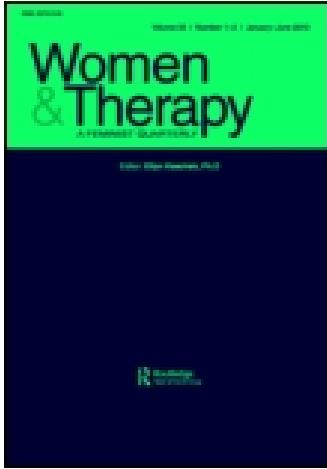


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Woman to Woman Sexual Violence

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This article addresses woman to woman sexual violence, a topic that is seldom addressed in the therapy literature. A brief history of research and theory on sexual violence is presented followed by two case studies. Treatment issues are discussed and challenging questions are raised in an attempt to increase counselors' awareness of the issue of sexual violence between women with the goal of providing more comprehensive treatment to survivors of woman to woman sexual violence.

KEYWORDS *same-sex, sexual assault, sexual violence, woman to woman*

INTRODUCTION

Consider the following scenario: Kathleen, a 22-year-old white female, is a recent victim of woman to woman sexual violence. She presents for therapy with symptoms of depression and acute stress disorder. As you consider her situation, you might be tempted to ask several questions: How do female victims conceptualize sexual violation by other women? Are feminist theories of sexual violence applicable in such cases? How do the emotional dynamics and consequences of woman to woman sexual violence compare to those encountered in man to woman sexual violence? Are treatment issues similar to those more commonly encountered in the context of sexual violence between a man and woman?

The literature pertaining to woman to woman sexual violence is sparse. Yet, the scenario described above is not fictional. Kathleen's experience actually occurred. Kathleen, a pseudonym, was seen in individual therapy by the

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first author for approximately one year prior to joining a support group for adult women survivors of childhood sexual abuse. Kathleen met her perpetrator at the support group. Kathleen's victimization by a fellow group member precipitated a two-year healing process that will be described later in the manuscript.

Because of deeply rooted assumptions about gender roles and essentialist notions about the maternal and caregiving nature of women, it is commonly assumed that sexual violence between women is nonexistent. These beliefs make it especially difficult for female survivors of sexual violence including daughters who are sexually abused by their mothers (Peter, 2009) and women who are sexually violated by other women, to self-disclose. Women tend to assume they are safe or at a significantly reduced risk of being sexually violated when in the company of other women. Even when presented with ambiguous stimuli, therapists assume heterosexual men are perpetrators and women are victims (Blasko, Winek, & Bieschke, 2007).

The purpose of this article is to explore therapeutic issues and treatment strategies with survivors of woman to woman sexual violence. Throughout this article, the term *sexual violence* is used to refer to unwanted sexual activities, regardless of the sexual orientation of perpetrator and victim, including touching or rubbing, vaginal penetration by objects and fingers, oral sex, and anal sex (Girschick, 2002a). While sexual victimization of men by other men is an important issue, the focus here is limited to the topic of sexual violence between women. Research and theory on same-sex relationship violence will be explored and a description of treatment approaches used with two clients—Kathleen and Sarah—will be presented. In accordance with feminist approaches to qualitative research (Fine, 1994), it should be noted that Kathleen and Sarah read various drafts of this manuscript as it evolved and provided feedback throughout the process of writing. Kathleen and Sarah also provided excerpts from their personal journals that are interspersed throughout this article. The healing process for both women was enhanced by their contributions to this manuscript. This article concludes with recommendations for future research and for the provision of services.

SEXUAL VIOLENCE: A BRIEF HISTORY

Prior to the 1970s, rape was easily dismissed as trivial and women were made not only to feel responsible but often were accused of wishing to be raped. Beginning in the mid 1970s, traditional notions about rape were challenged until society began to view rape as not the fault of the victim, as a "crime" against women, and, more often than not, that perpetrators of rape include acquaintances, co-workers, dating partners, or spouses (Crowell & Burgess, 1996; Koss & Harvey, 1991; Muehlenhard et al., 1996). As research burgeoned, multiple theories about rape and sexual violence were proposed.

The feminist approach to sexual violence, which maintains that patriarchal and sexist societies create cultures of violence where women are without power, became increasingly popular (Elliot, 1996). Sexual violence toward women was labeled as “the embodiment of patriarchy” (Koss & Harvey, 1991, p. 123). Critics of this perspective argue that it accentuates stereotypic views of men as “perpetrators” and women as nonviolent “victims” (Hassouneh & Glass, 2008) and contributes to reluctance to acknowledge intimate partner abuse in same-sex couples. Some in the field of domestic violence have argued rather effectively for a need to develop a broader view of causation and treatment of intimate partner abuse (McPhail, Busch, Kulkarni, & Rice, 2007). For example, in an “integrative” feminist model of domestic violence, McPhail and colleagues posit that both systemic and contextual factors contribute to domestic violence. Evidence suggests that intimate partner violence in lesbian partners (Balsam & Szymanski, 2005; Girshick, 2002c; Kaschak, 2002; Waldner-Haugrud, Vaden Gratch, & Magruder, 1997) is related to minority stressors that accompany life in a heterosexist culture including homophobic discrimination, lack of visibility and the lack of social support, and internalized homophobia (Balsam & Szymanski, 2005; Tigert, 2001). Feminists have also identified contextual and personal factors that serve as triggers for same-sex partner violence such as substance abuse (Eaton et al., 2008; Leeder, 1988) and a history of child sexual and emotional abuse (Hines, 2007).

THE CASES OF KATHLEEN AND SARAH

Kathleen and Sarah, both undergraduates, presented for counseling at a University Counseling Center in the Midwestern United States. Kathleen grew up as an only child from an intact marriage, while Sarah grew up in a single-parent home. Both women experienced significant trauma. Kathleen, in particular, was sexually abused during a five-year period by an older male member of her church.

Kathleen’s and Sarah’s First Treatment Experience

When Kathleen initiated therapy she exhibited symptoms consistent with diagnoses of major depressive disorder and post-traumatic stress disorder (PTSD). As is consistent with Walker’s (1994) Survivor Therapy, the initial phase of the process with Kathleen consisted of establishing a trusting therapeutic relationship, focusing on her physical and emotional safety and identifying a supportive network outside of therapy. Because Kathleen’s symptoms (flashbacks, intrusive thoughts/images, nightmares, hypervigilance, insomnia) were recurrent and impeded her ability to complete daily tasks, these became a focal point of therapy. A variety of therapeutic strategies were employed with Kathleen including somatic trauma therapy that taught her to become aware of her bodily sensations/symptoms and to use

techniques such as imagery to reduce and contain trauma symptoms (Rothchild, 2003) and trauma stabilization techniques (Baranowsky, Gentry, Schultz, 2005; Rosenbloom & Williams, 1999) to help her manage her trauma symptoms. Grounding techniques were particularly helpful. In accordance with Rothchild's (2003) recommendation, Kathleen used all five senses to ground herself in the here and now. Other helpful strategies used in therapy with Kathleen were helping her create a safe place in her mind to which she might retreat when fear and anxiety were high. She was also taught to visualize a memory as an image on a movie screen and to manipulate the sizes and colors in this image (Rothchild, 2003).

As is consistent with survivor therapy, treatment also focused on helping Kathleen to identify her strengths and those aspects of her life where she could achieve a sense of control, letting go of blame, accepting and expressing anger, breaking her silence, and regaining trust in herself and others. Although it was painful, arduous, and slow at times, Kathleen made substantial progress in therapy; she took control of trauma symptoms, relinquished blame, and began to connect with and trust others. She started to regain her power and began to experience life more fully again. Her academics were on track and she was reaching out to others. She was learning to trust again.

When Sarah initiated therapy, she presented with depressive symptoms. Soon after beginning treatment, Sarah was sexually assaulted by a male acquaintance. The assault exacerbated Sarah's depression and she developed symptoms consistent with PTSD. Sarah was referred for an evaluation and was prescribed antidepressant medication. Her treatment was aimed at reducing suicidality, developing effective coping mechanisms, and finding safety and support. A psychodynamic approach facilitated Sarah's understanding of her past; she was able to label various childhood experiences as traumatic and identify the sources of painful childhood messages to which she so rigidly adhered. Once Sarah's depression stabilized, she was able to assert some control over her life by reaching out to others, creating a support network.

Both women benefited from the integration of expressive arts in therapy. Kathleen frequently journaled and used art, such as painting and photography, to express her feelings. Sarah devoted considerable time to composing a short story that provided a creative and healthy outlet for the expression of Sarah's thoughts and feelings. Treatment also incorporated bibliotherapy. Kathleen related to others' experiences of childhood sexual abuse and began to feel less alone; she began to see sexual violence as representative of the history, politics, and language of our culture rather than a personal reflection of her. Sarah benefited from reading survivor's personal accounts.

Kathleen's and Sarah's Revictimization

While in college both Kathleen and Sarah were revictimized by women who were also survivors of sexual violence. Kathleen met her assailant while

attending a support group for adult women survivors of sexual abuse. Janice was older, divorced, and the mother of two children. Kathleen and Janice began to establish an emotional connection with one another and occasionally spent time together outside of group. One evening while attending a social outing, Janice asked Kathleen if they could talk with one another privately at her apartment. When they arrived at Janice's apartment, Janice asked Kathleen to have sex. Initially, Kathleen felt shocked and reported she had no inkling of Janice's attraction to her. While Kathleen indicated she had no interest in pursuing a sexual relationship with Janice, the two women continued talking. As it grew later, Kathleen asked if she might spend the night to avoid walking home late at night. The next morning Kathleen awoke to Janice touching her. Janice continued touching Kathleen, despite Kathleen's protestations. Janice proceeded to take off Kathleen's clothes and persistently touched Kathleen's body, specifically her vaginal area and breasts.

Sarah met Lois when she joined a student organization aimed at the prevention of violence on college campuses. Sarah and Lois shared their personal stories as well as their fears and worked together as advocates for victims of sexual violence. One night, Lois planned a "women's night out" at her house and Sarah was invited. Alcohol was consumed and everyone had fun. After several hours, most of the women went home, but Sarah wasn't feeling well and lay down in a spare room in Lois's house. After all guests had left, Lois got into bed with Sarah and sexually assaulted her.

Kathleen and Sarah's Reactions to Woman to Woman Sexual Violence

At first, Kathleen was in shock; she seemed unable to comprehend what had happened. She reinitiated therapeutic contact with the first author and disclosed the incident in therapy. However, she adamantly refused to report the incident to the authorities. Had Kathleen not been in treatment prior to being revictimised, it is doubtful she would have sought therapy following this incident.

Kathleen soon began to exhibit symptoms associated with acute stress disorder. She experienced recurrent suicidal ideation. Kathleen's responses to woman to woman sexual violence were certainly similar to those reported in the literature by other women survivors of rape and sexual violence. Women survivors of rape often experience feelings of vulnerability, self-blame, betrayal and powerlessness, decreased self-confidence, depressive symptoms, suicidal ideation, and PTSD symptomatology (Crowell & Burgess, 1996; Resick 1993; Walker, 1994). Many victims self-medicate with drugs and/or alcohol (Crowell & Burgess, 1996; Klump, 2006), while others develop eating disorders (Dansky, Brewerton, Kilpatrick, O'Neil, 1997; Girshick, 2002b; Laws & Golding, 1996) or inflict self-harm in an attempt to punish or control their violated bodies (Greenspan & Samuel, 1989; McAndrew & Warne, 2005; Smith, Cox, & Saradjian, 1999). Yet, one could

argue that Kathleen's symptoms were especially pronounced in this instance due to several possibilities: pervasive cultural denial surrounding woman to woman sexual violence, her childhood history of sexual abuse compounded with the effects of multiple traumas, and the negative stigma associated with same-sex sexual relationships.

Sarah too was in shock. She clearly recalled sharing her worst fear with Lois—that she would be sexually assaulted again. Sarah wrote, "I couldn't believe the woman who had said she understood my fear about it happening again, was the one who was doing this to me." Much like Kathleen, Sarah also showed signs of acute stress disorder. Sarah resumed therapy immediately and again began the healing process. In Sarah's case, the female to female assault triggered flashbacks of the earlier assault that occurred on campus. The presence of such flashbacks was very troubling to Sarah because she believed she had sufficiently resolved the first assault. She opted not to report the assault because nothing came of her first report.

Kathleen and Sarah experiences are consistent with the research on intimate partner abuse in lesbian relationships. Not only are victims in such relationships perceived as less believable than heterosexual victims, the abuse itself is regarded as less serious (Poorman, Seelau, Seelau, 2003).

Kathleen and Sarah's Core Symptoms: SILENT

Kathleen and Sarah exhibited pronounced posttraumatic stress and depressive symptoms following their revictimization. As both women described their responses, there seemed to be a remarkable similarity between their narratives and those of other women survivors of rape. In particular, Kathleen and Sarah's voices resembled those captured in Ahrens (2006) qualitative study of women survivors of sexual assault. Ahrens' interviewees described being blamed by others for putting themselves in "defenseless positions." Many doubted their stories, trivialized their experiences, and asked inappropriate questions. Interviewees indicated that even when "well-intended" support was given, they felt misunderstood by loved ones. Some even lacked compassion and refused to offer support. Ahrens labeled these expressions as "silencing;" and described these actions as significant barriers to healing. Ahrens refers to Reinharz's (1994) "voice" as "having the ability, the means, and the right to express oneself, one's mind, and one's will. If an individual does not have those abilities, means, or rights, he or she is silent" (p. 180). Ahrens (2006) explained, "to speak and be heard is to have power over one's life. To be silenced is to have that power denied. Silence is thus emblematic of powerlessness in our society" (p. 1).

Because of the remarkable similarities in the constellation of symptoms exhibited by Kathleen and Sarah, these could be summarized with the aid of the word "silent" as in the following acronym: S (shame), I (invisibility), L (loss of trust in others), E (emptiness), N (negation of self), and T (trauma

symptoms). Both Kathleen and Sarah blamed themselves for their assaults. Kathleen concluded she had to have done something wrong for her to be sexually violated again, and this time by a woman. She wrote, "My body is all I have and contains my sense of self and now it's marred, akin to the impressions left by a person's fingers when they squeeze a ball of clay." As time progressed, her symptoms exacerbated and a sense of hopelessness pervaded. Suicide was becoming a more viable option.

The level of self-hatred experienced by Kathleen seemed impenetrable. All sexual abuse survivors seem to suffer some degree of distain for themselves, but the depth and intensity of self-hatred reported by Kathleen was severe. She believed the assault was her fault, because, after all, "women don't sexually assault women." And she was afraid others might discriminate and or dismiss this as a "homosexual affair." She was afraid the assault would be written off as insignificant and she began to doubt herself. Kathleen felt very much alone. There was no language for Kathleen to clearly articulate what happened to her: "I don't see myself represented in the oodles of literature about sexual assault. It is nearly impossible to find a person who has had a similar experience and can relate to me."

Sarah's level of shame was less intense than Kathleen's. Sarah expressed anger at Lois, but felt helpless and hopeless about her life ever changing for the better and remaining that way. She wrote, "Again, someone is taking the power away from me . . . it may be up to me to continue to give it to them or not, but it doesn't feel that way. I have nowhere to go, nowhere at all." Sarah experienced a very profound sense of aloneness. She spent countless hours asking "why?" Much like Kathleen, Sarah made significant progress in her first therapy experience. She wrote, "Now I want to do nothing but live, and even better yet, I really want to make a difference in this world. All I want to do is help people and love people and show nothing but kindness, so why am I such a big target?"

As one might guess, Kathleen and Sarah both felt tremendous betrayal following their assaults. They came to believe there was no such thing as safe space and no one could be trusted. While the issue of trust is significant for all survivors of sexual violence, one might argue the intensity of betrayal is magnified when the assailant and victim are both female, since women tend to feel safe with other women whether or not such feelings are justified. Kathleen had entrusted Janice with stories about her own childhood abuse and Sarah had entrusted Lois with her sexual assault. Kathleen and Sarah thought of Janice and Lois as strong allies. Kathleen wrote about Janice, "the fact that she's been in my position, she wasn't deterred by seeing me cry and hearing me beg her to stop. She used my pain from my childhood abuse to manipulate me and render me helpless."

When Kathleen disclosed her childhood sexual abuse, friends and family offered support, compassion, and empathy. However, this time when she tried to disclose the assault, her friends and family were not particularly

sympathetic. They tended either to say nothing or they minimized Kathleen's experience. After the assault, Kathleen wrote, "I cannot make people understand what I'm going through; they either blame me or excuse the perpetrator's behavior as something outside of her control. . . ." Sarah's words echoed those of Kathleen when she wrote, "I knew I had people I cared about doubting my assault from a man; they would never believe an assault by a woman."

While not receiving the support and empathy from those she loved, Kathleen also noted the lack of social services for women survivors of women to women sexual violence. At one point in therapy, Kathleen wrote the following:

It isn't uncommon for victims of sexual assault to feel invisible, I know, or for them to be invalidated by others, the media, and the judicial system, but if you want to be taken seriously at all, you'd better hope a man hurts you. Most states don't even include female offenders in their statutes so forget about prosecuting them. . . . We have so many organizations, but none seems to apply to me. So if I have no voice, few support people, limited avenues through which to positively work through my feelings and to prosecute the perpetrator or keep her from hurting others, what am I supposed to do?

Kathleen and Sarah's Treatment after Revictimization

Neither Kathleen nor Sarah responded well to therapy initially. This was disturbing, since in previous therapy both made significant progress toward recovery—Kathleen from violent and ritualistic childhood sexual abuse and Sarah from some childhood trauma and a sexual assault as a young adult. Unlike Sarah who shared her assault with virtually no one, Kathleen opened up to close family and friends. Kathleen persisted in therapy over two years despite feelings of hopelessness and discouragement. Regardless of Kathleen's loss of trust, her belief in therapy inexplicably remained. Her commitment to treatment was enhanced due to the egalitarian nature of the therapeutic relationship, a relationship based on feminist principles.

A semi-turning point in Kathleen and Sarah's treatment process was reached when a different approach was introduced, one similar to that used in narrative therapy. In contrast to her first experience in therapy when Kathleen read personal accounts by women of their childhood sexual abuse, there were few if any stories or narratives written by women survivors of sexual violence by women. Ironically in some ways, Kathleen may have benefited from the invisibility of woman to woman sexual violence. In effect she was not able to measure her reactions against any set of standards or norms. Lacking the outlet of reading about other women's stories of sexual violence by women, Kathleen began to view her story from a different perspective, one with no preconceived notions, no agenda, and no expectations. It became slightly easier to externalize the problem. Kathleen

started to get in touch with her strength and to externalize the “problem.” She began to see herself as a survivor rather than a defective woman.

Kathleen recognized the value in telling her story rather than hiding from it. During her first therapy experience, Kathleen benefited from writing. Consequently in her second experience, Kathleen was frequently assigned journaling tasks, especially relative to “stuck” points in therapy. At other times, Kathleen journaled independently and brought her writing to session. Because Kathleen is an excellent writer, it was often easier for her to express her thoughts and feelings via the written word. Kathleen’s writing often served as a catalyst for discussions of painful and disturbing material. Journaling served a multipurpose function for Kathleen; it allowed her to confront distressing thoughts and memories by putting them on the paper, and it also allowed her to communicate with the first author in a way that she felt safe and in control. Kathleen wanted to prevent other women from experiencing the same aftermath she experienced as the victim of another woman.

Although Kathleen and Sarah shared similar reactions to being sexually assaulted by a trusted woman friend, Sarah’s treatment took a considerably different course. As is consistent with McPhail and colleagues’ (2007) integrative feminist treatment model for domestic violence, Sarah’s therapy emphasized the need for “accountability” and “responsibility” (p. 835). As McPhail and colleagues noted, there is a relatively high incidence of perpetrators who have history of childhood sexual abuse and thus, the line between victim and perpetrator is often blurred. This was especially true in Kathleen and Sarah’s cases, as their perpetrators were also victims of sexual violence. Sarah’s therapy’s aided her to get in touch with her anger. The crux of Sarah’s healing was a confrontation with Lois. Following detailed preparation in her counseling sessions, Sarah confronted Lois face to face. She wrote, “In the end it was very helpful. Though it may not have gone completely the way I thought it would, it was still a point of closure. I don’t know how I decided to heal, other than I just made the conscious decision to stop being a victim to anyone.” Following the confrontation, Sara met her remaining obligations with the student advocacy group and then resigned, a decision she perceived as empowering.

Kathleen and Sarah’s stories of healing illustrate the special significance of “coming out” for survivors of woman to woman sexual violence. Kathleen and Sarah consider their contributions to this manuscript a vital part of the healing process. Currently Kathleen and Sarah continue on the road to recovery. Their struggles continue, but with lesser frequency and intensity. Sexual violence, in all its forms, remains a life changing experience and one from which recovery is slow, painful, and frequently quite complex.

RECOMMENDATIONS FOR FUTURE RESEARCH AND SERVICES

This article provides an introduction for some and a call to others to explore more deeply through research the issue of woman to woman sexual

violence. Toward this aim, several recommendations are offered. First, more researchers and clinicians need to acknowledge that woman to woman sexual violence exists. Further research is needed and theories postulated about the motivations and ramifications of sexual violence between women, regardless of the sexual orientation of victims and perpetrators. Questions about what motivates sexual violence between women still remain. For example, it is commonly assumed by researchers that physical and sexual violence between same-sex persons engenders similar responses, and therefore, identical treatment approaches. At this point, even anecdotal accounts of survivors could be documented and made accessible.

Practitioners will need to explore their own narratives about sex, gender, and sexual orientation. Therapist self-awareness is particularly critical since female clients may not feel comfortable disclosing woman to woman sexual violence. It would be logical to assume there are many more women with experiences similar to Kathleen and Sarah who have either not sought treatment or with whom treatment has failed. When therapists assume that woman to woman sexual violence doesn't exist, such assumptions prevent them from exploring these possibilities with their women clients. When therapists are uncomfortable or in denial about this, it is easy to see how clients would experience reluctance to disclose such experiences. Practitioners perpetuate "silencing" when they assume perpetrators are male and victims/survivors are female. Therapists enable "silencing" by supporting their clients' avoidance of the term "sexual assault" to describe any other form of sexual violence other than forced penile penetration and when they respond less than empathically to their clients. Silencing is a barrier to healing. As would be anticipated, therapists will also need to examine their assumptions about same-sex relationships. As is consistent with McPhail and colleagues' (2007) model of treatment in the domestic violence field, therapy should also entail a focus "on behavior" and less on the sexual identity status of survivors and perpetrators.

In addition to making contributions to the existing sparse body of literature, counselors need to advocate more aggressively for and develop services targeting same-sex violence victims such as education and prevention programming, increased funding, and expanded and/or specialized shelter services. All victims have the right to counseling services; all victims have the right to be treated with respect by those within the legal and law enforcement systems.

SUMMARY

Kathleen's and Sarah's stories raise provocative questions and provide a call to action for all therapists. Woman to woman sexual violence exists. It is possible that its victims suffer in silence and their feelings of shame, invisibility,

and isolation are especially pronounced. It is important for those who treat woman to woman sexual violence survivors to be aware of both personal barriers as well as systemic barriers and to provide services which are accessible to women victims of sexual violence. As a result of immensely painful and disappointing experiences such as those mentioned, many victims choose to remain silent. This is especially true of women sexually violated by other women.

REFERENCES

- Ahrens, Courtney E. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. [Electronic version]. *American Journal of Community Psychology*, 1–21.
- Balsam, Kimberly, & Syzanski, Dawn. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, 29, 258–269.
- Baranowsky, Anna B., Gentry, J. Eric, & Schultz, D. Franklin (2005). *Trauma practice: Tools for stabilization and recovery*. Ashland, OH: Hogrefe & Huber Publishers.
- Blasko, Kelly A., Winek, Jon L., & Bieschke, Kathleen J. (2007). Therapists' prototypical assessment of domestic violence situations. *Journal of Marital and Family Therapy*, 33(2), 258–269.
- Crowell, Nancy A., & Burgess, Ann W. (1996). Causes and consequences of violence against women. In N. A. Crowell & A. W. Burgess (Eds.), *Understanding violence against women* (pp. 49–91). Washington, DC: National Academy Press.
- Dansky, Bonnie S., Brewerton, Timothy D., Kilpatrick, Dean G., & O'Neil, Patrick M. (1997). The national women's study: Relationship of victimization and posttraumatic stress disorder to bulimia nervosa. *International Journal of Eating Disorders*, 21, 213–228.
- Eaton, Lisa, Kaufman, Michelle, Fuhrel, Andrea, Cain, Demetria, Cherry, Charsey, Pope, Howard, & Kalichman, Seth C. (2008). Examining factors co-existing with interpersonal violence in lesbian relationships. *Journal of Family Violence*, 23, 697–705.
- Elliot, Pam. (1996). Shattering illusions: Same-sex domestic violence. *Journal of Gay & Lesbian Social Services*, 4, 1–8.
- Fine, Michelle. (1994). Working the hypens: Reinventing self and others in qualitative research. In Norman Denzin & Yvonna Lincoln (Eds.), *Handbook of qualitative research* (pp. 70–82). Thousand Oaks, CA: Sage.
- Girshick, Lori B. (2002a). Did she call it "rape"? In *Woman to woman sexual violence: Does she call it rape?* (pp. 100–118). Boston: Northeastern University Press.
- Girshick, Lori B. (2002b). The emotional impact of sexual violence. In *Woman to woman sexual violence does she call it rape?* (pp. 119–134). Boston: Northeastern University Press.
- Girshick, Lori B. (2002c). No sugar, No spice: Reflections on research on woman-to-woman sexual violence. *Violence Against Women*, 8, 1500–1520.

- Greenspan, Gail S., & Samuel, Steven E. (1989). Self-cutting after rape. *The American Journal of Psychiatry*, 146(6), 789–790.
- Hassouneh, Dena, & Glass, Nancy. (2008). The influence of gender role stereotyping on women's experiences of female same-sex intimate partner violence. *Violence Against Women*, 14(3), 310–325.
- Hines, Denise A. (2007). Predictors of sexual coercion against women and men: A multilevel, multinational study of university students. *Archives of Sexual Behavior*, 36, 403–422.
- Kaschak, Ellyn. (2002). *Intimate betrayal: Domestic violence in lesbian relationships*. London, UK: Routledge Publishing Company.
- Klump, Meredith C. (2006). Posttraumatic stress disorder and sexual assault in women. *Journal of College Student Psychotherapy*, 21(2), 67–83.
- Koss, Mary P., & Harvey, Mary R. (1991). *The rape victim: Clinical and community interventions*. Newbury Park: Sage Publications.
- Laws, Ami, & Golding, Jacqueline M. (1996). Sexual assault history and eating disorder symptoms among white, Hispanic, and African-American Women and men. *Journal of College Health*, 86(4), 579–582.
- Leeder, Elaine. (1988). Enmeshed in pain: Counseling the lesbian battering couple. *Women & Therapy*, 7, 81–99.
- McAndrew, Sue, & Warne, Tony. (2005). Cutting across boundaries: A case study using feminist praxis to understand the meanings of self-harm. *International Journal of Mental Health Nursing*, 172–180.
- McPhail, Beverly, Busch, M., Noel, B., Kulkarni, Shanti, & Rice, Gail. (2007). An integrative feminist model. The evolving feminist perspective on intimate partner violence. *Violence Against Women*, 13(8), 817–841.
- Muehlenhard, Charlene L., Danoff-Burg, Sharon, & Powch, Irene, G. (1996). Is rape sex or violence? Conceptual issues and complications. In D. M. Buss & N. M. Malamuth (Eds.), *Sex, power, conflict evolutionary and feminist perspectives* (pp. 119–137). New York: Oxford University Press.
- Peter, Tracey. (2009). Speaking about the unspeakable. Exploring the impact of mother–daughter sexual abuse. *Violence Against Women*, 14(9), 1033–1053.
- Poorman, Paula B., Seelau, Eric P., & Seelau, Sheila M. (2003). Perceptions of domestic abuse in same-sex relationships and implications for criminal justice and mental health responses. *Violence and Victims*, 18(6), 659–669.
- Reinharz, Shulamit. (1994). Toward an ethnography of “voice” and “silence.” In D. Birman, E. J. Trickett, & R. J. Watts (Eds.), *Human diversity: Perspectives on people in context* (pp. 178–299). San Francisco, CA: Jossey-Bass.
- Resick, Patricia, A. (1993). The psychological impact of rape. *Journal of Interpersonal Violence*, 8(2), 223–225.
- Rosenbloom, Dena, & Williams, Mary Beth. (1999). *Life after trauma: A workbook for healing*. New York: The Guilford Press.
- Rothchild, Babette. (2003). *The body remembers casebook unifying methods and models in the treatment of trauma and PTSD*. New York: W, W. Norton & Company.
- Smith, Gerilyn, Cox, Dee, & Saradjian, Jacqui. (1999). *Women and self-harm understanding, coping, and healing from self-mutilation*. New York: Rutledge.

- Tigert, Leanne M. (2001). The power of shame: Lesbian battering as a manifestation of homophobia. *Women & Therapy, Special Issue: Domestic Violence in Lesbian Relationships*, 23(3), 73–85.
- Waldner-Haugrud, Lisa K., Vaden Gratch, Linda, & Magruder, Brian. (1997). Victimization and perpetration rates of violence in gay and lesbian relationships: Gender issues explored. *Violence and Victims*, 12(2), 173–184.
- Walker, Lenore E. A. (1994). *Abused women and survivor therapy a practical guide for psychotherapists*. Washington, DC: American Psychological Association.