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Participatory Research for Rape Survivor Groups

A Model for Practice

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This article proposes a model for rape survivor groups that encompasses the participatory research model in the context of feminist ideology and strategies. The use of a participatory research model for rape survivor groups can be expected both to heal and to produce evidence of the recovery process. In this model, groups design a protocol for writing and disseminating their personal stories of overcoming the trauma of rape. The conceptualization is illustrated by excerpts of experience-based, aggregated group processes that provide guidance for conducting participatory research for rape survivors.

Keywords: *feminism; participatory research; rape survivors; stories*

This article presents a theoretical approach to using the participatory research model with groups of rape survivors. The approach is based on our experiences working with rape survivors and participatory research in separate projects. In this article, we conceptualize and outline how participatory research can both heal and produce data on the rape survival experience. We propose that when rape survivor groups agree to tell and write their experienced-based stories about how they have survived their trauma, active healing takes place. The stories form a living document of the events and feelings of the current group, which may be expanded on by future groups. The overall model for this project is participatory research in that the stories are considered qualitative data and the project would largely be led by group members. Participatory research, with its emphasis on consciousness-raising, equality in the balance of power between the researcher and participants, and the support of social justice, serves as an excellent medium for empowering and hastening the healing process. It has been identified as an excellent format for feminist research when the focus is on women's experiences and the goals are ending sexism and violence against women (Reinharz, 1992).

The participatory research model, which is used mostly in groups, encourages socially empowering activities for participants, uses the constant-comparison method between researchers' and participants' perceptions of phenomena, and is loosely based on the grounded research design (Glaser & Strauss, 1967). The participants plan the research process and then create and interpret the phenomena along with the researcher. The model is similar to the action research and problem-solving models in that it encourages participants to confront issues and work toward solutions (Jason, Keys, Suarez-Balcazar, Taylor, & Davis, 2004; Lewin, 1948/1997). Its distinction lies in its emphasis on the importance of creating a generalizable database, in contrast to the task-oriented agendas of most action research (Wallerstein & Duran, 2003).

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Background

Use of Groups for Participatory Research

The participatory research model uses multiple design methods, including ethnography, formal and informal interviewing, and focus groups, to collect, interpret, and act upon data. Most commonly applied to community organization projects (Jason et al., 2004; Mora & Diaz, 2004), it has been demonstrated to bring about important additions to empirical databases through the collaborative efforts of participants and researchers. Numerous examples include Garcia's (2003) work on alcohol use among transnational Mexican farmworkers and Dullea's (2006) research on women in communities for First Nation natives in Canada. Miller and Mason's (2002) use of participatory research with clinical groups of patients with first-episode schizophrenia is an example of how the model took on both research and therapeutic functions in groups. Patients diagnosed with schizophrenia disorders designed a project in which they contributed their life experiences in the form of narrative statements. Together with the researchers, they combined these data with the views of professional experts in the form of a book. Others have both used and advocated for participatory and action-oriented research in social work groups in which healing is an important clinical goal (Altpeter, Schopler, Galinsky, & Pennell, 1999; Malekoff, 1994). An important aspect of the participatory research model is that it is culturally sensitive and empowering, criteria that fit well with social work values and practice.

Participatory Research Generates Evidence

Evidence-based research as it applies to clinical practice requires a carefully outlined protocol, a researchable question, a thorough search for previous research, and a determination of how the data fit clients' needs. Clients must be fully informed of the process and ideally be active partners in finding the right intervention (Gambrill, 2005). Evidence is thought to be best when the samples are representative of populations and sufficiently large to encourage replication and generalization (Rosenthal, 2006). Focused qualitative studies with a small number of participants have typically not been included in evidence-based practice databases. Critics have called for the inclusion of qualitative studies and local evidence as sometimes necessary for devising interventions that have a "goodness of fit" for clients (Gambrill, 2005; Proctor & Rosen, 2006).

The participatory research groups that we propose would generate, edit, and interpret the data, thereby reducing potential contamination by researchers. Professional researchers assigned to the groups may want to contribute a theoretical context from which to view the findings (Heineman Pieper, 1981), but the participants must agree to this addition. Overall, there is reason to believe that evidence that is generated using participatory research in a series of small groups can produce reliable and valid qualitative evidence.

The Usefulness of Group Stories

Stories that are generated by group members can pave the way for building strategies for healing that have been shown to work, albeit in small numbers. The living document that emerges from the stories becomes an invitation to the next group to contribute if the groups agree to do so. In either case, the stories are both a means of educating those who are less familiar with the phenomena of rape and survival and a medium to guide new survivors away

from feelings of being helpless victims. In formal research, stories are called narratives, but they are really stories, descriptions of how individuals perceive personal experiences. Stories are inherently valuable for their information because they touch emotions and are remembered. Lewin (1948/1997) described action research as emphasizing the collection of subjective data so that the participants' world could be better understood. By talking with each other and sharing stories, women have been shown to benefit from the support of other women (Dullea, 2006).

Feminist Theory and Participatory Research

The evolution of feminist theory from the single-issue stance of seeing all women as oppressed to a more sophisticated and complicated position of assessing women in terms of social status, education, and power-wielding ability calls for research methods that fit the problems being addressed (Wallerstein & Duran, 2003). Participatory research allows for women to be heard, affirmed, and supported (Dullea, 2006), but, as Fine (1994) pointed out, there can be pitfalls. Not all women are sufficiently aware of the effects of societal discrimination, and in groups, some may inadvertently express views that are counterproductive to both their own interests and the feminist point of view. A benefit of the participatory model is that it asks the participants to work out these ideological knots, thereby keeping the formal researcher free from appearing unduly biased.

Groups have been shown to be excellent mediums for using feminist concepts in clinical practice (Gottlieb, Burden, McCormick, & NiCarthy, 1983; Gorey, Daly, Richter, Gleason, & McCallum, 2002), and rape survivor groups are a good fit for applying a feminist model for enhancing empowerment and healing (Clemans, 2005). In her writing on participatory research and feminism, McGuire (2001) noted that the emphasis on strengths, as opposed to victimization, is a key element of the model. Reinharz (1992, p. 181) wrote that in feminist participatory research, "the distinction between the researcher(s) and those on whom the research is done disappears . . . the researcher abandons control and adopts an approach of openness, reciprocity, and shared risk." In doing participatory research, group members give up the passive role, renegotiate the power structure with the leader, and work at reframing their experiences within a social and political context.

The Participatory Research Model and Research on Rape Survivors

Although the literature contains articles on sexual violence, few articles have highlighted participatory models. Campbell (2002, p. 120) questioned, "Do we really need more studies of rape prevalence? If we provide opportunities for survivors to talk about what has happened to them, . . . we can bring their experiences to light."

Participatory research has several key themes (Alpeter et al., 1999; Alvarez & Gutierrez, 2001), all of which are particularly relevant to research on rape. These themes include the fusion of research and practice, the consciousness-raising and empowerment functions of participatory research, the shifting of the power dynamics between the research participants and the researcher, and the potential for social change brought about by the model. These themes are discussed and illustrated with examples from rape survivor groups with whom we have worked during the past several years. The narratives are examples of what may happen in a participatory research project with rape survivors. We reviewed the clinical notes and report on thematic group exchanges in the aggregate. Although no narrative is in the members' exact words, the narratives represent how the members addressed various

issues and serve as examples of how participatory research can be helpful in both the creation of new knowledge and in healing.

Participatory Research and Emerging Themes

The purpose of including these narratives is to demonstrate what participatory research group sessions may be like. The emerging themes are illustrated with group interactions and commentaries that underscore their meaning and direction.

Participatory Research Fuses Research and Practice

Rape survivor groups provide members with opportunities to talk about their trauma experiences in a safe environment. When a rape survivor group becomes a participatory research group, members have the opportunity to create a knowledge base on the experience of rape and recovery from rape. When members join a participatory research group, they are fully informed and need to consent to the group's dual purpose: research and therapy. Once they consent, they can be encouraged to tape record or write their stories, to be shared by all members of the group, as in the following example:

> Group leader: Welcome everyone. I want to talk to you today about an option that you may want to consider. This project is totally voluntary, and some groups in the past have done very well with it. This group would have two purposes. One is to provide you with a safe environment for sharing your experiences and getting support from each other. The other is to give you the chance to record your ideas to look back on later and, possibly, to allow others in future groups to learn from your experiences. Through your participation and honest sharing of what happened to you, we all will learn more about rape and what helps you recover. I want to check with everyone to make sure that this is clear and understandable. I also want to make sure that you all agree to participate. If anyone does not agree, that is fine; you may stay in the group and not take part in the project, or we can talk about an alternative group.

> Sandra: So you are saying that the group is not only about helping us feel better and get stronger, it is also about helping other women, down the road who have also been raped.

> Group leader: Yes. What we learn together in this group can serve to help with our understanding of rape and what survivors really need and want in order to recover.

> Jan: I am wondering how it will work. How will the research actually happen in the group?

> Group leader: That's a good question. We will wear two hats: one as a group in which we will be making sure the group runs well, that everyone feels safe and comfortable to speak. As researchers, we will create an agenda and ask ourselves specific questions, such as, "How have I been harmed by my experience of rape, and how am I going about the process of healing?" Sometimes I will take the lead as the official group leader, and sometimes one or more of you will determine the agenda. Again, there are two goals for the group: to help people heal from trauma and to find ways that our experiences can help others. Your honest and open responses to our questions will be used as data, or information to help ourselves and others who need to gain a better understanding of rape and healing.

> Maggie: OK, but how will we remember everything? Will you be tape recording our groups?

> Group leader: That is up to you. I will not be doing all the research. That will be up to you as well. You will decide the best way to record each other's ideas, experiences, and feelings. If you decide to use tapes, it is best if you do the taping. You can then review each other's taped sections and give your thoughts and feedback. The next step would be to transcribe the tapes into a written document. There would be no names or identifying information.

The participants are told that their experiences may not be similar to those of the other group members. These differences are acceptable, and attention is paid to disparate perceptions as part of the group process. In a therapeutic exchange, the group members compile their experiences and examine their feelings and memories. The process of sharing these experiences with others is especially powerful.

Participatory or action research is usually introduced by a leader in the community, by a community organizer, or by someone in a similar position. When it is used in clinical groups, the group leader introduces the idea and works toward empowering the group members to take on the research tasks. The project is voluntary, and the group may decide not to proceed. Informed consent is obtained from all members. In all documents that are generated from the group, confidentiality is ensured by the use of pseudonyms.

Consciousness-Raising

Consciousness-raising emphasizes a heightened awareness, often through discussion among peers, of the particular pain of sexism and of the desire to improve society on the basis of this changed awareness. It helps women realize that they are not the sole cause of their oppression and distress and that, in the case of rape, there are other forces at work, such as patriarchy (Israeli & Santor, 2000; Nes & Iadicola, 1989). Participatory research in rape survivor groups precipitates consciousness-raising by assigning the group a purpose beyond that of a place to express feelings; it becomes a way of placing feelings in the context of the social structure and then using the project as a way of taking action.

Empowering Vulnerable and Marginalized Populations

Women routinely experience sexism, misogyny, and oppression, and those who have experienced rape and other types of trauma are particularly vulnerable and marginalized. The leader may ask the group members to consider these questions: What causes rape? What do we have in common as women? What are our differences? How have we been harmed as women? What interventions are most effective to our recovery? The group members may add additional questions. The idea is to have the members become researchers, but this does not preclude the researcher from guiding the group toward that end, especially at the beginning of the process, as in the following example:

> Group leader: Let's talk for a moment about your personal understanding and view of rape, such as what does the word *rape* mean to you? Think about this for a moment.

> Betty: OK, I'll go first. You know what happened to me wasn't really legal rape, or that's what they told me at the DA's office. But what rape means to me is when someone forces you to do something sexual against your will. It doesn't matter what body part touches what body part.

> Laura: Yeah, Betty, I agree. It's like when you are overpowered, and you can't escape, no matter how hard you try.

Sandra: But that could be anything—a building could fall on you and you couldn't escape, but that's not rape.

Jan: Well, when I was raped, it felt like that, like a building fell on top of me and I was paralyzed.

Group leader: OK, I am going to stop you just for a minute and ask you to put into words what you understand to be the meaning of rape. What I think I am getting from the group is that, in your experiences, the legal definition of rape maybe doesn't tell the whole story. What I hear is that the body parts involved are not as important as is the feeling of being forced to do something against your will, being overpowered, unable to escape. Am I missing anything?

Jan: I also said being paralyzed.

Group leader: Yes, a sense of being paralyzed. Am I missing anything else?

Sandra: I think rape is also about being a woman, being female in the world. That's part of it. There's something about rape and women that go together.

Betty: Yeah, isn't that the truth!

Laura: But men can get raped, too, can't they?

Sandra: Yes, but it's different.

Group leader: How is it different? How does gender play a role in the experience of rape? Let's talk more about this.

By allowing the members to generate and share their own understanding of rape, the group process serves an empowering function. Members feel ownership of their experiences of rape without being confined or controlled by outside forces, such as the legal system. The group leader provides the legal definition of rape but allows the members to explore their own definitions within their emotional context. The group's charge is to define rape in terms that are a "feelings fit," as well as one that is technically correct. Then the group leader shifts the group from the clinical mode to the research mode, keeping in mind the need not to become too central in the research process. By telling their stories, group members form narratives that become qualitative data on how rape survivors reinterpret their experiences using the group to provide support and strength.

Viewing Power Dynamics

The group process brings about shifts in power dynamics that allow members to work on issues related to their sense of control. The members begin to see themselves in a more positive way in relations to others.

As the group progresses in its work, the leader sets the stage to encourage the members to talk openly and honestly about the specific effects of rape on their lives. The members provide data on how rape affects survivors in complex ways. They discuss their anxiety, fears, and difficulty trusting others, especially men. They vacillate from being elated that they have survived to succumbing to feelings of self-blame, isolation, and sadness. Their movement

seems to be an ever-fluctuating passage between seeing themselves as victims and seeing themselves as survivors, as in the following example:

> Group leader: Many of you mentioned that you understand your experience of rape as strongly connected to being female. Let's talk more about that. What do we see as commonalities in our experiences as women rape survivors?

> Alice: Well, that's a hard question. I guess, for me, I was always afraid of being raped. I always knew that I was in danger, just being a girl. And my mother drilled it into my head not to trust boys ever. My mother always warned me that boys could do bad things to a girl if she was not careful. She made it sound like it was my job to stop it from happening. I never told her what happened.

> Laura: I know what you mean. The guy who raped me told me that if I ever said anything, he would kill me. And I still believe that. It's still very hard for me to talk about. But he got away with it. He could do whatever he wanted because he saw me as just some weak woman who wouldn't fight and wouldn't tell. And I guess I sometimes blame myself.

> Betty: It's not your fault, but I understand how you feel. It's like, as women, we are brainwashed into believing we are to blame, and the men get off. When I told my husband, I mean, my ex-husband, what happened, he was so mad—not at the guy, but at me. Can you believe that? He felt I betrayed him.

> Jan: That's terrible! I was raped by a guy I was going out with. I had just started seeing him. I have never been able to tell anyone, except you all. I still feel a little bit like it was my fault. I knew that I shouldn't have been alone with him. I just had a bad feeling inside, but I didn't want to get him angry. I think I led him on, and then maybe he couldn't stop himself.

> Alice: Jan, it's not your fault. Don't blame yourself. But it seems easy for us to take the blame, and the men get away with it.

> Group leader: OK, I appreciate all that you have shared so far. I want us to stop for a moment and summarize what's been said. At the beginning of the session, I asked for us to consider specifically how rape has affected you. What I am hearing, and please tell me if I am missing anything, is that one way you are affected is that you carry some of the blame for what happened, and there are feelings of shame that prevent you from telling others about your experiences. Other people, like family members, blamed you, too. Am I getting this right?

> Maggie: Yeah, that sounds really bad, doesn't it? But I think that I blamed myself, and I felt ashamed about what happened. Since I felt so bad, I kept it all a secret.

> Group leader: OK. So, in addition to themes of blame and shame, there may have been secrecy, too. What other questions do you have? What else can we talk about around this theme?

The leader works to support the members as they share their experiences and generate detailed examples of the effects of rape. In addition to the theme of shame and blame, the group identifies examples of personal transformation, as in the following example.

> Group leader: We have talked about how shame and blame play into your lives as you recover. How else have you been affected by your experiences with sexual assault? Who would like to begin?

Rhonda: Well, I can say that what happened to me changed my life. I am a different person now.

Group leader: How so, Rhonda?

Rhonda: I am still afraid. I mean, this happened two years ago, and I am still afraid that it'll happen again. I still live my life and go out, but the fear seems always to come with me. How about the rest of you? Are you still afraid?

Laura: Yeah, I still am. I used to be trusting. Like I saw the good in people before the bad. Not anymore. And I really try to fight against it, but I am afraid, and I have become hard, tough, not nice like I used to be.

Betty: I don't feel afraid like I used to. But now it's more like I sometimes wonder if I make the best choices. I can't really trust myself anymore when I meet new people. I feel like I'll make the same mistake again.

Group leader: OK, so I am hearing, first, that many in the group experience feelings of fear; that is one way your lives are different now. Am I hearing that correctly? Does anyone want to add anything?

Laura: Well, I think we should say that the fear is not a bad thing, that being afraid can sometimes make us tougher. I don't know if that makes sense.

Betty: I guess. But it's not just the fear that makes us stronger. It's all that we have survived or, I should say, we are surviving. I know that I am stronger now than I was before the rape.

Rhonda: Me, too. I have been through hell and back, and I am still smiling.

Group leader: So, in addition to experiencing fear, is there, for some of you, a feeling of becoming stronger after the rape? Can anyone think of a way to name this theme?

Betty: How about, "From victim to survivor"? Right after the rape, everyone in the hospital kept calling me a survivor, but I feel you really have to earn that name.

Group leader: Betty is suggesting that we name this theme "From victim to survivor." How do the rest of you feel about this? Does it resonate with your experiences?

The group hesitantly begins to identify with the term *survivor,* although it is clear that it may take a while before everyone will feel comfortable using the term. In rape groups, like other trauma groups, it may take many sessions of building safety, establishing trust, and having members repeat the same feelings related to their experience before the members can move forward. Repetition becomes part of the healing process to be used to members' advantage by encouraging the writing of narratives.

Discussion

Since the beginning of the antirape movement, groups have been used as an effective intervention strategy for rape survivors (Schechter, 1982). Among other therapeutic functions,

groups can help survivors tell their stories, reconnect with others, regain a sense of life mastery, and learn to trust again. A participatory research model that uses thematic groups can be both a medium for healing and a way to generate knowledge about rape and the experiences of recovery from rape. This, however, is a complex process. Members of a participatory research group must be acculturated to the duality of their task; groups are both therapy and research.

In this example of a group of rape survivors, participatory research helped the members find meaning in their stories that went beyond their individual feelings of hurt and victimization. By writing their experiences for this group and possibly future groups, the members formed collaborative relationships with each other and with the leader-researcher. They became the writers and editors and had the last say in the inclusion and final interpretation of the data. This collective transformation occurred through a group process and with the guidance of the group leader. The members were the experts on their own experiences, and this reality became central to both their healing and the creation of knowledge about rape and recovery from rape.

A key tenet of the participatory research model is that the research is beneficial in promoting social change (Jason et al., 2004; Lewin, 1948/1997). This participatory research group has the potential to create data that benefit all members of society by producing a living document that has relevance beyond its use in rape crisis centers. The stories become evidence of the evil of rape and the hopefulness of the recovery effort. Each group member is rewarded by knowing that her writing is helping the other members. The narratives can be shared outside the group by creating a book, an article, or an online blog. Members may also connect with community-based organizations that are specific to violence against women.

The hope is that the data will uncover effective and efficient therapeutic interventions for rape survivors. As the stories are told, members begin to view rape as a violent act against society. The focus is shifted from self-blame to understanding the social dynamics that contribute to women being raped. This change of focus is recorded in group members' narratives and becomes evidence of the survival experience. A primary goal of participatory research is to create knowledge that is usable and understandable with a sustainable process for continuing research (Springett, 2003). Ideally, groups that follow would use this set of narratives as a springboard for their own telling and writing. Regardless of whether there is a subsequent group, the narratives are testimony of the value of the group process that can be kept within the group or disseminated later.

Feminist participatory research has as its specific focus women's lives and experiences with social change as the ultimate goal. Groups who work in this model have used artwork, photographs, and books to illustrate their points of view (Kennedy, 1995; Miller & Mason, 2002; Springett, 2003; Wang & Burris, 1994). The use of stories initiated in a group satisfies the need both to be heard and to take action (Dullea, 2006). Furthermore, it supports the social work value of encouraging empowerment, which occurs when the members understand that they can simultaneously work on their individual feelings and discuss rape as a social problem. An important advantage of stories is that they can evoke from readers a personal relatedness and a political awareness.

Finally, stories that are created through the use of the participatory model are a statement of hope for the future. They are written with the aims of making the participants' recovery less painful and of raising societal awareness of how it feels to be a survivor. The real test of the model will be to show that the participants and those who follow them derive benefits. Follow-up research can evaluate the model's ultimate usefulness. Our anecdotal experiences, however, provide some support for the benefits of the model to group members.

Like the consciousness-raising groups of the 1970s, participatory research groups begin with a small premise: Telling a story can heal; telling a story can teach. By dusting off elements of the consciousness-raising model, we can take the next step of putting participatory research into action.

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