from all participants.

Feminist beliefs

We assessed support for feminist beliefs with the short form of the Liberal Feminist Attitude and Ideology Scale (LFAIS; Morgan, 1996), a 10-item measure of covert feminist attitudes. Response choices, on a 6-point

Downloaded by [University of Wollongong] at 16:00 28 August 2017

Likert-type scale from *Strongly Disagree* to *Strongly Agree*, assess agreement with statements such as, "Men should respect women more than they currently do." Previously, the LFAIS demonstrated good convergent, divergent, and known-groups validity, and correlated significantly with behaviors such as writing letters in favor of women's rights and recognizing sexism in commercials (Askari et al., 2010; Burn, Aboud, & Moyles, 2000; Morgan, 1996). In our sample, the LFAIS demonstrated acceptable internal consistency (Cronbach's alpha = .63), which was comparable to reliability reported in other samples of college students (Askari et al., 2010; Burn et al., 2000). Lastly, participants indicated if they identify as a feminist (*yes/no*).

Abuse

Participants were asked closed-ended questions about their experiences of CA, PA, and sexual assault. Experiences of CA and PA were assessed using physical (5-item) and sexual (5-item) abuse subscales of the well-established Childhood Trauma Questionnaire (CTQ; Bernstein, Fink, Handelsman, & Foote, 1994), and the physical assault, sexual coercion, and injury subscales of the 26-item Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Reliability and validity of the CTS2 have been well documented (e.g., Straus et al., 1996), and the CTQ has also consistently demonstrated strong reliability and validity (e.g., Bernstein et al., 2003). Six items assessing sexual assault were taken directly from The National College Women Sexual Victimization (NCWSV) study (Fisher, Cullen, & Turner, 2000). These behaviorally-specific items were used to assess sexual assault to provide clarity as to what experience is being assessed (for a review see Fisher, Cullen, & Daigle, 2005). For each endorsed item, participants rated their subjective level of distress on a 5-point Likert-type scale (*1 = not at all upsetting* to *5 = extremely upsetting*). Participants reported ratings for both current and past (i.e., at the time of the abuse) distress.

Participants screened positive for abuse if they met both of the following conditions: (a) endorsed any response other than "*Never True*" on any items assessing CPA or CSA on the CTQ (Bernstein et al., 1994), endorsed a response other than "*This has never happened*" on the items assessing physical and sexual PA on the CTS2 (Straus et al., 1996); or endorsed experiencing an attempted or completed sexual assault based on the items from the NCWSV study (Fisher et al., 2000); and (b) rated their subjective distress as a 4 or 5 at the time of the abuse.

Interview Guide Development

To create the interview guide, we reviewed the theoretical and empirical literature on abuse and feminism. The format, order, and content of the questions were revised iteratively in consultation with nationally-recognized experts in the areas of qualitative analysis, abuse, and feminist psychology.

Downloaded by [University of Wollongong] at 16:00 28 August 2017

Data Analysis

We used descriptive statistics to examine data from the online screening survey. Qualitative data analysis was guided by the theory and methods of content analysis (e.g., Cavanagh, 1997). This methodology is best-suited for the present study due to the limited existing research literature concerning our phenomenon of interest (Morse & Field, 1995). Further, a qualitative approach is consistent with the feminist ideal of studying women through their own perspective (Harding, 1987).

Coding process

Audio recordings were transcribed verbatim and de-identified. Each transcript was reviewed for accuracy by a second member of the research team; any discrepancies were noted and reconciled. Experts in qualitative methods recommend a team-based approach to data analysis (Patton, 2002). Thus, a team of four doctoral students conducted the analysis under the supervision of a faculty mentor with experience in qualitative methods. The coding team was diverse with regard to gender, ethnicity, and sexual orientation. Consistent with conventional content analysis, no codes, categories, or themes were specified a priori (Hsieh & Shannon, 2005). The coding team met regularly to (a) develop a codebook to guide the analysis, (b) code the qualitative data, and (c) discuss and refine presentation of the themes that address the study aim.

Codebook development

Coding team members independently read the initial transcripts and generated preliminary lists of codes, which represented either explicit or inferred communication (Krippendorff, 2004). The group then began the iterative process of meeting, discussing, and refining codes until we reached a general consensus of the best interpretation of the codes that arose from the data (Hill, Thompson, & Williams, 1997). This "bottom up" process was repeated until a total of six transcripts were reviewed in this manner—when the researchers agreed on a stable coding scheme, which was written into a codebook listing codes, categories, and themes.

Coding of transcripts

After finalizing the codebook, two team members independently coded each transcript before meeting to compare codes, discuss discrepancies, and reach consensus. If the two members had difficulty reaching consensus on a code, the transcript was discussed at the next coding meeting. Each team member coded a roughly equivalent number of transcripts until all 32 transcripts were coded.

Downloaded by [University of Wollongong] at 16:00 28 August 2017

IDENTIFICATION OF THEMES

Throughout the data analysis process, the team identified themes related to our aim that emerged from the data. To enhance dependability and credibility of the analysis, we employed several forms of triangulation: multiple participants, multiple readings, and multiple coders, as well as the iterative process of consensual agreement on codes (Patton, 2002). Core themes were identified and organized conceptually. Quotations were selected to illustrate the meaning of each theme. Finally, codes, categories, and themes from each transcript were entered into the qualitative data management program, Atlas.ti (Muhr, 2004).

Downloaded by [University of Wollongong] at 16:00 28 August 2017

RESULTS

Screening Phase Participants

Of the 47 women from the screening phase ($N = 87$) who screened positive for abuse by our criteria, 13 did not proceed to the interview phase (6 could not be reached; 4 were not interested in participating; 3 were ineligible due to recent abuse). Of the 34 participants who proceeded to the interview phase, two women denied abuse at the start of the interview, and were excluded, resulting in a total of 32 completed interviews (see Table 1 for demographics and abuse histories).

Interview Phase Participants

FEMINIST BELIEFS

In general, we found that participants were slightly more likely to agree than disagree with statements such as, "A woman should have the same job opportunities as a man" ($M = 4.68$, $SD = .56$). In addition, 31.3% of the sample ($n = 10$) identified as a feminist. Participants were stratified into groups representing low ($n = 10$), medium ($n = 13$), and high ($n = 9$) levels of support for feminist beliefs (see Table 2 for level of agreement with each belief).

Ways that Feminist Beliefs Aided Recovery

Independent of their willingness to label themselves as feminist, many women identified ways that common feminist beliefs helped them cope with their abuse experiences. Specifically, women spoke about ways that feminist beliefs helped them decrease self-blame and shame, feel more supported by and connected to other women, recognize that abuse is common and they are not alone, and enhance their sense of personal agency and power.

TABLE 1 Sample Demographics

Characteristic	Screening Phase (N = 87) *n (%)*	Interview Phase (N = 32) *n (%)*
Grade		
First year	33 (38%)	16 (50%)
Sophomore	21 (24%)	7 (22%)
Junior/Senior	33 (38%)	9 (28%)
Sexual Orientation		
Exclusively heterosexual	68 (79%)	19 (59%)
Not exclusively heterosexual	19 (21%)	13 (41%)
Sexual Attractions		
Only to men	60 (69%)	16 (50%)
To men and women	27 (31%)	16 (50%)
Sexual Activity ($n = 85$)		
Only with men	75 (88%)	28 (88%)
With men and women	10 (12%)	4 (12%)
Race and Ethnicity		
White/Euro-American	63 (73%)	22 (69%)
Asian or Asian American	9 (10%)	5 (16%)
Latino/Hispanic	6 (7%)	3 (9%)
Black/African American	4 (5%)	2 (6%)
Multiracial	2 (2%)	0 (0%)
Native Hawaiian or other Pacific Islander	1 (1%)	0 (0%)
Other	2 (2%)	0 (0%)
Country of Birth		
United States	75 (86%)	28 (88%)
Outside of United States	12 (14%)	4 (12%)
Political Opinion		
Liberal	48 (55%)	18 (56%)
Moderate	27 (31%)	10 (32%)
Conservative	7 (8%)	3 (9%)
Other	5 (6%)	1 (3%)
Religion		
Catholic	33 (38%)	12 (38%)
Agnostic/Atheist/No preference	20 (24%)	9 (28%)
Christian, non-specified	15 (18%)	5 (16%)
Protestant	3 (3%)	0 (0%)
Buddhist	3 (3%)	1 (3%)
Muslim	3 (3%)	0 (0%)
Jewish	2 (2%)	2 (6%)
Other	8 (9%)	3 (9%)
Relationship Status		
Single, not in a relationship	44 (51%)	14 (44%)
Currently in romantic relationship	31 (36%)	15 (47%)
Living with current partner/Engaged/Married	12 (13%)	3 (9%)
Have Taken a Women's Studies Course		
Yes	23 (26%)	8 (25%)
Interpersonal Abuse		
Any abuse	47 (54%)	32 (100%)
Partner abuse	20 (23%)	14 (44%)
Attempted or completed sexual assault	19 (22%)	14 (44%)
Child physical abuse	18 (21%)	15 (47%)
Child sexual abuse	13 (15%)	10 (31%)
More than one type of abuse	23 (26%)	17 (53%)

Downloaded by [University of Wollongong] at 16:00 28 August 2017

TABLE 2 Agreement with Feminist Beliefs and Self-Identification as a Feminist

Variable	Screening Phase ($N = 87$) *M (SD)*	Interview Phase ($N = 32$) *M (SD)*
Liberal Feminist Attitude and Ideology Scale (0 = strongly disagree, 6 = strongly agree)		
Women should be considered as seriously as men as candidates for the presidency of the United States.	5.44 (1.09)	5.31 (1.28)
Although women can be good leaders, men make better leaders.	2.00 (1.27)	2.19 (1.42)
A woman should have the same job opportunities as a man.	5.59 (1.13)	5.34 (1.43)
Men should respect women more than they currently do.	5.44 (.96)	5.69 (.54)
Many women in the work force are taking jobs away from men who need the jobs more.	1.79 (1.14)	2.13 (1.39)
Doctors need to take women's health concerns more seriously.	4.59 (1.28)	4.59 (1.09)
Women have been treated unfairly on the basis of their gender throughout history.	5.21 (.84)	5.16 (.99)
Women are already given equal opportunities with men in all important sectors of their lives.	2.83 (1.24)	2.94 (1.29)
Women in the U.S. are treated as second-class citizens.	3.03 (1.29)	2.81 (1.31)
Women can best overcome discrimination by doing the best that they can at their jobs, not by wasting time with political activity.	2.74 (1.35)	2.97 (1.43)
TOTAL	4.79 (1.16)	4.71 (0.85)
Do you consider yourself a feminist?	*n* (%)	*n* (%)
Yes	26 (30%)	10 (31%)
No	61 (70%)	22 (69%)

Decreased self-blame and shame

Consistent with the extant literature on emotional reactions to abuse (e.g., Andrews, Brewin, Rose, & Kirk, 2000; Feiring & Taska, 2005; Leskela, Dieperink, & Thuras, 2002), many of the women described feeling guilty and ashamed following their abuse experience: "Yeah, I felt really ashamed and really embarrassed … Just because, I can't believe I let that happen." Given how common this post-traumatic response is, it is unsurprising that many participants identified decreasing the painful reactions of self-blame and shame as the most useful aspect of feminist beliefs. A survivor of an attempted sexual assault described how feminist beliefs helped her reframe her initial self-punitive beliefs:

> It was just sort of snapping out of it, and being like, "No, it's not me. I could have been wearing a bikini, and it still wouldn't have been my

Downloaded by [University of Wollongong] at 16:00 28 August 2017

> fault!" There still needs to be a level of self-control on their side … I think by holding on to these views, and not beating myself up about it—it kind of gives you some strength when you feel like some of that was taken from you.

One woman, who identified as a feminist, stated firmly that "having feminist beliefs allowed me to feel like I'm not responsible, and I shouldn't be ashamed because it's not my fault." Women who were in the low or medium feminist groups also acknowledged how feminist beliefs were associated with recovery. One survivor of CSA and PA who endorsed low agreement with feminist beliefs discussed how these beliefs appeared to impact her ability to refute internalized self-blame and understand the pressures she faced:

> I feel like a lot of women, especially when they're naïve and young women, are manipulated and brainwashed to believe that it's their fault—and *I don't believe that*. I was one of those that thought, "No, I'm never going to let a guy touch me." And it did happen. And then it happened over and over again. And I can understand now—why I let that happen.

A few women reported benefiting from therapy that incorporated an anti-victim blaming (feminist) stance. One woman who had been raped at a party when she was 14 described how her therapist helped counter her mother's critical response. Her mother blamed her for drinking at the party, and the therapist reassured her that, despite these messages from her mother and society, the fault lay with the boy who raped her.

Felt supported or connected to other women

Some women also described how having feminist beliefs helped them to feel more supported, and allowed them to connect more openly with other women. Participants frequently mentioned leaning on female friends for support and strength during their recovery. For example, a Chinese-American participant, who was physically abused by her father, relied on her female friends to support and encourage her as she coped with intergenerational cultural dissonance, and tried to assert her independence:

> If I didn't have any of the best friends that I have—who are all girls—help me through it, I think it would have gotten to me. It would have put me back to being submissive, and the things that feminism isn't all about. So, I think it's definitely important for girls to stick together, and talk about these problems, and help each other through it.

Participants also discussed how only other women could understand the experience of both being a woman and being a survivor of abuse.

Downloaded by [University of Wollongong] at 16:00 28 August 2017

> I feel like being a woman, and being in a woman's body—no man can ever really understand what that sort of violation would feel like. I mean, I'm sure that men can sympathize, but they can never really "know." You know—not being a woman? So I definitely think that women should stand by each other and support each other, because we're really the only chance each other has at understanding and getting through these sort of things.

Recognized that abuse is common: "I'm not alone"

Another recurring theme was feeling comforted by the knowledge that abuse is a common experience, rather than a rare deviation from the typical experience. Although some women reported finding this information depressing, and increasing their feelings of helplessness, others described benefiting from the belief that "I am not alone." Women described enjoying the feeling of familiarity that comes with knowing that many other women could relate to their experiences. The participants who found it beneficial reported feeling less ashamed and isolated, and less "singled out in the world for being you." A few participants felt empowered to engage in social action: "Why not? Let's all do something! Let's get together, instead of being isolated victims." However, some women felt conflicted by their reactions to this belief; they felt both relieved and guilty for feeling comfort.

> For some reason, it's always hard for someone to understand me. So I feel like, in a way, in order for them to understand me, they have to experience these things. And knowing that it does happen to these girls, and it happens so often, it's easy for me to find somebody who can understand me. I feel bad that it happened to them. Don't get me wrong: I think it's wrong, and I don't think it should happen. But it makes it easier for me to go through what I went through, knowing that a person … [raises voice] I feel so sick and twisted.

Enhanced sense of personal agency and power

Some women found that feminist beliefs helped them to feel more confident and empowered to take initiative, and to stop viewing themselves as helpless or damaged.

> I think that I just can't let [the CPA] define me as a person, as a woman—I just can't. I'm not gonna walk around saying that I'm an "abused" woman. So I think that the feminist ideas of just being a strong person, and being a strong woman, have helped that—'cause I'm not broken, and I know that I can't walk around broken. So maybe ideas like that have helped.

Participants of varying levels of agreement with feminist beliefs discussed how such beliefs helped them become stronger, more assertive, independent, and have a greater sense of purpose during their recovery. One participant

Downloaded by [University of Wollongong] at 16:00 28 August 2017

attributed feminism with "giving me a voice, instead of keeping it all in," and described wanting to "give not only me, but other people, voices." Some women tried to positively transform the meaning of their abuse by making it the basis for positive psychological change and helping other women:

> It has helped me a lot just talking to people. Even now, it helps me to talk about it, because it makes me feel like it didn't kill me. I felt like I gained something from it, and that's the way to really beat that negative, "I was raped" mindset. It's feeling like you're doing something from it, instead of suffering from it.

In addition, a few women expressed the belief that, having experienced abuse and being aware of how common violence against women is, they have the power to avoid or prevent future victimization. Participants made statements such as, "I wouldn't let someone take advantage of me like that without some kind of fight," and "I'm more aware of it now, and I wouldn't let anything stupid happen again."

Ways that Feminist Beliefs may have Hindered Recovery

Participants also mentioned ways that feminist beliefs may be associated with impediments to recovery. Thus, it may be particularly beneficial for feminist therapists to consider the following issues when treating female survivors of male-perpetrated interpersonal abuse: potential for male retaliation when asserting opinions or standing up for women's rights; survivors feeling pressured to disclose abuse and engage in collective action; survivors feeling helpless or overwhelmed by the extent of the problem; and survivors feeling socially isolated because of the feminist stigma.

Male retaliation when asserted opinions or stood up for rights: "danger zone"

Some of the women who identified as "high feminists" discussed experiencing a backlash when trying to assert or express strong opinions. A 19-year-old Chinese-American woman stated: "Freely expressing yourself, you know, telling people what your beliefs are, and what you think—sets up a danger zone." She described being in the "danger zone" because "you don't know if you're going to offend anybody, or if they agree … and love you for it." Her experiences of backlash were particularly problematic since she still lived with her father, who had physically abused her as a child. She describes ambivalent thoughts about feminism:

> I don't know. It might be, on a good day, I would probably think, "Oh, yeah, feminism!" but on a bad day, I'd be like, "No, I don't want to have anything to do with it because it got me in trouble [laughs].

Downloaded by [University of Wollongong] at 16:00 28 August 2017

A "high feminist" 21-year-old Cambodian-American woman, who also still lived with the father who had physically abused her, described a similar dynamic. Expressing her liberal, feminist beliefs to her parents seemed to increase her risk of revictimization. When asked what aspects of feminist beliefs have been unhelpful in dealing with her abuse experiences, she provided the following response:

> Especially having those liberal views—because I still live with my parents—I try, I don't even talk to them, but if they ask me questions, and it's clearly ignorant, I can't *not* say anything—and that creates more tension in the house. If that happens, I usually leave before anything happens. But, in that aspect, it doesn't help me—the fact I rub people the wrong way [laughs].

Downloaded by [University of Wollongong] at 16:00 28 August 2017

Felt obligated to disclose abuse, and engage in collective action

Some women believed that feminists put too much pressure on survivors of abuse to disclose their experiences, particularly at events such as rallies or speak-outs, in the service of helping other women. They described feeling uncomfortable with what they perceived to be a feminist expectation that they publicly disclose their abuse experiences in order to prevent other women from experiencing abuse, or to encourage women to leave abusive situations. One woman disliked what she viewed as the feminist presumption that, "just because someone has been through a traumatic experience … they're automatically required to go stand up against people." These women appeared to feel invalidated by, and resent, what they perceived as an underlying feminist judgment about 'the right way' to respond to an abuse experience. A survivor of severe PA believed that focusing on the political dimension of her experience would actually detract from her own healing process. She did not consider herself a feminist due to holding the belief that the emphasis should be on her own personal recovery, rather than the goal of taking collective action to improve the world more generally.

Some women did not think it would be beneficial to help others who had been similarly victimized. For example, one participant stated: "I don't need to be involved with other women to get over what happened to me. I just have to—it happened—move on." These women spoke about not seeing "how [being part of a movement] would impact me personally or change anything that's happened in my life." A survivor of CA and PA described why she does not think she would benefit from attending feminist-oriented collective activities:

> I just don't see where it applies to me. I have had past experiences where something like that should make me feel better, but it's so far away from me. I don't know how else to put it. It just doesn't—I feel like something as wide as that doesn't reach down towards me.

Socially isolated because of feminist stigma

Lastly, many of the women who self- and publicly identified as feminists were forced to contend with the feminist stigma among their peers. For example, these participants talked about the rampant belief that all feminists are "angry," "too overbearing or overwhelming," "bitches," and "crazy psycho man-hating women." They described being told by peers and intimate partners that they take things too seriously, and reported at times feeling socially isolated because of their identification with feminist beliefs:

> Well, the fact that I have such strong beliefs, and always have that feminist lens on, and especially recognizing the role of race within it—it's not helped me socially, because of the people who I'm surrounded by—which may or may not be my fault. But I know that some of my friends, or so-called friends, or even friends of friends, and my ex-boyfriend—again, it's "Why do you take everything so seriously?" … I feel like I should be empowered, but sometimes it isolates me.

Some of the "high feminist" women spoke about being stereotyped or teased by peers, siblings, and parents because of labeling themselves as a feminist. These women described how people discounted their comments and feelings because of their known feminist identity—"They think I have stuff coming out that's just B.S."—or prejudged them—"if you label yourself as that, people are going to automatically think things, no matter what you say."

Yet, despite negative reactions by the people around them, all of the "high feminist" women continued to identify themselves as feminists, both publicly and privately. As one woman concluded, "You just need to stick to yourself, and know what your values are, I guess."

DISCUSSION

The present study aimed to enhance our understanding of the role of young women's feminist beliefs in their recovery following experiences of male-perpetrated abuse. As we predicted, based on these theoretical writings (e.g., Herman, 1997) and the few existing empirical studies (Hébert & Bergeron, 2007; Morgan & Cummings, 1999), many women stated that feminist beliefs appeared to protect them in the following ways: (a) by decreasing self-blame and shame; (b) by promoting a sense of connection to, and support from, other women; (c) recognizing that they are not alone; and (d) enhancing their sense of personal agency and power. Although some women acknowledged that they had not previously thought about the relations between their male-perpetrated abuse experiences and their support for feminist beliefs, other women in our study had much to say about the influence of these events on their understanding of the abuse and themselves. Some women

Downloaded by [University of Wollongong] at 16:00 28 August 2017

even began to draw connections between their abuse experiences and their beliefs and attitudes toward feminists and feminism over the course of the interview.

Regardless of their level of support for feminist beliefs, many women noted that, following their abuse, they developed feelings of shame and self-blaming beliefs. Many women described how, over time, they began to challenge these self-blaming cognitions. During the interviews, these women strongly agreed that the feminist belief "women are not to blame for their own victimization" was helpful in their recovery. This finding is consistent with previous work by feminist theorists and practitioners who have suggested that feminist beliefs may provide a cognitive framework for understanding the abuse (Brown, 2004; Burstow, 1992; Enns, 1993; Herman, 1997). Further, these women's accounts of their own recovery process (via confronting self-blaming schema) are consistent with the empirical literature highlighting the benefit of interventions that attend to post-abuse belief systems, in particular, cognitions related to self-blame (e.g., Resick & Schnicke, 1992).

Other women reported that holding feminist beliefs helped them to feel less alone or isolated; they reported that the support they received from other like-minded women was helpful in their recovery process. For example, women described how it was helpful to know that there were many other women in the world who had also been abused, and that having this belief aided in normalizing their experience of, and responses to, abuse—leading to reductions in feelings of shame and isolation. Again, this finding is consistent with previous theoretical work asserting that the feminist principle of sisterhood is helpful in recovery (e.g., Herman, 1997). Some women even described how they felt called to action following their abuse experiences, and expressed a desire to help other women in their own recovery process. It is likely that, for these women in particular, the ability to help other women was integral to the recovery process, whereby, women were able to both provide and receive much needed social support.

Many women viewed feminists as strong and independent and described feeling compelled to identify with these characteristics. Thus, some women reported that they identified with feminists because they, too, wanted to adopt these characteristics. This finding is consistent with theoretical writings on the role of empowerment in fostering recovery (e.g., Stein, 1997). Some women, who did not self-identify as feminists, also did not perceive themselves as possessing these traits, and expressed feeling alienated by feminists. Similarly, some women appeared overwhelmed by "feminist expectations" that women must disclose abuse and "get involved" in the women's movement. Therefore, it is plausible that women felt intimidated by the perceived expectation that, to be a feminist, one must be strong and independent (interpreted by many women as "being alone"), disclose abuse, and take part in the larger social movement. In general, it appeared that many of

Downloaded by [University of Wollongong] at 16:00 28 August 2017

these women were not ready to disclose abuse or had difficulty seeing their personal experiences as part of a societal issue of gender inequality.

Other women appeared anxious to identify with feminist beliefs, as they were fearful of male retaliation, and the potential for provoking further abuse. These feelings were most pronounced in women who were still in contact with their abuser. As might have been expected, many women reported how they did not want to identify as feminist or be perceived as a feminist because it might interfere with their ability to attract male partners; the presence of feminist stigma as a deterrent from identifying as a feminist is well-documented in the literature (e.g., Henderson-King & Stewart, 1994; Jenen, Winquist, Arkkelin, & Schuster, 2009). These women's concerns about not being able to attract male partners are not without credence; for example, one study that employed psychophysiological methods indicated that, in fact, men who reported high levels of power in their own heterosexual dating relationships, responded negatively (i.e., high autonomic arousal) to a video vignette of a woman who was assertive in a hypothetical dating scenario. Further, all men in the sample (regardless of their own reported need for relationship power) reported more negative views of the woman who was assertive compared to the woman who was compliant (Fodor, Wick, & Conroy, 2012).

In sum, women reported various ways that feminist beliefs have helped or hindered their recovery from male-perpetrated abuse. Many women were not aware, prior to the interview, that the beliefs that they found to be so helpful in their recovery process were actually consistent with major tenets of feminism. Results of this study suggest that feminist beliefs (whether identified as such explicitly or not) might be helpful to women as they recover from male-perpetrated abuse. For example, treatments that address common post-abuse responses that interfere with recovery, including self-blame and shame, are likely to be helpful—regardless of whether or not they are labeled as "feminist therapy." For example, feminist therapy for trauma survivors (Hébert & Bergeron, 2007; Morgan & Cummings, 1999) appears likely to be helpful, however, so does Cognitive Processing Therapy (Resick & Schnicke, 1992). This study is the first of which we are aware to examine specific tenets of feminism that may aid in women's post-abuse recovery. We are also the first to provide an account of the nuanced way in which feminist beliefs may operate in the individual lives of female abuse survivors.

Limitations

Like any individual study, there are limitations that should be considered when evaluating our results. The chief limitations include: (a) categorizing participants into low, medium, and high feminist groups based on a single measure of (covert) feminist beliefs; (b) the coding team members' lack of diversity in some identity areas; (c) the threat of demand characteristics; and

Downloaded by [University of Wollongong] at 16:00 28 August 2017

(d) possible generational or age cohort effects. Regarding stratification procedures, using a combined score from multiple valid and reliable measures of different aspects of feminism may have provided a more rigorous method of sorting participants into groups. In addition, although the coding team was diverse with regard to gender, ethnicity, and sexual orientation, the members (all doctoral students) were not diverse with regard to age, socioeconomic status, political ideology, and educational background. More diversity among the team could have provided additional protection against threats to validity. Although effort was made to minimize the threat of demand characteristics during the interviews, it is possible that women's perceptions of the interviewer's feminist beliefs may have influenced their responses. Further, it is possible that providing participants with a list of feminist beliefs before asking how feminist beliefs helped or hindered recovery from abuse experiences might have influenced the themes that emerged from these responses.

The primary limitations of qualitative work more generally are (a) relying on participants' collective ability to have insight into their own mental processes, and (b) the potential for our biases, as researchers, to lead us to misunderstand the meaning conveyed by the participants. We may see evidence in the women's stories that supports our own personal views while minimizing or overlooking evidence to the contrary. Effort was made to decrease the chance that bias introduced by any one individual could influence the results overall by obtaining a reasonably sized sample, having multiple coders, and using a consensual data analytic process (Hsieh & Shannon, 2005; Patton, 2002). Due to the use of non-probability sampling, we cannot generalize our results to the population; however, our aim is to generalize to theory. Specifically, our data analysis aims to record the range of possible experiences in reasonable depth, towards the end of generating hypotheses for future research.

Future Directions

To formulate conclusions regarding the most salient or efficacious elements of feminist therapy for abuse survivors, we need more empirical investigations of the feminist therapy process. Further, researchers hoping to demonstrate the effectiveness of feminist therapy in treating female survivors of abuse should employ more rigorous methods, and clearly outline what is meant by "feminist therapy." As feminist therapy is described in the literature, it is understood as a platform from which various treatment modalities may be delivered, rather than a set of clinical tools, per se. However, before conducting treatment outcome studies, we should start with basic research studies to determine which factors could be potential mediators or moderators of the recovery process. To assess how feminism might be helpful in recovery, researchers might consider designing a study that includes measures of the

Downloaded by [University of Wollongong] at 16:00 28 August 2017

following variables: self-blame, shame, social support, isolation, sense of being different, assertive communication, and empowerment. It would also be worth including type and frequency of abuse experiences as a moderator to determine whether feminism may aid or hinder recovery differently depending on one's abuse experiences.

Future research might include further exploration of what female survivors consider to be "feminist beliefs" versus being (expectably) angry or wary of men following abuse—and understanding if, and how, these perceptions of feminism and feminists might be associated with their recovery. There is need for a measure that separates participants' agreement with accurate versus inaccurate feminist beliefs. It may be beneficial to include an open-ended component, to ask participants to briefly explain their understanding of feminism. Further, researchers could examine differences in recovery among the following four groups of female survivors of abuse: (a) women who conflate feminism with their post-traumatic response and identify outwardly as feminists; (b) women who equate feminism with their post-traumatic response but do not outwardly identify as feminists; (c) women who have a more accurate understanding of feminism and identify as feminists; and (d) women who have a more accurate understanding of feminism but do not identify as feminists. Researchers can more meaningfully interpret results if we differentiate between these qualitatively distinct groups of female survivors, and their potentially different responses to feminism and feminist-informed intervention.

Mixed methods research could build upon the present results using a representative sample of female survivors of male-perpetrated abuse. The field could benefit from further exploration of how accurate and inaccurate perceptions of feminism are associated with recovery, and how these perceptions change over time. Longitudinal designs should be used to capture how beliefs about feminism and post-abuse recovery co-vary over time. Such knowledge would help us to better understand the role of accurate and inaccurate feminist beliefs—a potentially significant and *modifiable* post-abuse factor—in women's recovery from male-perpetrated abuse. Findings could be used to inform feminist interventions for female survivors of male-perpetrated abuse.

Clinical Implications

Although we are limited in our ability to generalize the findings, these results appear to have meaningful clinical implications that are worthy of further clinical research. Some of the women described how feminist beliefs were associated with an increase in their sense of power and control. Generally, having an enhanced sense of power and control is viewed as therapeutically beneficial for abuse survivors (Brown, 2004; Benight & Bandura, 2004; Herman, 1997). However, many of the women who discussed these positive aspects of feminist beliefs also remarked that they had

Downloaded by [University of Wollongong] at 16:00 28 August 2017

learned from their abuse experience, and would not "let" the abuse happen again. Thus, it appears that practitioners should be alert for survivors' tendency to confound empowerment with an unrealistic sense of control over whether or not they will be victimized in the future. Rather, female survivors could benefit from feedback about aspects of life that are not within their control, as well as encouragement to take control of *current* aspects of their lives that they can control (Benight & Bandura, 2004; Frazier, Berman, & Steward, 2001).

Of particular importance for feminist therapists, participants not only mentioned ways that feminist beliefs are associated with recovery, but also explained how feminist beliefs may have impeded their recovery. That is, participants discussed how feminist beliefs have the potential to be unhelpful, and even harmful, to the recovery process. For example, Fischer and Good (2004) suggested that the development of a feminist consciousness may be associated with psychological distress due to a newfound understanding of patriarchal injustice and gender discrimination. Given this possibility, feminist therapists should be mindful of the therapeutic value of presenting feminist content. Additional concerns, such as the potential for male-retaliation when asserting opinions, patients feeling pressured to disclose abuse to help other women and engage in collective action, patients feeling helpless or overwhelmed by the extent of the problem, and patients feeling socially isolated because of the stigma associated with identifying as feminist should also be considered when treating female survivors of abuse. These participants' concerns seem to highlight the importance of nonjudgmentally tailoring feminist-informed interventions to the survivor's personal and cultural preferences and stage of recovery.

In conclusion, using one-on-one interviews with female survivors of male-perpetrated abuse, we identified many aspects of the association between abuse experiences and feminist beliefs that are worthy of further exploration. Consistent with the goals of qualitative research, we have generated many hypotheses to be examined in a larger, more representative sample of female survivors of male-perpetrated abuse.

Downloaded by [University of Wollongong] at 16:00 28 August 2017

REFERENCES

Acierno, R., Resnick, H. S., & Kilpatrick, D. G. (1997). Health impact of interpersonal violence: Prevalence rates, case identification, and risk factors for sexual assault, physical assault, and domestic violence in men and women. *Behavioral Medicine*, *23*, 53–64. doi: 10.1080/08964289709596729

Andrews, A., Brewin, C., Rose, S., & Kirk, M. (2000). Predicting PTSD symptoms in victims of violent crime: The role of shame, anger, and childhood abuse. *Journal of Abnormal Psychology*, *109*, 69–73. doi: 10.1037/0021-843X.109.1.69

Askari, S., Liss, M., Erchull, M., Staebell, S., & Axelson, S. (2010). Men want equality, but women don't expect it: Young adults' expectations for participation in

household and child care chores. *Psychology of Women Quarterly*, *34*(2), 243–252. doi: 10.1111/j.1471-6402.2010.01565.x

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy*, *42*(10), 1129–1148. doi: 10.1016/j.brat.2003.08.008

Bernstein, D. P., Fink, L., Handelsman, L., & Foote, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *American Journal of Psychiatry*, *151*(8), 1132–1136.

Bernstein, D., Stein, J., Newcomb, M., Walker, E., Pogge, D., Ahluvalia, T., & … Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse and Neglect*, *27*(2), 169–190. doi: 10.1016/S0145-2134(02)00541-0

Brown, L. S. (2004). Feminist paradigms of trauma treatment. *Psychotherapy: Theory, Research, Practice, Training*, *41*(4), 464–471. doi: 10.1037/0033-3204.41.4.464

Burn, S., Aboud, R., & Moyles, C. (2000). The relationship between gender social identity and support for feminism. *Sex Roles*, *42*(11-12), 1081–1089. doi: 10.1023/A:1007044802798

Burstow, B. (1992). *Radical feminist therapy: Working in the context of violence*. Newbury Park, CA: Sage.

Cavanagh, S. (1997). Content analysis: Concepts, methods and applications. *Nurse Researcher*, *4*(3), 5–16.

Eisele, H., & Stake, J. (2008). The differential relationship of feminist attitudes and feminist identity to self-efficacy. *Psychology of Women Quarterly*, *32*(3), 233–244. doi: 10.1111/j.1471-6402.2008.00432.x

Enns, C. Z. (1993) Twenty years of feminist therapy: From naming biases to implementing multifaceted practice. *The Counseling Psychologist*, *21*, 3–87. doi: 10.1177/0011000093211001

Feiring, C., & Taska, L. S. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child Maltreatment*, *10*(4), 337–349. doi: 10.1177/1077559505276686

Fischer, A. R., & Good, G. E. (2004). Women's feminist consciousness, anger, and psychological distress. *Journal of Counseling Psychology*, *51*, 437–446. doi: 10.1037/0022-0167.51.4.437

Fisher, B. S., Cullen, F. T, & Daigle, L. E. (2005). The discovery of acquaintance rape: The salience of methodological innovation and rigor. *Journal of Interpersonal Violence*, *20*, 493–500. doi: 10.1177/0886260504267761

Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). *The sexual victimization of college women*. Washington, DC: U.S. Department of Justice, National Institute of Justice, and Bureau of Justice Statistics.

Fodor, E. M., Wick, D. P., & Conroy, N. E. (2012). Power motivation as an influence on reaction to an imagined feminist dating partner. *Motivation and Emotion*, *36*(3), 301–310. doi: 10.1007/s11031-011-9254-5

Frazier, P. A. (1990). Victim attributions and post-rape trauma. *Journal of Personality and Social Psychology*, *59*, 298–304. doi: 10.1037/0022-3514.59.2.298

Frazier, P., Berman, M., & Steward, J. (2001). Perceived control and posttraumatic stress: A temporal model. *Applied and Preventative Psychology*, *10*(3), 207–223. doi: 10.1016/S0962-1849(01)80015-9

Downloaded by [University of Wollongong] at 16:00 28 August 2017

Harding, S. (1987). Introduction: Is there a feminist method? In S. Harding (Ed.), *Feminism and methodology* (pp. 1–14). Indianapolis, IN: Indiana University Press.

Hébert, M., & Bergeron, M. (2007). Efficacy of a group intervention for adult women survivors of sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, and Program Innovations for Victims, Survivors, and Offenders*, *16*(4), 37–61. doi: 10.1300/J070v16n04_03

Heise, L., Ellsberg, M., & Gottemoeller, M. (1999). *Ending violence against women*. Baltimore, MD: Johns Hopkins University School of Public Health.

Henderson-King, D., & Stewart, A. (1994). Women or feminists? Assessing women's group consciousness. *Sex Roles*, *31*(9-10), 505-516. doi: 10.1007/BF01544276

Herman, J. (1997). *Trauma and recovery.* New York, NY: Basic Books.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, *25*, 517–572. doi: 10.1177/0011000097254001

Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288. doi: 10.1177/1049732305276687

Hurt, M., Nelson, J., Turner, D., Haines, M., Ramsey, L., Erchull, M., & Liss, M. (2007). Feminism: What is it good for? Feminine norms and objectification as the link between feminist identity and clinically relevant outcomes. *Sex Roles*, *57*(5-6), 355–363. doi: 10.1007/s11199-007-9272-7

Hutchinson, S., & Wexler, B. (2007). Is 'raging' good for health?: Older women's participation in the Raging Grannies. *Health Care for Women International*, *28*(1), 88–118.

Jenen, J., Winquist, J., Arkkelin, D., and Schuster, K. (2009). Implicit attitudes towards feminism. *Sex Roles*, *60*, 14–20. doi: 10.1007/s11199-008-9514-3

Klonis, S., Endo, J., Crosby, F., & Worell, J. (1997). Feminism as life raft. *Psychology of Women Quarterly*, *21*(3), 333–345. doi: 10.1111/j.1471-6402.1997.tb00117.x

Koss, M. P., Figueredo, A. J., & Prince, R. J. (2002). Cognitive mediation of rape's mental, physical, and social health impact: Tests of four models in cross-sectional data. *Journal of Consulting and Clinical Psychology*, *70*, 926–941. doi: 10.1037/0022-006X.70.4.926

Krippendorff, K. (2004). *Content analysis: An introduction to its methodology* (2nd ed.). Thousand Oaks, CA: Sage.

Leskela, J., Dieperink, M., & Thuras, P. (2002). Shame and posttraumatic stress disorder. *Journal of Traumatic Stress*, *15*(3), 223–226.

Littleton, H., Horsley, S., John, S., & Nelson, D. (2007). Trauma coping strategies and psychological distress: A meta-analysis. *Journal of Traumatic Stress*, *20*(6), 977–988.

McCaw, B., Golding, J.M., Farley, M., & Minkoff, J.P. (2007). Domestic violence and abuse, health status, and social functioning. *Women and Health*, *24*(2), 1–23. doi: 10.1300/J013v45n02_01

Morgan, B. (1996). Putting the feminism into feminism scales: Introduction of a Liberal Feminist Attitude and Ideology Scale. *Sex Roles*, *34*(5-6), 359–390. doi: 10.1007/BF01547807

Morgan, T., & Cummings, A. (1999). Change experienced during group therapy by female survivors of childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, *67*(1), 28–36. doi: 10.1037/0022-006X.67.1.28

Downloaded by [University of Wollongong] at 16:00 28 August 2017

Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: Sage.

Muhr, T. (2004). *User's manual for ATLAS.ti 5.0* (2nd ed.). Berlin: Scientific Software Development.

National Center for Injury Prevention and Control. (2003). *Costs of intimate partner violence against women in the United States*. Atlanta, GA: Centers for Disease Control and Prevention.

Nixon, R. D. V., Resick, P. A., & Griffin, M. G. (2004). Panic following trauma: The etiology of acute posttraumatic arousal. *Journal of Anxiety Disorders*, *18(2)*, 193–210. doi: 10.1016/S0887-6185(02)00290-6

Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work*, *1*(3), 261–283. doi: 10.1177/1473325002001003636

Rennison, C. M., & Welchans, S. (2000). *Special report on intimate partner violence* (NJC178247). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Retrieved June 20, 2010, from http://bjs.ojp.usdoj.gov/content/pub/pdf/ipv.pdf

Resick, P., Galovski, T., Uhlmansiek, M., Scher, C., Clum, G., & Young-Xu, Y. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology*, *76*(2), 243–258. doi: 10.1037/0022-006X.76.2.243

Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, *60*(5), 748–756. doi: 10.1037/0022-006X.60.5.748

Resnick, H., Kilpatrick, D., Dansky, B., Saunders, B., & Best, C. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology*, *61*, 984–991. doi: 10.1037/0022-006X.61.6.984

Saunders, K. J., & Kashubeck-West, S. (2006). The relations among feminist identity development, gender-role orientation, and psychological well-being in women. *Psychology of Women Quarterly*, *30*, 199–211. doi: 10.1111/j.1471-6402.2006.00282.x

Schick, V. R., Zucker, A. N., & Bay-Cheng, L.Y. (2008). Safer, better sex through feminism: The role of feminist ideology in women's sexual well-being. *Psychology of Women Quarterly*, *32*, 225–232. doi: 10.1111/j.1471-6402.2008.00431.x

Stein, J. (1997). *Empowerment and women's health: Theory, methods and practice*. London: Zed Books.

Straus, M., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scale (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, *17*(3), 283–316. doi: 10.1177/019251396017003001

Szymanski, D. (2004). Relations among dimensions of feminism and internalized heterosexism in lesbians and bisexual women. *Sex Roles*, *51*, 145–159. doi: 10.1023/B:SERS.0000037759.33014.55

Ullman, S. E., & Filipas, H. H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress*, *14*, 369–389. doi: 10.1023/A:1011125220522

Downloaded by [University of Wollongong] at 16:00 28 August 2017

United Nations. (1992). *General recommendations made by the committee on the elimination of discrimination against women*. Retrieved July 1, 2010 from http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm

Vickerman, K., & Margolin, G. (2009). Rape treatment outcome research: Empirical findings and state of the literature. *Clinical Psychology Review*, *29*(5), 431–448. doi: 10.1016/j.cpr.2009.04.004

World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses*. Geneva, Switzerland: WHO Press.

Downloaded by [University of Wollongong] at 16:00 28 August 2017