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The Whole Place Self: Reflecting on the original working practices of Rape Crisis

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Despite enduring and extensive feminist work on its limits (Kelly, Burton & Regan 1996; LaFrance & McKenzie-Mohr 2013; Lamb, 1999; Ussher, 2013), current understandings of the harms of rape are dominated by what has been called “the trauma of rape discourse” (Gavey & Schmidt, 2011). Underpinned by a default presumption that all rape is traumatic, rape harms are understood within this frame as predominantly psychological and permanently scarring (Gavey & Schmidt, 2011). Harm is thus positioned on the interpersonal level rather than attention being directed to how the consequences of rape and its causes also have cultural, social, and structural dimensions. In this way, responses that work with these impacts are devalued, and individual recovery rather than social revolution positioned is seen as the key goal of intervention. Such an approach finds its practical solution in one-to-one counselling not collective activism, meaning that the need for service provision outside of this can be seen as negligible, or worse dismissed as unprofessional.

In contrast, grassroots feminist support services such as Rape Crisis Centres have historically combined political analysis of sexual violence with support for its personal impacts. Drawing from a research conversation with three women from the national umbrella group Rape Crisis England and Wales (RCEW), this article reflects on the relationship between the original support approach of Rape Crisis and the trauma of rape discourse. It does this through examining participants' descriptions of their working practices and how these revealed a tripartite understanding of selfhood of survivors as: *relational*, sharing experiences of violence rather than invoking the distance of traditional counselling models; *situated* through the practices of translating the political into the personal and the personal back into the political sphere; and *intersectional*, described through the concept of the 'Whole Place Self'.

Rape Crisis, 'trauma talk', and the social harms of rape

Coming out of the women's movement of the 1970s, the first Rape Crisis Centre in the United Kingdom opened in London in 1973 (Jones & Cook 2003; Whitfield 2018). Independent from state provided responses such as those in the health and criminal justice systems, such centres focused on providing services for women by women, offering "a grassroots response to the prevailing culture of scepticism and woman-blame surrounding rape and sexual assault" (EVAW, CWASU, Rape Crisis, Fawcett, 2008). Over the course of the late 1970s and 1980s, centres opened across the UK, however a lack of sustainable funding led to provision almost halving from the early 1980's to the early 2000's (Coy et al, 2007; Westmarland & Alderson, 2013). This has meant that despite what appears to be an increased awareness globally of sexual violence and the needs of survivors, Rape

Crisis provision over time has declined in the UK, with 44 centres in 2018 compared to 68 in 1984 (Whitfield, 2018).

In this context of instability, and with competition for government funding from statutory health services (Whitfield 2018), ‘trauma-talk’ (Marecek, 1999) has gained traction within the very movement best placed to challenge it. While the political analysis of Rape Crisis rubs against the individualised focus of the trauma discourse, many centres in the UK can be seen to orient their work through this frame: For example Rape Crisis Scotland argues that “when services are ‘trauma-informed’ they can far more effectively meet the needs of survivors of sexual violence” (Rape Crisis Scotland, 2018), while the national services standards for members of Rape Crisis England and Wales advocate a ‘cope and recover’ framework (Whitfield, 2018) suggesting an individualised ‘sickness’ approach to harm. Though the increasing use of psychological approaches and professionalisation in Rape Crisis Centres in the UK specifically has been acknowledged (Hester & Lilley, 2018), this shift—and the provision of more conventional services to respond to it—is not unique to a UK context, with similar moves noted in America (Campbell, Baker, & Mazurek, 1998). It is also an approach that dominates other arenas specifically concerned with women’s lived experience. In her essay on pregnant embodiment for example, Iris Marion Young (1990) demonstrates how the medicalisation of pregnancy alienates women from their privileged position in relation to knowledge of the fetus. Young argues that to combat such alienation, caring should be seen as having a practical value distinguishable from, and not subordinate to, curing. This distinction is an

important one to carry into our thinking about not just what feminist sexual violence support services do, but the discursive framework through which they do it.

Currently it is the discourse of trauma that directs discussion of the harms of rape (Gavey & Schmidt, 2011). This dominance can mean that impacts that do not fit within its frame can be deemed not as harmful or even not harmful at all. Morris (2008) provides an useful insight into this process by highlighting the difficulties experienced by women who have survived rape in attempting to bring an indescribable experience into language. These difficulties find some resolution by tapping into familiar ways of thinking about the world even if this limits what can be said. Here we find the usefulness of explaining the harms of rape through an individualised model focused on sickness and cure.

However, such a medicalised frame has the effect of rendering both cause and consequence as within individuals. The perpetrator is hidden, as are the ways in which the violence is positioned by and within systemic and intersecting structural inequalities which both enable and encourage perpetration (Armstrong, 1997). Through this, a medical model invisibilises its own role in perpetuating such inequalities, as seen in the ways in which measures for health can act to pathologise the experiences of women, particularly women from black and minoritised ethnic backgrounds (Sosulski, Buchanan & Donnell 2010; Wilson, 2001). Instead, the impacts of violence against women are positioned as “an individual affliction with recovery as a goal, rather than a process” (Sosulski, Buchanan & Donnell, 2010: 31). Treatment or stabilisation of ‘symptoms’ is prioritised over advocating for social change (Raja, 1998), with the underlying message

that the person should change to fit with society rather than that society might change to accommodate the person.

This individualised focus implicates trauma talk in obscuring rape's social harms. Susan Stefan (2002) highlights this in arguing that the creation of Rape Trauma Syndrome (Burgess & Holmstrom, 1974)—superseded in 1980 by the definition of Post-Traumatic Stress Disorder (PTSD)—inadvertently “depoliticized the issue of rape by shifting attention from the prevalence of violence against women to women's reaction to violence” (Stefan, 1993: 1271). This shift moved the focus from rape's social, cultural, and structural dimensions to the individual and interpersonal. Such depoliticisation is furthered by the definition of PTSD itself, intended to account for the impact of encounters outside the ordinary range of human experiences (APA, 1980). Feminists have long pointed to the mundanity of men's violence in women's lives (Kelly 1988; Stanko 1990; Stanley & Wise, 1987), both as reality and what I've previously talked about as ‘imminent potentiality’ (Vera-Gray, 2016), and yet rape survivors are the largest group of persons diagnosed with PTSD (Foa & Rothbaum, 1998). The everyday nature of sexual violence is concealed by such a diagnosis, which locates its harms as resulting from its extra-ordinariness rather than acknowledging its prevalence in the lives of women and girls.

These critiques do not negate the potential usefulness of a trauma-informed approach to rape harms. Ussher (2010) for example gives a useful overview of how trauma talk can help legitimate the harms of rape. Gavey and Schmidt echo this, seeing the trauma of rape discourse as a double-edged sword; both a “progressive step away from the minimizing

discourses of the past” (2011: 448) and indicative of “the reductive, prescriptive, and depoliticizing potential of increasingly medicalized and psychologized ways of understanding the impact of sexual violence” (449). Critiquing the dominance of trauma as a way of understanding the harms of rape is not the same as arguing that rape is not traumatic, nor that service provision should not be ‘trauma informed’. Rather it is to point to how such dominance can function to silence other forms of harm, narrowing survivors’ ‘discursive space for action’, a concept developed by Sui-Ting Kong from Liz Kelly’s (2003) work on trafficking. In order to have their experience acknowledged, survivors “must tell an understandable story of sexual violence. The language of trauma has become necessary not only to render one’s experience of sexual violence speakable, but to render its harms legitimate” (Vera-Gray & Fileborn, 2018: 80). As such, the benefit of the trauma model in legitimating harms is also part of its problem. This can mean that Rape Crisis Centres are caught between the need to speak in a way that has uptake (with victim-survivors, media, or the criminal justice system for example) and their own epistemological positioning that understands sexual violence to have both individual and social dimensions in terms of not only its impacts but also the forms of support required.

There is, however, another way of thinking about rape harms that avoids some of this tension. Just as intersectional scholarship understands experience as existing across four interlocking dimensions: personal, cultural, social, and structural (Collins and Bilge, 2015), an understanding of the harms of rape across multiple, intersecting, planes can be seen in some recent philosophical discussion of sexual violence. Ann Cahill is one such philosopher, arguing that a model of harm based on purely individual effects is

inadequate and claiming instead that “individual experiences of rape are imposed on an embodied subject who has already been influenced by that social phenomenon” (Cahill, 2008: 810). Susan Brison (2002), one of the first philosophers to write specifically and extensively on the impact of rape on the self, echoes this focus on the individual and social nature of rape. She too argues that rape uncovers the embodied nature of the self, an embodiment situated within structures and cultures that imbue particular bodies with particular meanings. Louise du Toit goes even further, suggesting that while social structures and lived inequalities remain in the background, we are unable to understand rape harms; that for us to appreciate these harms “rape has to stand out as an anomaly against a background which in fact normalises rape” (2009: 5). All of which point to possibilities for an approach to the harms of rape that extends beyond the individualised, depoliticised, discourse of trauma. It is this more philosophical understanding that, as described by participants, grounded the original ethos and working practices of the Rape Crisis movement in the UK.

Participants and methods

The research conversation underpinning this article was held with three women with lengthy involvement in the national umbrella body, Rape Crisis England and Wales (RCEW) and its predecessor, the Rape Crisis Federation (RCF). This involvement includes establishing one of the oldest Rape Crisis Centres in England and sitting on the boards of both RCEW and RCF. Though RCEW does not, in itself, offer support services, at the time of the conversation all participants were also involved in frontline provision through a Rape Crisis Centre. All three women were approached directly to

participate because the breadth of their involvement meant they were uniquely placed to discuss aspects of the original model and working practices of Rape Crisis Centres in England that had not been previously documented. All were working-class, White British or White Irish, and aged between 35 and 54. Ethical approval was given through London Metropolitan University. Though acknowledging that their lengthy history in the area already made them somewhat identifiable, to help anonymise participation as much as possible participants agreed that only limited demographic details would be given, and both demographics and quotes were not to be individually attributed in publication.

The methodological approach of a ‘research conversation’ rather than a traditional or even semi-structured interview aimed to further Oakley’s (2005) concept of conducting an interview as if it were a conversation, towards conducting research *as a conversation* (for more see Vera-Gray, 2016). Unlike an interview, all participants in conversation are involved in the active construction of meaning, with analysis taking place co-currently rather than as a separate, individual event. The dynamic of power shifts throughout the conversation as participants exchange, develop and bounce ideas between one another, rather than the one-way exchange of conventional interviewing or even more participatory designs where, though participants interact with each other, the structure and content remains defined by an outside source. This process meant that while the conversation initially centered on outlining the original ethos of Rape Crisis, it evolved to give a history of the movement particularly in relation to the introduction of the trauma model for understanding, and thus working with, the impacts of sexual violence.

This approach has obvious limitations; participant numbers are very small and recruitment was targeted meaning the discussion here may not reflect the experience of everyone involved in the establishment of Rape Crisis Centres in the UK. This article is thus presented in the tradition of feminist oral history, “asking why and how women explain, rationalise, and make sense of their past” (Sangster, 1994: 6) in order to invite new reflections on our present.

The conversation was recorded, transcribed, and analysed thematically, seeking to uncover the ways in which the model described by participants revealed the concept of self they worked with. Three key themes were identified in relation to this, and each could be connected both to distinct working practices. The first—an understanding of the self as relational—was revealed in descriptions of the role of Rape Crisis as witness, as well as through the motivations behind the practices of group work and self-disclosure. The second—an understanding of the self as situated—can be seen in the practices of political translation and peer supervision. The final theme—the intersectional understanding embedded in the Whole Place self—is found in the practice of holistic advocacy. The following discussion will outline these in turn, focusing on how they help to widen our thinking about the harms of sexual violence.

Self as relational: Self-disclosure and group work

The concept of the relational self is grounded in the understanding that it is through and within relations with others and with our world that we come to experience our self *as* a self. At its core subjectivity is formed and sustained by the ability to address others and

be addressed oneself, and to respond to others, and be responded to oneself (Oliver, 2004). Part of the harm of sexual violence then, can be understood as undermining this foundational structure of the self: we are denied our ability to address or respond to others in a way that is recognised and acted on. Bianca Fileborn and I have previously conceptualised this as a form of ‘recognition-based harm’ in a discussion of the harms of street harassment (Vera-Gray & Fileborn, 2018). There we argued that understanding harm in this way helps draw attention to forms of sexual violence that are often dismissed or trivialised such as being told to cheer up by a male stranger. Though the harm of rape is rarely minimised in the same way, rape too results in what can be understood as a recognition-based harm. As Cahill (2001) describes, rape reveals the relational nature of the self, disclosing “the vulnerability of an inter-subjective embodiment” (142) where we are necessarily connected to, and thus in some way dependent upon, the actions of others. As such, in the aftermath of rape the conditions for reciprocity—recognising the other as a subject and being recognised as a subject by the other—need to be restored. Such restoration can be seen in the act of witnessing, applied here in the double sense of Oliver (2004): both eye-witness and bearing witness to what cannot be seen, the former connected to historical facts and the latter to “phenomenological truth” (81).

This understanding was threaded through participants’ accounts of the reasons behind the original working practices of Rape Crisis, and contrasted with the push towards the professionalisation and medicalisation of support work. This approach was explicitly connected to the double-meaning of witness; witness both to what is being said, and to the experience of saying what had not been said.

So where we become the witness in the listening and the validation to that woman's experience because it may be the first time she's told or the first time she's been believed once she's told, so we are the witness to that. That art of listening, what women do naturally, became a career pathway and it became very much about, well the word that comes to mind is pathologising.

Connected to this witnessing, participants described the concept of 'being your own best friend', a concept they noted was no longer part of the working practices of Rape Crisis Centres.

It's like being your own best friend, it's really hard to be your own best friend if you don't check that out with somebody else, especially if you don't know how to be your own best friend. Your own best friend wouldn't be saying you shouldn't go out like that. [It's] a term that we used to use all the time but I've never heard it said in the last 10 years... it's because we were like, you today me tomorrow. There was no power, no 'I've got the power because I've sat and done a course for two years and you haven't'.

This approach has parallels with Hannah Arendt's accounts of converting the self into the 'original friend' (Arendt, 1978). What is identified is the fundamental relational nature of being your own best friend; our ability to address and respond to ourselves, our 'inner witness' (Oliver, 2004), emerges through responding to and being addressed by others.

The separation between self and other, the intersubjective struggle, is replaced with the reciprocity embedded in the notion of “you today, me tomorrow.”

For participants this ethos was implemented through the connected practices of self-disclosure and group work. Both working practices were discussed as demonstrative of this focus on reciprocity. Self-disclosure was positioned as an active practice used to in the original model as an expression of mutuality and solidarity, a recognition that, as one participant stated, “we were all in this together. This was a collective thing.”

I mean you know yourself from women saying, ‘has it happened to you?’ That’s one of the first questions they ask, and any counselling course would tell you, you have to say no. You have to not answer that.

That’s a taught thing, we’re taught that because if you disclose then somehow you’re not going to be seen as professional - that distance isn’t going to be there.

We had a stock answer which we probably still use which is stuff around every woman that works here has had something happen from flashing to rape, being abused by a family member or partner, and then go into the social thing about this is not unusual for women to have. That’s how we’d answer it.

In this way, self-disclosure was seen as a way of locating rape as a social phenomenon by breaking down the separation between woman supported and woman supporting. This underlying ethos of connectivity also featured in discussions of the role of feminist group work. Group work was positioned as a key part of support provision. Such work was seen as sitting closer to feminist consciousness raising than traditional group counselling in that the focus of the work was on the social dimensions of sexual violence.

We felt that it was important for women who've been assaulted to meet other women who'd experienced similar things, that was the focus. So instead of the woman thinking it was something about her pathology, she needed to meet, we felt, other women who'd been through the same thing and blow the myth of that because she wasn't going to blame the woman sitting in front of her, 'well you shouldn't have done that.' She wasn't going to do that, so why would she do it to herself if she wasn't prepared to do it to somebody else?

Though the increased dominance of the counselling model within and outside of Rape Crisis has meant that practices such as self-disclosure and feminist group work can be dismissed as relics of the movement's more radical past, a similar spirit can be found today in the recent #MeToo movement. As argued by Jackson (2018) "me too" functions as a statement of mutual recognition—I recognise myself in you—as opposed to previous movements for solidarity with survivors such as "I believe her" which separate self from other. Like #MeToo then, the original Rape Crisis model worked to encourage recognition of the dual nature of sexual violence as both an individual experience and

social phenomenon. This recognition was further embedded through the explicit positioning of political activism as a form of support.

Self as situated: Political translation and supervision

The second key departure participants saw between the original Rape Crisis ethos and more mental-health based approaches was in the act of political translation; a multi-directional interpretation of women's testimonies through a political filter that combined practical and emotional support.

The filter through that feminist lens, understanding patriarchy, that is something that a mental health worker would never do. That's why [that kind of intervention] doesn't work. It doesn't resonate with the person at all. Because you feel that stuff. Once it's pointed out I think some women, most women, can feel it, even if they can't verbalise it. And it has a truth to it. So you're talking to them around these things and it has a truth to it and mental health workers don't do that.

The difference such an approach has to a conventional counselling model was exemplified during the research conversation in discussing the different approaches to supervision. Whereas the British Association of Counselling and Psychotherapy for example requires counsellors working with clients to be engaged in active supervision with a qualified therapist, and many Rape Crisis Centres have adopted this as good

practice, the act of translating the personal into the political can be seen within the Rape Crisis model as an equivalent practice for offloading.

There's never any space in supervision there when you're discussing interventions with the individual, where you also start talking about the system and what needs to change in the system and you go away and do some work about that as well.

Here what we've always had is a political attitude to the offload, so where the individual comes and tells her story and we're witness to that, what's actually happened to her gets translated back into political action.

This role as interpreter and translator was understood as a key part of the uniqueness of the original Rape Crisis ethos. The role of translator makes the dual nature of sexual violence visible, able for example to translate the 'why' at a shared or political, rather than purely individual, level.

We use, I know I've done it, I use things that have happened in soaps things that are in the news. If I was counselling now I'd been using *Worboys*,⁴ *Fritzel*.⁵ Translating it back through their own everyday experience of what they see around them not necessarily their own stuff but other stuff as well [helps] because it takes them out of themselves. They can see, externally,

something, which is easier to understand, than understanding it internally themselves.

While the utility of such interpretation is difficult to articulate through the trauma model, it becomes clearer in an approach to harm that acknowledges both its individual and social dimensions. The practice externalises some of the impacts women may be experiencing, encouraging a view of these as resulting from an external cause, not from defects in her personal psychology. The individual story being told by the individual woman is thus linked into a wider narrative of culture, power and gender, locating the reasons and causes for the violation as outside the self and through this encouraging an acceptance of, and coming back to, the self as a site of safety. This perspective, which may or may not have ever been part of the woman's experience before she experienced sexual violence, can translate itself back into political action on the part of the woman,

We took some service users to Reclaim the Night and Million Women Rise.⁶

And for two of them it saved about a year's worth of counselling. Just being on that with other women, shouting what they were shouting, with the plaque, it just whizzed through the process for them.

This approach to action as a form of support grounds the positioning of Rape Crisis Centres as 'action groups', rather than 'support services'. It is founded on an understanding that the self and our experiences of agency, freedom, and indeed trauma, always exist and are enacted within a political, social, and historical context that affects

us at our very constitution (Oliver, 2004). The concept of self that this reveals is thus not only understood as relational, affecting and affected by others, but as situated and made meaningful by and within its socio-historical location. However, a recent commentary on the practice of making the personal political, particularly through the use of survivor testimony, denounced such activism as “abstracting experience from its social context... [obscuring] historical dynamics, social contexts and structural power relations” (Phipps, 2016: 312). This critique fails to understand how the practice of translating the individual through the political and the political through the individual is predicated on the situated self: that is, it only makes sense as a practice if the self is understood as woven into and out of socio-historical structural relations. Far from the claim that “(v)entriloquising another’s personal story is an act of power” (Phipps, 2016: 315), as described by participants the multi-directional use of political translation—the individual through the social and the social through the individual—can operate as a support mechanism, resituating the self in the world with an ability to act on and be acted on by it. Rather than obscuring such contexts then, the act of political translation works to reveal them, and through this encourages the recognition of what was described by participants as the ‘Whole Place Self’.

Self as intersectional: Holistic advocacy and the ‘Whole Place Self’

The concept of the Whole Place Self was introduced through an account of a Rape Crisis support group. One of the participants described the experience of a woman joining an established group run by the participant’s Rape Crisis Centre. The woman came from an

academic background where she had made her experiences of violence public, and through this was used to being “the only survivor in a room of professionals.”

So when she started talking about what her father did to her they were like: “We know what your dad did to you because he did it to me, and he did it to me, and he did it to me”. She’d never had that before, it’s really powerful. You could see her trying to re-evaluate, “Where am I in this? Where’s my place in this?” And using quite academic terminology to find her place. Then she just dropped that and was herself. It was like a fast track process, she was so self-aware. And she talked about how she was doing that thing, a bit of herself, a bit of herself, a bit of herself, whereas what she could actually be in that room was her whole self. And when she said that I tell you, you could have heard a pin drop it was so powerful. It was fantastic. Everyone just got hold of her and said, “Yeah you’re in the Whole Place self. This is what this is, this is your whole self in here. Not a bit of yourself. Not the abuse. You can be your whole self. And you can be as big as you are. And we ain’t scared of ya.”

Participants’ spoke about this ability to acknowledge the whole self as one of the primary goals of intervention. Rather than compartmentalising the violence that has been experienced and its corresponding harms, this approach addresses the total context of an individual’s life.

As that conversation and the power goes, or the changes start and life changes, different things happen. There's a reintegration of that vulnerable self into the whole self and women talk about that a lot. That they feel whole. That they feel that the part of them that's been abused or bit that's raped is a part of them now. It's not all of them and they're not defined by it.

It is thus not only the harms of rape that are located across the four interlocking dimensions of Collins and Bilge (2015); the individual is also understood as positioned personally, culturally, socially, and structurally. In this way, the notion of the Whole Place Self not only helps to bring together formulations of the self as relational and situated, it also demonstrates an understanding of the self as intersectional, where this is an acknowledgment of how distinctive social power relations mutually construct each other and are experienced simultaneously (Bowleg, 2008; Collins, 1995; 1998; Crenshaw, 1991; Cuadraz and Uttal, 1999).

This intersectional understanding leads to an holistic approach to advocacy, a practice that has increasingly been replaced by a focus on criminal justice advocacy since the introduction in the mid 2000's of independent sexual violence advocates or ISVAs (see Hester & Lilley, 2017 for an overview of the ISVA role). Participants spoke about such work as one of the core services originally offered by Rape Crisis Centres, and understood it as an integral part of rather than separate to the therapeutic process.

I think sometimes practical support that you can give, offer, provide, can be of

much more value altogether than counselling. When a woman comes to you and she's been sleeping on her friend's sofa because she can't go back to her home because she was raped in her home and you're able to help her get rehoused. What we did was sometimes people would make quite big donations and we would put it in what we called an outreach pot and so when women would turn up in crisis, financial crisis and there was no kind of quick fix resolution to it, they could make an application to this outreach pot for 150 pounds maximum, and sometimes that was just about getting food, you know they've fled, they're in the refuge, they couldn't get the [social welfare] benefits till the Monday, it's Friday night and they needed money for food over the weekend. And that's all part of the counselling process. That's never written up anywhere.

As described here, this approach also unearths the interdependency of individual practices of violence, Kelly's (1988) concept of the continuum of sexual violence. The separation of forms of violence into clear and concise categories such as domestic violence and sexual violence—and the according separation of services—is replaced by a more integrated approach to provision. The harms of sexual violence and an individual's support needs are understood in the total context of a woman's life; a context that she alone is best placed to understand. In this, the original Rape Crisis ethos aligns with an empowerment model that positions empowerment not as an individual accomplishment—such as the goal of 'recovery' typical in a more trauma-informed approach—but as a social, historical, and political process (Carr, 2003), driven and achieved by collective action.

Conclusion

It is hoped this article contributes to fuelling a renewed consideration not only of the original ethos of the Rape Crisis movement, but also how some of its key working practices are in danger of being left behind. Though their work today is still “rooted in a feminist empowerment perspective that frames rape as a gendered, social and ‘whole-person’ issue” (Hester & Lilley, 2018: 314), there remains an irresolvable tension between the original political analysis of Rape Crisis Centres and the current discursive dominance of trauma in understanding and responding to the harms of sexual violence. As articulated by participants here, the original ethos underpinning the work of the Rape Crisis movement in England reflects emerging theory on the philosophical impacts of sexual violence, grounded in an understanding of the self as relational, situated, and intersectional. The accounts given of the working practices and underlying ethos of original Rape Crisis model in England highlight how practices such as self-disclosure, feminist group work, political translation, peer supervision, and holistic advocacy speak to an understanding of the harms of rape that acknowledges these exist across four interlocking dimensions: personal, cultural, social, and structural. Taken together, this suggests a need for support provision that extends beyond the boundaries of individual counselling, and encourages us to ask questions about how visible and valued this approach is in the movement today.

Footnotes

¹ For a detailed history of the Rape Crisis movement in England and Wales see Jones and Cook (2008).

³ [removed for review]

⁴ John Worboys was a London Black Cab driver who was convicted in March 2009 of 21 charges of sexual offences, including rape, against 12 women over a period of 18 months. Police believe he may have attacked as many as 500 women over his 12 year career as a taxi driver (Addley, Laville and Dawar, 2009).

⁵ Josef Fritzl was convicted by an Austrian court in March 2009 of incest, rape and enslavement of his daughter. He was also convicted for the murder of one of the six children he fathered through rape (Associated Press, 2009).

⁶ Reclaim the Night and Million Women Rise are annual marches on violence against women. Reclaim the Night is an international initiative with a 30 year history, while Million Women Rise, which has been running for over 10 years, originated in Black women's organising in the UK.

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